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***FORM E:* SANE Re-Credentialing**

**Application & Documentation Checklist**

**Due Date December 15th**

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

 *Last First M.I.*

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

 *Street City State Zip*

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

**Check here to certify:**

* I am currently practicing as a SANE in good standing and without any lapse in certification and am applying for **re-credentialing** as a (*check one or both*):
	+ Pediatric SANE and/or
	+ Adult/Adolescent SANE
* I have an active Vermont license to practice as a registered nurse (RN) or advanced practice registered nurse (APRN)
* Over the past two years, I have completed:
	+ For **Pediatric SANE** – two (2) pediatric sexual assault examinations or simulated exams
	+ For **Adult/Adolescent SANE**- four (4) adult/adolescent sexual assault examinations or simulated exams
	+ For both **Pediatric and Adult/Adolescent SANE** four (4) total sexual assault examinations, at least two (2) shall be pediatric sexual assault exams or simulated exams
	+ Attended two (2) peer reviews of sexual assault cases- including pediatric review for **Pediatric SANE-** may be online
	+ Self-evaluation and three (3) professional practice goals- minimum of 150 words
	+ A minimum of twelve (12) continuing education contact hours during the 2-year credentialing period. Continuing Education shall include education relevant to the primary population you serve and include the following topic areas:
		- Sexual Violence, and nursing best practice
		- Healthcare needs of patients including STIs and long-term health impacts of sexual assault
		- Trauma-informed care
		- Sexual Assault Laws in Vermont [Link](file:///S%3A%5CSANE%20%28Raenetta%20%26%20Sarah%29%5CEducation%5CSANE%20Education%5CEducation%5CContinuing%20Education%5C2018%20Continuing%20Education%5Cpowerpoints%5CSexual%20Assault%20Laws%20in%20Vermont.pptx)

**Attach copies of the following documentation**:

* Documentation of continuing education hours
* [**Form G**:](SANE%20Certification%20-%20FORM%20G%20REVISED.docx) **link**
* For **Pediatric SANE**-log of at least 2 pediatric sexual assault exams performed over the 2-year re-credentialing period
* For **Adult Adolescent SANE**- log of at least 4 adult/adolescent sexual assault exams performed over the 2-year re-credentialing period.
* For both **Adult/Adolescent and Pediatric SANE**- Log at least four (4 exams 2 of which are pediatric.

**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)