**Vermont Sexual Assault Nurse Examiner (SANE) Program**

***FORM E:* SANE Re-Certification**

**Application & Documentation Checklist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

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

 *Street City State Zip*

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[[1]](#footnote-1)

Check here to certify:

* I am applying for recertification as a (*check one or both*)
	+ pediatric SANE and/or
	+ adult/adolescent SANE

and I am currently practicing as a SANE in good standing and without any lapse in certification and;

* I have an active Vermont license to practice as a registered nurse (RN) or advanced practice registered nurse (APRN);

 Over the past two years, I have completed:

* + At least 4 sexual assault examinations (or simulated exams)
	+ Annual peer review of sexual assault cases (must be pediatric reviews for SANE-P)
	+ A minimum of 12 continuing education contact hours that satisfied the following conditions
		- At least 6 hours were in-person events
		- At least 8 contact hours on the needs of patients and the role of SANEs
		- At least 4 hours related to sexual assault nursing practice
		- At least 4 hours related to Vermont’s sexual assault laws or criminal justice system

Attach copies of the following documentation:

* Log of sexual assault exams performed over 2 year re-certification period. **Please use the SANE Examination Log Form found on our website under “Practice Resources”**

Recommendation from supervisor:

*I certify that I have been, or am currently acting as, an immediate supervisor to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (candidate referenced above) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital and offer a positive recommendation for their candidacy for SANE certification.*

*Date: Signed:*

*Printed Name: Title: \_\_\_\_\_*

1. Please inform the SANE Program of any future changes of address [↑](#footnote-ref-1)