



Applicant's Name:

Seeking: **SANE-A** **SANE-P**

Applicant: Complete the line above. By the deadline, please email this signed form with all requested materials to: certification@ForensicNurses.org

Clinical Authority: Please complete the form below, sign, and return it to the applicant.

Dear **Clinical Authority:**

The applicant presenting this form is applying to sit for the sexual assault nurse examiner (SANE) board certification exam. The applicant is asking you to attest that, during the past 3 years, they accrued a minimum of 300 hours of SANE-related practice as defined below by the Commission for Forensic Nursing Certification:

"Practice" includes *any combination* of the following activities:

- Providing direct patient care as a SANE
- Taking on-call shifts to respond to patients as a SANE (even if not seeing a patient; limit=100 hrs.)
- Teaching/precepting SANEs (including via telehealth modality)
- Providing consultation on SANE issues/cases (including via telehealth modality)
- Participating in peer review of SANE cases

At least 200 of the 300 SANE-related practice hours must have focused on the population for which the applicant seeks certification (e.g., SANE-A: at least 200 of the 300 hours focused on the adult and/or adolescent patient population; SANE-P: at least 200 of the 300 hours focused on the prepubescent patient population).

Verification of SANE-related Practice (to be completed by the Clinical Authority):

I attest that **the above applicant** has, within the past 3 years, accrued a minimum of 300 hours of SANE-related practice as defined above. In addition, at least 200 of those 300 hours comprise SANE-related practice focused on the population for which the applicant seeks certification.

Practice Setting Organization's Name:

Address:

City:

State/Province:

Postal Code:

Country:

Signature of Clinical Authority: _____ Date: _____

Printed Name of Clinical Authority:

Title:

Phone Number:

Email Address: