

Vermont SANE PROGRAM

**FORM A: Certification of SANEs
Application & Documentation Checklist**

I, _____, am applying to be a Sexual Assault Nurse Examiner under the requirements set forth by the Vermont SANE Board and certify that I have practiced as a registered nurse or advanced practice nurse for a minimum of eighteen (18) months and successfully completed the educational requirements of the SANE program.¹

I have attached copies of the following documentation:

- Active Vermont license to practice as a registered nurse.
- Documentation of successful completion of forty (40) hour didactic component from SANE, IAFN or training entity approved by SANE Clinical Coordinator.
- Documentation of successful completion of Clinical Preceptorship and log.

Date: _____

Signed: _____

Printed Name: _____

Contact Information²:

Work or best address: _____

Phone: _____

Email: _____

Hospital affiliation: _____

Positive Recommendation from an immediate 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.

Additional comments: _____

Date: _____

Signed: _____

Printed Name: _____

Title: _____

¹ Found at § (V)(A) & (B) in the Regulation of Sexual Assault Nurse Examiners *or Appendix A of this packet.*

² I am responsible for notifying the SANE Program if any of this contact information changes.

