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

**FORM D: Inter-State Transfer of Adult/Adolescent or Pediatric SANE Certification**

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

*Last First M.I.*

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

*Street City State Zip*

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

Check here to certify:

* I have practiced as a (*circle one or both*)
  + pediatric SANE and/or
  + adult/adolescent SANE

in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_.

*State* *Date*

* 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 to practice as a SANE in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*State of Certification*

* I will obtain a minimum of four (4) contact hours of education on Vermont’s sexual assault laws within one year of certification.

Attach copies of the following documentation:

* Documentation of successful completion of forty (40) hour SANE didactic education program or a training entity approved by the SANE Clinical Coordinator.
* Documentation of successful completion of clinical preceptorship and log (Form A1).

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)