

Vermont SANE PROGRAM

**FORM B: Certification of *Pediatric* SANEs
Application & Documentation Checklist**

I, _____, am applying to be a Pediatric SANE 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 pediatric program.¹

Documentation of the following are currently on file as part of my SANE certification filed on _____ (or they are attached to this application):

- My current active Vermont license to practice as a registered nurse.
- Positive recommendation from an immediate supervisor at the facility where I have practiced or will practice.
- Documentation of my successful completion of the SANE program's forty (40) hour didactic component.
- Successful completion of my SANE Clinical Preceptorship.

I have attached copies of the following documentation:

- Certificate documenting successful completion of twenty-four (24) hour pediatric didactic component as set forth by the IAFN's SANE Pediatric Education Guidelines.
- Documentation of successful completion of Pediatric Clinical Preceptorship

Date: _____

Signed: _____
Printed Name: _____

Contact Information²:

Work or best address: _____

Phone: _____

Email: _____

Hospital affiliation: _____

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

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

