

**Sexual Assault Nurse Examiner
(SANE)
Continued Currency of Practice
Application Kit**



**Sexual Assault Prevention &
Crisis Services Program
Crime Victim Services Division
Office of the Attorney General**

Sexual Assault Nurse Examiner (SANE) Continued Currency of Practice Application Instructions

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SANE Continued Currency of Practice Application Instructions

How to Obtain an Application Kit

To request a copy of the SANE Certification packet, send an e-mail to SAPCS@oag.state.tx.us or download at:

<http://www.oag.state.tx.us/victims/sapcs.shtml#sane>.

Submission Address

Application forms are contained in an Excel document which can be completed electronically and printed to obtain required signatures. Completed applications may be submitted via mail, fax or email to the address/fax number/email address below:

Sexual Assault Prevention and Crisis Services
Office of the Attorney General
Crime Victim Services Division
P.O. Box 12548 MC 011-1
Austin, TX 78711-2548
Fax: 512 370-9802
SAPCS@oag.state.tx.us

Application Review Timeframe

Please submit your application to allow ample time for review. The Office of the Attorney General has up to **120** days to review applications. Please remember that applications must be received, reviewed and approved prior to your current expiration date to avoid a lapse in certification. **If you have not applied for *and* received a new Continued Currency of Practice Certificate by your expiration date, your OAG SANE Certification will be invalid until a new SANE Certification is issued.**

Notification of Approval or Denial

The OAG will notify, in writing, approval or denial of a request for SANE Continued Currency of Practice within 120 days of receipt of an application. RNs approved for continued certification will receive a written notice of their two year SANE Continued Currency of Practice Certification and a certificate.

Types of Certification

Registered nurses may apply for one of the following certification types:

1. Adult SANE Certification (CA SANE)
2. Pediatric SANE Certification (CP SANE)
3. Adult and Pediatric SANE Certification (CA-CP SANE)

Submission Requirements

Submission requirements vary depending on the type of certification for which the applicant is applying. See below for submission requirements per certification type.

Adult SANE Certification (CA SANE)

- Application Checklist (Excel Workbook **Tab A**)
- Cover Sheet/Applicant Information Sheet (Excel Workbook **Tab B**)
- Continuing Education Regarding the Adult Sexual Assault Survivor – 8 hours required (Excel Workbook **Tab C**)
- Adult Sexual Assault Examinations with Evidence Collection Kit - 8 sexual assault exams required (Excel Workbook **Tab F**)
- Required Attachments 1-3 (Identified below under Required Attachments)

Pediatric SANE Certification (CP SANE)

- Application Checklist (Excel Workbook **Tab A**)
- Application Cover Sheet/Applicant Information Sheet (Excel Workbook **Tab B**)
- Continuing Education Regarding the Child Sexual Assault Survivor – 8 hours required (Excel Workbook **Tab D**)
- Continuing Education Child Case/Slide/Peer Review – 8 hours required (Excel Workbook **Tab E**)
- Child Sexual Assault Examinations – 10 sexual assault exams required (Excel Workbook **Tab G**)
- Required Attachments 1-3 (Identified below under Required Attachments)

Adult and Pediatric SANE Certification (CA-CP SANE)

- Application Checklist (Excel Workbook **Tab A**)
- Application Cover Sheet/Applicant Information Sheet (Excel Workbook **Tab B**)
- Continuing Education Regarding the Adult Sexual Assault Survivor - 4 hours required (Excel Workbook **Tab C**)
- Continuing Education Regarding the Child Sexual Assault Survivor – 8 hours required (Excel Workbook **Tab D**)
- Continuing Education Child Case/Slide/Peer Review – 8 hours required (Excel Workbook **Tab E**)
- Adult Sexual Assault Examinations with Evidence Collection Kit – 8 sexual assault exams required (Excel Workbook **Tab F**)
- Child Sexual Assault Examinations – 10 sexual assault exams required (Excel Workbook **Tab G**)
- Required Attachments 1-3 (Identified below under Required Attachments)

Required Attachments

Please note each certification type requires the applicant to submit the following attachments with the application forms:

- 1) **Copy of Applicant's RN License, current and in good standing**
- 2) **Copy of Applicant's OAG SANE Certificate**
- 3) **Copy of Applicant's Professional Resume**

Continuing Education Requirements

For purposes of this application kit, continuing education is any training that is relevant to issues that impact sexual assault survivors.

Accepted continuing education training is any sexual assault related training that is sponsored by one of the following or approved by the Sexual Assault Program Review Committee:

- Office of the Attorney General (OAG)
- Texas Association Against Sexual Assault (TAASA)
- National Coalition Against Sexual Assault (NCASA)
- Institutions of higher education (forensic or sensitivity courses)
- International Association of Forensic Nurses (IAFN)
- American Professional Society on the Abuse of Children (APSAC)
- Local sexual assault programs funded by the Office of the Attorney General
- Other professional organizations which provide sexual assault related training

Continuing Education certificates which verify hours completed must be submitted with the application packet.

Instructions for Completing the SANE Continued Currency of Practice Excel Workbook

(See above for certification type and tabs that must be completed for each certification type)

Tab A: Continued Currency of Practice Application Checklist (Must be completed by all applicants)

Use the Checklist as a tool to ensure all required documents are included in your application for Continued Currency of Practice. The Checklist should be the first page of your application. Provide the following information:

- Full Name of Applicant – full name as it appears on your RN license (no nicknames or abbreviated names).
- Date of Application – the date the application is submitted..
- Current SANE Certification Type – the type of certification you currently hold.
- SANE Certification Expiration Date – the date your current certification expires.
- Location of Initial SANE Training – location where you completed your OAG SANE Training.
- End Date of SANE Training – enter the date (month and year) in which you completed OAG SANE Training.
- Extension Requested: Yes/No – enter whether or not you have requested an extension.

- Date Extension Requested – if an extension was requested, enter the date the extension was requested.
- Date Extension Approved – if an extension was requested and approved, enter the date the extension was approved.
- Date of Extension Deadline – if an extension was requested and approved, enter the date of the extension deadline.

Place an **X** in the box which indicates the type of certification for which you are applying and the submission requirements for that certification type. Choose only one certification type.

Tab B: Application Cover Sheet/Applicant Information Sheet (Must be completed by all applicants)

Supply all information requested. Incomplete Cover Sheet/Applicant Information Sheets will be returned for correction and re-submission which may delay your certification request.

Tab C: Continuing Education Regarding the Adult Sexual Assault Survivor

An RN must complete continuing education hours regarding the adult sexual assault survivor within a two-year cycle. The number of hours required depends on the certification type:

- Applicants for Continued Currency of Practice **Adult Only** (CA-SANE) certification must complete **eight (8) hours** of continuing education.
- Applicants for Continued Currency of Practice **Adult and Pediatric** (CA-CP SANE) certification must complete **four (4) hours** of continuing education.

Provide the following information:

- Date – enter the date of continuing education.
- Title of Conference or Workshop Presentation – enter the title of the conference or workshop presentation attended. **A copy of the certificate(s) of attendance must be included with the application.**
- Location of Training – enter the location of the conference or workshop attended.
- Name of Presenter – enter the name of the presenter of the conference or workshop attended.
- Title/Credentials of Presenter – enter the title and the credentials of the presenter for the conference or workshop attended.
- Adult CE Hours Earned – enter the number of hours earned for each conference or workshop attended. If entering information in Excel, the Total Hours cell will auto-calculate. If entering information on hard copy, add the total hours of CEs earned and enter it in the Total Hours column.
- Applicant's Printed Name – enter full name as it appears on your RN license.

- Sign and date the form before submission.

Continuing Education- Child (Both tabs D and E are required)

An RN must complete a total of sixteen (16) hours of continuing education within a two-year cycle:

- Eight (8) hours of education regarding the child sexual assault survivor, **reported on Tab D**
- Eight (8) hours of case/slide/peer review, **reported on Tab E**

Tab D: Continuing Education Regarding the Child Sexual Assault Survivor

An RN must complete **eight (8) hours** of continuing education regarding child sexual assault survivors. Enter the following information:

- Date - enter the date of continuing education.
- Title of Conference or Workshop Presentation - enter the title of the conference or workshop presentation attended. **A copy of the certificate(s) of attendance must be included with application**
- Location of training – enter the location of the conference or workshop attended.
- Name of presenter – enter the name of the presenter of the conference or workshop attended.
- Title/Credentials of Presenter – enter the title and the credentials of the presenter for the conference or workshop attended.
- Child CE Hours Earned - enter the number of hours earned for each conference or workshop attended. If entering information in Excel, the Total Hours cell will auto-calculate. If entering information on hard copy, add the total hours of CEs earned and write it in the Total Hours column.
- Applicant's Printed Name – enter full name as it appears on your RN license..
- Sign and date the form before submission.

Tab E: Continuing Education Child Case/Slide/Peer Review

An RN must complete **eight (8) hours** of continuing education on child case/slide/peer review. Enter the following information:

- Date of Review.
- Name of Person Conducting Case/Slide/Peer Review – print the name of the person conducting the review.
- Location of Case/Slide/Peer Review – enter the location of the peer review (city and state).
- Licensure/Credentials of Person Conducting Case/Slide/Peer Review – enter the licensure and credentials of the person conducting the review.
- Number of CE Hours Earned – enter the number of hours earned for each review. If entering information in Excel, the Total Hours cell will auto-

calculate. If entering information on hard copy, add the total hours of CEs earned and write it in the Total Hours column.

- Applicant's Printed Name – enter full name as it appears on your RN license.
- Sign and date the form before submission. Attach a copy of the sign-in sheet or completion form from the Peer Review.

Tab F: Adult Sexual Assault Examinations

An RN must perform a minimum of **eight (8)** sexual assault examinations on adult sexual assault survivors using an evidence collection kit. Enter the following information:

- Date of Examination.
- Name of Physician or SANE Coordinator – print the name of the Physician or SANE Coordinator.
- Signature of Physician or SANE Coordinator – obtain the signature of the Physician or SANE Coordinator which signifies completion of examinations.
- Licensure of Physician or SANE Coordinator – enter the licensure of the Physician or SANE Coordinator.
- Number of Adult Sexual Assault Examinations – enter the number of adult sexual assault examinations conducted. If entering information in Excel, the Total Hours cell will auto-calculate. If entering information on hard copy, add the total number of examinations and write it in the Total Hours column.
- Applicant's Printed Name – enter full name as it appears on your RN license.
- Sign and date the form before submission.

Tab G: Child Sexual Assault Examinations

An RN must perform a minimum of **ten (10)** sexual assault examinations on the child sexual assault survivor. Enter the following information:

- Date of Examination
- Name of Physician or SANE Coordinator – print the name of the Physician or SANE Coordinator.
- Signature of Physician or SANE Coordinator – obtain the signature of the Physician or SANE Coordinator which signifies completion of examinations.
- Licensure of Physician or SANE Coordinator – enter the licensure of the Physician or SANE Coordinator.
- Number of Child Sexual Assault Examinations – enter the number of child sexual assault examinations conducted. If entering information in Excel, the Total Hours cell will auto-calculate. If entering information on hard copy, add the total number of examinations and write it in the Total Hours column.

- Applicant's Printed Name – enter full name as it appears on your RN license.
- Sign and date the form before submission.