Vermont SANE PROGRAM

FORM A1: Documentation of Successful Completion of Clinical Preceptorship

This is to certify that under my supervision, _____has completed her/his clinical preceptorship and has mastered to competency the following:

i. Pelvic examinations;
ii. Forensic medical examinations, using simulation, if necessary; and
iii. Evidence collection using the standardized sexual assault protocol and standardized sexual assault evidence collection kit.

Signed[1]: _____ Date: _____

Printed Name: _____
Title: _____
Hospital affiliation: _____

Log of Precepted Exams

Date	Location	Patient Age, Sex, Type of Exam, Comments	Preceptor Initials

[1] This form must be signed by a physician, physician's assistant, advance practice nurse or SANE with experience in the procedure to be mastered.