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***FORM B:* Credentialing of Pediatric SANE**

**Application & Documentation Checklist**

**Due Date December 15th**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_/\_\_\_/\_\_\_\_

*Last First M.I.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here to certify:

* I have an active Vermont license to practice as a nurse and I have practiced as a registered nurse (RN) or advanced practice registered nurse (APRN) for a minimum of eighteen (18) months and;
* I have successfully completed the educational requirements of the Pediatric SANE Program.
* Over the past two years, I have complete:
  + Two (2) pediatric sexual assault examinations or simulated exams
  + Attended two (2) pediatric peer reviews

**Attach copies of the following documentation:**

* Documentation of successful completion of forty (40) hour didactic education program offered by the Vermont SANE program, IAFN or a training entity approved by the SANE Clinical Coordinator.
* Documentation of successful completion of clinical preceptorship ([Fm B1](SANE%20Certification%20-%20Form%20B1.docx))
* Log of at least two (2) pediatric sexual assault exams performed over two (2) years Form G

**Attestation**

* *I hereby attest that the information I have provided is true and accurate to the best of my knowledge.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*