Through this public service program, Academy volunteers have provided more than 2.7 million screenings and detected more than 271,000 suspicious lesions, and more than 30,000 suspected melanomas, from 1985-2017.
LIABILITY

The Academy does not provide medical malpractice liability insurance coverage for its members, including those who volunteer for free screening programs. Each participating doctor should be aware of the need to obtain advance confirmation, from his/her malpractice carrier or other appropriate sources, that his/her activities in connection with the programs will be covered by adequate liability insurance.

With respect to screening programs operated under the auspices of hospitals, medical schools, or other similar health care institutions, the Academy is not aware of any sponsoring institution that has refused to cover the professional activities of participating dermatologists under its regular medical malpractice liability insurance. However, the dermatologists planning to be involved in those programs should request specific confirmation of such coverage from the sponsoring institution.

In the 34 years in which the Academy has sponsored its skin cancer screening program, not one of the more than 2.7 million people screened has threatened to bring suit. However, it would be advisable for any dermatologist who is planning to participate in a free-standing screening program to consult his/her liability insurance agent or carrier in advance to determine what action, if any, is needed to establish coverage.

In the event of a positive presumptive diagnosis, for his/her own protection, the screener ought to have a written record of reasonable attempts to notify the screenee of this fact, either by a contemporary record of oral advice given or a copy of a subsequent written communication to the screenee.

The Academy, with the assistance of legal counsel, has written the release form section of the Melanoma/Skin Cancer Screening Program Registration and Report Form in language that can be understood by persons of average education and intelligence, and that will not mislead any screenee. Legal counsel emphasizes, however, that no release form can give absolute protection.

The form states that the responsibility for follow-up examinations lies with the individual and not with the screening physician or other sponsoring organizations. The form also states that “this is a rapid screening and is not a complete skin cancer examination.” Nonetheless, in cases where there is a positive presumptive diagnosis, be sure to explain to the participant that a follow-up examination is imperative and is his/her responsibility. There is a section on the Melanoma/Skin Cancer Screening Program Registration and Report Form that states, “I understand that I have a possible cancerous or pre-cancerous condition that requires a follow-up examination. I also understand that it is my responsibility to arrange for a follow-up examination with a dermatologist of my choice, and that any follow-up examination or treatment that I may receive is not sponsored, endorsed or guaranteed by the American Academy of Dermatology.” After explaining the importance of the follow-up exam, have the participant initial this section and give him/her the yellow (patient’s copy) sheet to take to his/her own dermatologist.

Thank you for contributing your expertise and time to this successful Academy program that has been in existence since 1985.

The American Academy of Dermatology’s longstanding skin cancer screening program has been branded as SPOT me®. It is important that all skin cancer screenings performed by Academy members showcase the SPOT me® brand as that is the public’s way of knowing that these screenings are brought to them by a dermatologist and a member of the American Academy of Dermatology. For that reason, it is imperative that any and all materials provided in your toolkit be used and displayed at the screening event. Thank you.
WHAT ARE THE GUIDELINES FOR CONDUCTING A SCREENING?

• All screenings are to be free of charge. This is the primary function of the program and cannot be altered.

• As this is an Academy-sponsored program and a member benefit, Academy member dermatologists must order all materials, serve as the Program Director and be present at the screening. Residents and well-trained, non-dermatologists such as other physicians and non-physician clinicians can conduct skin cancer screenings under the on-site supervision of a dermatologist. Academy members are prohibited from ordering the materials and giving them to other physicians who are not dermatologists or members of the Academy.

• Order your skin cancer screening materials from the Academy early. (See page 4, “What forms do I need to use and how do I use them?”). If your screening is a public screening, the screening date, time and location, in addition to the screening coordinator’s name and contact information, will be posted on the Academy’s website and available through the Academy’s toll-free number to help publicize the screening.

• If you haven’t conducted a skin cancer screening before, visit the Academy’s website (aad.org/skin-cancer-awareness) members’ only section, and view the video on “How to conduct a screening.” Also, see page 6, “Helpful Tools,” for other helpful suggestions to assist you with your screening.

• The Academy’s name and logo cannot be used in advertising purposes without prior written consent.

• Use only the current year (2019) screening forms. Use all the SPOT me® branded materials provided in your kit.

• The Academy places no restrictions on who is eligible for free screenings.

• The Academy stresses the importance of teaching skin self-examinations at each screening.

• The Academy will not sanction the endorsement of a product or service, or the use of brand names in any materials or giveaways used in conducting or publicizing skin cancer screenings.

• **AAD is not responsible for any actions of the screening physician and/or medical practice in conducting screenings (before, during or after). The screening physician and/or medical practice may not provide any care at the time of treatment (i.e. during the same visit).**

• Most states require a physician to hold a medical license in the state in which they are providing a skin cancer screening. Check with the state’s medical board or your medical insurance carrier if providing a screening in another state or recruiting physicians from another state for the screening.

• Offer a full-body examination whenever possible. Because screenings are rapid, undergarments should be kept on.

• All state laws must be followed regarding requirements to report suspected abuse.

• **At the screenings, distribute a list of all dermatologists in the area or provide the Academy’s toll-free number (888-462-DERM [3376]) or website (aad.org/skin-cancer-awareness) for purposes of referral for follow-up care.**

  **Note:** this information is provided on the screening form and the patient keeps a copy, so you can point that out to the patient. The names of those who volunteer may be included in the referral list, but not highlighted in any way; screeners should not distribute their business cards or suggest themselves as the physician of choice to treat any problems discovered at the screenings.

• Conduct an exit interview with all screened individuals with suspected cancers, especially those with suspected melanomas, to encourage a follow-up examination. If someone does not have insurance, please make every effort to assist the participant in finding a physician.

• The physician should keep the screening records. If a non-physician clinician performs the screening, the forms should be maintained by the institution that employs the screener, the attending physician or resident.

• All physicians, PAs and NPs participating in the screenings are required to sign the Attestation Form. The Attestation Form can be found at aad.org/volunteerform website.
WHAT FORMS DO I NEED TO USE AND HOW DO I USE THEM?

The screening package includes the following documents:

1. **SPOT me® Screening Registration and Report Form (50 sets)**
   - Please only use the current year’s forms.
   - **Enter the city, state, and zipcode of the screening site on all forms. Data is reported by zipcode of screening site and will not be statistically valid if it is omitted.**
   - The participant should sign the form under the “General Release Form” section before he or she is screened.
   - Check off all presumptive diagnoses in the boxes to the left of the figures, as indicated, not just on the human figure.
   - **The participant should initial at the bottom where indicated if it is believed he or she has a precancerous or cancerous lesion. Make sure the participant understands that follow-up is necessary and is his/her responsibility.** The screener should sign and print his or her name and provide his or her professional address and telephone number at the bottom where indicated. Part 1 (white copy) is retained by the screener; Part 2 (pink copy) is returned to the Academy and Part 3 (yellow copy) is provided to the participant.
   - This form should be maintained by the screening physician for the appropriate amount of time per the screening physician’s state regulations. The screening forms include a HIPAA-compliant authorization to permit you to share the participant’s information with the Academy. While the HIPAA rules do not apply to the Academy, if the screenings are being conducted in the screening physician’s office, he/she should follow all applicable HIPAA procedures, including keeping this authorization on file for a minimum of six (6) years.
   - **California Residents Only: Due to California guidelines, the form is in 14 inch font.**
   - Skin Cancer Screening Form (See page 5).

2. **Statement of Privacy Poster (1 poster)**
   - This is to be displayed at each screening site. It is suggested to place this poster near the sign-in table.
   - The screener’s information should appear in the location as indicated on the poster. If more than one screener is present, the screening director’s information should appear on the poster.
   - The participant can receive a copy of the Statement of Privacy Poster at aad.org/Privacy. Please note, the screening forms include a HIPAA-compliant authorization to permit the screening physician to share the participant’s information with the Academy. While the HIPAA rules do not apply to the Academy, the Academy takes steps to protect the privacy of individual’s information as outlined in the Statement of Privacy Poster. If the screening physician is conducting the screenings in his/her office, the screening physician should follow all of the applicable HIPAA procedures in interacting with the participants, including providing the participants with the screening physician’s own Notice of Privacy Practices.

3. **Program Volunteers Form**
   - It is very important that this form be completed and returned to the Academy office for proper data collection and recognition of volunteers, and should include name(s) of screening director, coordinator, participating doctors and all other volunteers.

4. **Pre-addressed Envelope**
   - To be used for returning completed forms (signed Attestation form, pink screening form copies, and goldenrod Program Volunteers Form) to the Academy. Information from these forms is compiled and the aggregate data are reported at the end of the year.
Skin Cancer Screening Form

This form cannot be replicated.

SPOT me® SCREENING REGISTRATION AND REPORT FORM.

PLEASE COMPLETE THIS SECTION

Screening State
Screening Zip Code
Screening Date

American Academy of Dermatology
9500 W. Bryn Mawr Avenue, Suite 500
Des Plaines, IL 60018

Use of these forms does not imply product or service endorsement by the American Academy of Dermatology.

PATIENT TO COMPLETE

THE AMERICAN ACADEMY OF DERMATOLOGY WILL NEVER SHARE OR SELL YOUR INFORMATION. THE DATA IS USED FOR CUMULATIVE TRACKING PURPOSES ONLY.

Name: ____________________________________________________________

Address: __________________________________________________________

Telephone: Home or Cell: ____________________________ Sex: Male Female

Date: ____________

City: __________________________ State: ____________ Zip: ____________

Are you? White Black Hispanic Asian Mixed race Other

If yes, yes No

Have you ever had skin cancer? Yes No

If yes, was it?: Basal Cell Carcinoma Squamous Cell Carcinoma Melanoma

Yes No

Do you have any new moles or moles that have changed recently in size, color, or shape? Yes No

If yes, have a regular dermatologist? Yes No

Did you come to the screening today because (check all that apply)?

Hesitation

No dermatologist

Family history of skin cancer

Cannot afford

Have a spot(s) I am concerned about

Yes always

Sometimes

Rarely/never

If you are found to have a presumptive diagnosis, by checking this box you are giving the American Academy of Dermatology permission to contact and confirm diagnosis.

If you are referred, please print and sign your appointment card and return it to us. The appointment card is needed to confirm your screening.

GENERAL RELEASE FORM: PATIENT READ AND SIGN BELOW.

The American Academy of Dermatology will never share or sell your information. The data is used for cumulative tracking purposes only.


I understand that I am responsible for my own health. The responsibility for any follow-up examinations to this screening examination is not as complete as, or a substitute for, a full skin examination by my own physician.

Yes

No

Are you?

Yes

No

Have you ever used indoor tanning? Yes*

No *If yes, answer next 2 questions:

At what age did you begin using indoor tanning?

Less than 1 year

1-3

4-10

11-20

21-30

50+

Approximately how many times per year have you used indoor tanning equipment?

Less than 1 hour

1-3

4-10

11-20

21-30

30+

GENERAL RELEASE FORM: PATIENT READ AND SIGN BELOW.

I understand that my signing or refusing to sign this authorization will have no effect on my receiving any product or service endorsement by the American Academy of Dermatology or its members, staff, volunteers, or other agents. If you are not the patient, please describe your authority to act for the patient: __________________________________________________________

Signed: __________________________________________________________________________________________________________ Date: ________________________________________________________________________

If a patient refuses to sign the PHI authorization form, no data on that patient should be submitted to the American Academy of Dermatology.

SPOT me® SCREENING REGISTRATION AND REPORT FORM.

PLEASE COMPLETE THIS SECTION

Screening State
Screening Zip Code
Screening Date

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Name: ____________________________________________________________

Address: __________________________________________________________

Telephone: Home or Cell: ____________________________ Sex: Male Female

Date: ____________

City: __________________________ State: ____________ Zip: ____________

Are you? White Black Hispanic Asian Mixed race Other

If yes, yes No

Have you ever had skin cancer? Yes No

If yes, was it?: Basal Cell Carcinoma Squamous Cell Carcinoma Melanoma

Yes No

Do you have any new moles or moles that have changed recently in size, color, or shape? Yes No

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Name: ____________________________________________________________

Address: __________________________________________________________

Telephone: Home or Cell: ____________________________ Sex: Male Female

Date: ____________

City: __________________________ State: ____________ Zip: ____________

Are you? White Black Hispanic Asian Mixed race Other

If yes, yes No

Have you ever had skin cancer? Yes No

If yes, was it?: Basal Cell Carcinoma Squamous Cell Carcinoma Melanoma

Yes No

Do you have any new moles or moles that have changed recently in size, color, or shape? Yes No

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Signed: __________________________________________________________________________________________________________ Date: ________________________________________________________________________

If a patient refuses to sign the PHI authorization form, no data on that patient should be submitted to the American Academy of Dermatology.
HOW DO I ORGANIZE A SCREENING?
Skin cancer screenings can be organized and conducted in a variety of settings and in cooperation with organizations such as the American Cancer Society, local hospitals and even at state fairs. Following are components that every successful screening program should incorporate, regardless of location:

- Determine your date, time frame for screenings and location.
- Seek approval from appropriate individuals/organizations where the screening will be held.
- Invite as many local dermatologists and their staff (residents, non-physician clinicians) as possible. Assign time slots for those individuals to screen.
  - One dermatologist can usually screen between 6-10 patients an hour
  - Have assistants available if a chaperone is requested for the opposite sex
  - Recruit assistants to help with paperwork and traffic flow
- Most states require a physician to hold a medical license in the state in which he or she is providing a skin cancer screening. Check with the state’s medical board or your medical insurance carrier if providing a screening in another state or recruiting physicians from another state for the screening.
- Order screening materials from the Academy as early as possible.
- Contact individual’s or organization’s public relations/community relations/marketing staff, if applicable, to coordinate in-house and community publicity campaigns (visit aad.org/skin-cancer-awareness for templates).
- Identify waiting room areas and examination rooms. Make sure you have privacy, ample lighting, clipboards for screening forms, and room to display educational materials in the waiting area.
- Prepare lists of dermatologists in the area for referral purposes, or provide the Academy’s website aad.org/skin-cancer-awareness or toll-free number (888-462-DERM [3376]) for participants. (The skin cancer handout has this information).
- It can be helpful to work with the local American Cancer Society or dermatological society to join in staffing, screening, promoting, and scheduling patients.
- If you are able, it can be helpful to schedule patient screening times in advance.
- Consider having a volunteer demonstrate how to conduct skin self-examinations in the waiting area.
- Send thank you letters to all volunteers after the screening event.
- Return registration and report forms and program volunteer form to the Academy in the pre-addressed envelope.

HELPFUL TOOLS FOR OUR MEMBERS
Exclusive for Academy members - helpful tools and downloadable templates can be found under the member’s only section of the Academy’s website at aad.org/skin-cancer-awareness. Here you will find the following information:

- If you haven’t conducted a skin cancer screening before, view the video on “How to Conduct a Skin Cancer Screening.”
- If you are looking for other helpful suggestions to assist you with your screening, download the following sample templates on the “Helpful Tools” page.
  - Screening Location Examples
  - Fact Sheets
  - Timeline and Checklist
  - Sample Letters
  - Mayoral Proclamation Template
  - Community Presentation Tips, Skin Cancer Quiz, and Sun-Protection Tips
  - Local Media Relations and Sample News Releases
SUGGESTED TIMELINE
This timeline is designed as a checklist to help plan overall activities for a skin cancer screening.

8 weeks prior
- Appoint screening Program Director.
- Appoint volunteers to assist with identifying date/time/location, recruiting volunteers, publicity, and outline duties and responsibilities of volunteers.
- Contact local American Cancer Society and/or dermatological society for assistance with recruiting and publicity.

6 weeks prior
- Review publicity efforts and recruitment of volunteers.
- Establish a telephone number for accepting appointments for screenings, if desired.

5 weeks prior
- Walk through screening sites to determine physical set-up, equipment needs and traffic flow.
- Recruit telephone volunteers to schedule and accept screening appointments, if applicable.
- Order necessary equipment (lighting, clipboards, pens, television and VCR or DVD player for VHS or DVD, if applicable).
- In addition to the AAD materials, you’ll need to provide gowns, latex gloves, mirrors, and magnifying glasses.
- Review the Academy’s guidelines (see page 3) for the screening program.
- Order free skin cancer screening materials from the Academy website at aad.org/skin-cancer-awareness.

4 weeks prior
- Write talking points for volunteers (i.e. details regarding your screening) who are taking appointments by telephone.
- Display “Save the Date” and “Free Skin Cancer Screening” flyers in office and appropriate public places to promote the screening. These flyers can be downloaded at aad.org/skin-cancer-awareness.
- Plan a schedule for the screening event and review with all participants.

3 weeks prior
- Call volunteer screeners and confirm scheduled times for screenings.
- Confirm that all supplies have arrived from the Academy and review materials.
- Confirm receipt of necessary equipment (lighting, clipboards, etc., if applicable).

2 weeks prior
- Confirm all arrangements with screening site.

1 week prior
- Confirm screening details and schedule with all volunteers.
- Prepare referral lists for handouts (a comprehensive list of dermatologists in the area), or simply use aad.org/skin-cancer-awareness and 888-462-DERM [3376]. The skin cancer handout has this information.
- Complete necessary information on screening forms, including screening site city, state and zip code and screening physician’s information on Registration and Report form and Statement of Privacy.

1-2 weeks after
- Send thank-you letters to all volunteers.
- Return completed Attestation form, program Volunteers Form, and screening copies together to the Academy.
- Maintain the screener’s copy of the Registration and Report/PHI form and a copy of the Statement of Privacy.

We hope you have a successful screening!
Thank you for volunteering to perform free skin cancer screenings for the public as part of the American Academy of Dermatology’s (Academy) SPOT me® Screening Program, the Academy’s longest-running volunteerism and public education program. By conducting free skin cancer screenings, you are bringing attention to the specialty of dermatology, helping to educate millions of people about the importance of sun protection and early skin cancer detection, and most important, helping to directly save lives by finding melanomas in their earliest, most treatable stage.

May is Melanoma/Skin Cancer Detection and Prevention Month and the first Monday in May is designated as Melanoma Monday. However, skin cancer screenings can be performed at any time throughout the year.