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***FORM E:* SANE Re-Credentialing**

**Application & Documentation Checklist**

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

*Last First M.I.*

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

*Street City State Zip*

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

**Check here to certify:**

* I am currently practicing as a SANE in good standing and without any lapse in credentials and am applying for **recredentialing** as a (*check one or both*):
  + Pediatric SANE and/or
  + Adult/Adolescent SANE
* I have an active Vermont license to practice as a registered nurse (RN) or advanced practice registered nurse (APRN);

Over the past two (2) years, I have completed:

* + **Pediatric SANE** at least two (2) sexual assault examinations or simulated exams
  + **Adult/Adolescent SANE** at least 4 sexual assault examinations or simulated exams
  + **Adult/Adolescent and Pediatric SANE** at least Four (4) sexual assault examination, two (2) of which are Pediatric sexual assault examinations or simulations
  + Annual peer review of sexual assault cases
  + Self-evaluation and three (3) professional practice goals
  + A minimum of 12 continuing education contact hours during the two (2) year credentialing period. CE shall include education relevant to the primary population you serve and include the following topic areas:
* Sexual Violence, and nursing best practice
* Healthcare needs of patients including STIs and long-term health impacts of sexual assault
* Trauma Informed and Patient and Family Centered Care
* Vermont sexual assault laws

**Attach copies of the following documentation**:

* Documentation of continuing education hours
* **Form G**: Log of the required exams for the 2-year re-certification period
* Self-evaluation
* *I hereby attest that the information I have provided is true and accurate to the best of my knowledge.*

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

*Signature*