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

***FORM F:* SANERe-Certification with a Lapse in Certification of 2 Years or Less**

**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 re-certification as a (*check one or both*)
  + pediatric SANE and/or
  + adult/adolescent SANE

and have had a lapse of 2 years or less since the end of my prior SANE certification period and;

* 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;

Over the past two years prior to this date, 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

Recommendation from supervisor:

*I certify that I have been, or am currently acting as, an immediate supervisor to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (candidate referenced above) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hospital)l 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)