

# **Sexual Assault Nurse Examiners (SANE) Certification Application Kit**



**Sexual Assault Prevention &  
Crisis Services Program**

**Crime Victim Services Division  
Office of the Attorney General**

# Sexual Assault Nurse Examiner (SANE) Application Instructions

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# **SANE Certification 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](mailto:SAPCS@oag.state.tx.us) or download at <http://www.oag.state.tx.us/victims/sapcs.shtml#sane>

Insert the following in the subject line: SANE Certification Application Request

## **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/or 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  
[SACPS@oag.state.tx.us](mailto:SACPS@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.**

## **Notification of Approval or Denial**

The OAG will notify in writing approval or denial of a request for SANE Certification within 120 days of receipt of an application. RNs approved for initial certification will receive a written notice of their two year SANE 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 & 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**)
- Adult Genital Inspection and Speculum Examinations, 24 hours required (Excel Workbook **Tab C**)
- Adult Sexual Assault Examinations Using an Evidence Collection Kit, 6 sexual assault examinations required on adults - estimated time, 17 hours (Excel Workbook **Tab E**)
- Courtroom Observation, 16 hours required (Excel Workbook **Tab G**)
- Required Attachments 1-3 (Identified below under Required Attachments)

### **Pediatric SANE Certification (CP SANE)**

- Application Checklist (Excel Workbook **Tab A**)
- Cover Sheet/Applicant Information Sheet (Excel Workbook **Tab B**)
- Well-Child Examinations – Focus on Child Development, 24 hours required (Excel Workbook **Tab D**)
- Child Sexual Assault Examinations, 10 sexual assault exams required on children - estimated time, 15 hours (Excel Workbook **Tab F**)
- Courtroom Observation, 16 hours required (Excel Workbook **Tab G**)
- Required Attachments 1-3 (Identified below under Required Attachments)

### **Adult & Pediatric SANE Certification (CA-CP SANE)**

- Application Checklist (Excel Workbook **Tab A**)
- Cover Sheet/Applicant Information Sheet (Excel Workbook **Tab B**)
- Adult Genital Inspection and Speculum Examinations , 24 hours required (Excel Workbook **Tab C**)
- Well-Child Examinations – Focus on Child Development, 20 hours required (Excel Workbook **Tab D**)
- Adult Sexual Assault Examinations Using an Evidence Collection Kit , 6 sexual assault examinations required on adults – estimated time, 17 hours (Excel Workbook **Tab E**)
- Child Sexual Assault Examinations, 10 sexual assault exams required on children – estimated time, 15 hours (Excel Workbook **Tab F**)
- Courtroom Observation, 16 hours required (Excel Workbook **Tab G**)
- Required Attachments 1-3 (Identified below under Require Attachments)

## **Required Attachments**

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

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

## **Instructions for Completing the SANE Certification Application Excel Workbook**

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

### **Tab A: 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 SANE Certification. The Checklist should be the first page of your application. Provide the following information:

- Full Name of Applicant – Provide full name as it appears on your RN license (no nicknames or abbreviated names)
- Date of Application – Provide the date the application is submitted
- Location of 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
- Eight Month Post-Training Due Date – enter the post-training due date which is eight months from the date 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: Cover Sheet/Applicant Information Sheet (Must be completed by all applicants)**

Provide 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: Clinical Hours – Adult Genital Inspection and Speculum Examinations.**

An RN must complete a clinical experience of **twenty-four (24) hours** performing adult genital inspection and speculum examinations with preceptorship of a Registered Nurse (RN), Nurse Practitioner (NP) or Physician (MD/DO). Provide the following information:

- Date – enter the date of examination
- Name of Preceptor – print the name of preceptor of the examination.
- Signature of Preceptor – obtain the signature of the preceptor. Nurse preceptors who are SANE certified are recommended for this clinical requirement. Note: Signature of the preceptor signifies completion of examinations.
- Preceptor Licensure – enter the licensure of the preceptor which should be RN, NP or MD/DO.
- Time Spent Conducting Exam – enter the amount of time spent conducting the examination in hours. If entering information in Excel, the Total Hours cell will auto calculate. If entering information on hard copy, add the total hours of time spent conducting exams 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 D: Clinical Hours – Well-Child Examinations, Focus on Child Development.**

An RN must complete a clinical experience of **twenty (20) hours** performing well-child exams with preceptorship of a Registered Nurse (RN), Nurse Practitioner (NP), or Physician (MD/DO), with a focus on child development. Provide the following information:

- Date – enter the date of examination
- Name of Preceptor – print the name of the preceptor of the examination.
- Signature of Preceptor – obtain the signature of the preceptor. Nurse preceptors who are SANE certified are recommended for this clinical requirement. Note: Signature of the preceptor signifies completion of examinations.
- Preceptor Licensure – enter the licensure of the preceptor which should be RN, NP or MD/DO
- Time Spent Conducting Exam – enter the amount of time spent conducting the examination in hours. If entering information in Excel, the Total Hours cell will auto calculate. If entering information on hard copy, add the total hours of time spent conducting exams 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: Adult Sexual Assault Examinations Using an Evidence Collection Kit**

An RN must perform interdependently within the preceptorship of a certified SANE or physician with document of preceptor approval **six (6) sexual assault examinations using an evidence collection kit (estimated time 17 hours) on adults.** Provide the following information:

- Date – enter the date of examination
- Name of Preceptor – print the name of the preceptor of the examination.
- Signature of Preceptor – obtain the signature of the preceptor. The preceptor must be a certified SANE or physician. Note: Signature of the preceptor signifies completion of examinations.
- Preceptor Licensure - enter the licensure of the preceptor which should be RN, NP or MD/DO.
- SANE Certification # - If the preceptor is a certified SANE, enter the SANE's Certification Number.
- Time Spent Conducting Exam - Enter the amount of time spent conducting the sexual assault examination in hours. If entering information in Excel, the Total Hours cell will auto calculate. If entering information on hard copy, add the total hours spent conducting exams 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 F: Child Sexual Assault Examinations**

An RN must perform interdependently within the preceptorship of a certified SANE or physician with documentation of preceptor approval ten (10) sexual assault examinations **(estimated time 15 hours) on children.** Provide the following information:

- Date - enter the date of examination
- Name of Preceptor - print the name of the preceptor of the examination.
- Signature of Preceptor – obtain the signature of the preceptor. The preceptor must be a certified SANE or physician. Note: Signature of the preceptor signifies completion of examinations.
- Preceptor Licensure – enter the licensure of the preceptor which should be RN, NP, or MD/DO.
- SANE Certification # - If the preceptor is a certified SANE, enter the SANE's Certification Number.
- Time Spent Conducting Exam – Enter the amount of time spent conducting the sexual assault examination in hours. If entering

information in Excel, the Total Hours cell will auto calculate. If entering information on hard copy, add the total hours of time spend conducting exams 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: Courtroom Observation**

An RN must complete **sixteen hours (16) hours observing criminal trial proceedings**. Courtroom observations may include sexual assault, domestic violence, homicide, and/or related cases. Additionally, courtroom observation must include the original signature of the district attorney, assistant district attorney, county attorney or bailiff. Provide the following information:

- Date – enter the date of courtroom observation
- Name of District Attorney, Assistant District Attorney, County Attorney or Bailiff – print the name of the court official for the case observed.
- Signature of District Attorney, Assistant District Attorney, County Attorney or Bailiff – obtain the signature of the court official for the case observed.
- Type of Hearing – enter the type of hearing such as sexual assault, homicide, domestic violence, etc.
- Time Spent Observing Court – Enter the amount of time spent observing court in hours. If entering information in Excel, the Total Hours cell will auto calculate. If entering information on hard copy, add the total hours of time spent observing court and write it in the Total Hours column.  
Applicant's Printed Name – enter full name as it appears on RN license.
- Sign and date the form before submission.