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***FORM A:* Credentialing of Adult/Adolescent SANEs**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_/\_\_\_/\_\_\_\_

 *Last First M.I.*

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

 *Street City State Zip*

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

**Check here:**

* I am applying to be an adolescent/adult Sexual Assault Nurse Examiner (SANE)
* 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 of the SANE Program.

**Attach copies of the following documentation:**

* Documentation of successful completion of forty (40) hour didactic education program offered by the Vermont SANE program, IAFN or a training entity approved by the SANE Clinical Coordinator.
* Documentation of successful completion of clinical preceptorship ([Form A1](SANE%20Certification%20-%20Form%20A1%20REVISED.doc)).

**Attestation**

* *I hereby attest that the information I have provided is true and accurate to the best of my knowledge.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

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