



INTERNATIONAL ASSOCIATION OF FORENSIC NURSES

SEXUAL ASSAULT NURSE EXAMINER COURSE REVIEW FOR PROVIDER STATUS

<input checked="" type="checkbox"/> Applicant Eligibility Verification	Complete the document to demonstrate the eligibility of the organization and the offering for continuing nursing education.
<input checked="" type="checkbox"/> Individual Educational Activity Application	Complete the document to provide information related to the planning of the program. Note: Use the information from the Planning Table to complete Section A on page 2 of the application.
<input checked="" type="checkbox"/> Planning Table	Use standardized SANE Course educational planning table, pre-populated with required topical outline from the SANE Education Guidelines. Complete the sections related to time (in minutes), presenters names (with credentials) and teaching methods. Note: Ensure that the titles of the topics used in the planning table match the titles of the topics listed in the agenda. Note: Course name should match the course name on the planning table in all documents – the agenda, the Relevant Financial Disclosure Forms, the attendance tracking sheet, and the course certificate, on marketing documents, and on the evaluation
<input checked="" type="checkbox"/> Course Agenda	Provide course agenda or for enduring materials, course outline. Note: Agenda/outline must outline topics and timeframe. The agenda/outline must correlate with the Planning Table using the same amount of time and the same topics.
<input checked="" type="checkbox"/> Relevant Financial Disclosure Form	Attach a Relevant Financial Disclosure Form for each individual (names AND credentials) who is in a position to control the content of the SANE training (e.g., planners, presenters, faculty, authors, and/or content reviewers). Note: Submit one completed form per person (presenter, nurse planner, committee, content experts). May use IAFN's Conflict of Interest form or the form from approved Provider or Approver of Continuing Nursing Education for the course.
<input checked="" type="checkbox"/> Attendance Tracking	Enclose a copy of attendance sheets/student tracking mechanism for each day of training. If the training is online, explain the tracking process and provide an appropriate example. Note: Include the attendee's name and email address (as the unique identifiers).
<input checked="" type="checkbox"/> Certificate	Enclose a copy of the Certificate of Completion each attendee will receive after course completion that meets all requirements from the most recent American Nurses Credentialing Center on Accreditation criteria for certificate of attendance for individual learning activities. Note: Include the course title, date, location, attendee name, and contact hours. Note: Include the accrediting body statement of contact hours issued or the academic equivalent. Academic equivalent means: 1 semester hour = 15 contact hours; 1 quarter hour = 12.5 contact hours Note: Differentiate an adult/adolescent from a pediatric/adolescent SANE course by title. For a combined course, identify all populations served.
<input checked="" type="checkbox"/> Marketing Material or Brochure	Attach a copy of all marketing material (screenshot or copy or print) that meets all requirements from the most recent American Nurses Credentialing Center on Accreditation criteria for marketing of individual learning activities. Note: Include the accreditation statement and the total number of contact hours given.
<input checked="" type="checkbox"/> Evaluation	Attach a copy of the Evaluation Template (blank form or link to an online evaluation) that meets all requirements from the most recent American Nurses Credentialing Center on Accreditation criteria for evaluation of individual learning activities.