Vermont SANE PROGRAM

FORM B1: Documentation of Successful Completion of *Pediatric* Clinical Preceptorship

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

Requirements for clinical preceptorship (may have been completed under someone else's supervision):

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.

Additional requirements for pediatric clinical preceptorship:

iv. Pediatric patient assessment from all pediatric age categories, covering growth and development, normal anatomy and physiology, head-to-toe examination, detailed genital inspection; and
v. Comprehensive care of pediatric sexual assault/abuse patients, including completion of sexual assault/abuse medical forensic examinations and sexual assault examination kits, and psychosocial assessment.

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.