

**Office of the Attorney General
Crime Victim Services Division
Sexual Assault Prevention & Crisis Services Program**



**Sexual Assault Nurse Examiner
Currency of Practice
Recertification Application**

Application for SANE Recertification

General Information

A. Program Requirements

To be eligible for recertification, an RN must:

- Hold a current, unencumbered RN license issued by the Texas Board of Nurse Examiners
- Complete all recertification requirements within the two years following the date of initial certification.

To be recertified as a SANE by the Office of the Attorney General, an RN must:

- Complete continuing education hours
- Complete case/slide (peer) review hours (if applicable) and
- Complete medical/forensic examinations

B. Requirements for Recertification:

There are three types of SANE Recertification:

Adult SANE Recertification – *for purposes of recertification and conducting examinations, an adult is a female who has begun menses, and/or a male who has attained stage three of the Tanner Classification of Sexual Maturity*

Requirements for recertification

- Complete eight hours of continuing education regarding the adult sexual assault survivor
- Conduct eight adult sexual assault examinations using a medical/forensic kit.

Pediatric SANE Recertification – *for purposes of recertification and conducting examinations, a pediatric is a female who is pre-menarcheal and/or a male pre-stage three of the Tanner Classification of Sexual Maturity*

Requirements for recertification

- Complete eight hours of continuing education regarding the pediatric sexual assault survivor
- Complete eight hours of pediatric sexual assault case/slide (peer) review including discussion of individual pediatric sexual assault cases utilizing de-identified files and/or slides taken at the time of examination
- Conduct ten pediatric sexual assault examinations.

Adult/Pediatric SANE Recertification

Requirements for recertification

- Complete six hours of continuing education regarding the adult sexual assault survivor and six hours of continuing education regarding the pediatric sexual assault survivor.
- Complete eight hours of pediatric sexual assault case/slide (peer) review that includes discussion of individual pediatric sexual assault cases and slides taken at the time of examination
- Conduct eight adult sexual assault examinations using a medical/forensic kit and

- Complete ten pediatric sexual assault examinations.

APPLICATION INSTRUCTIONS

The application for SANE Recertification must be submitted in the order listed below. Retain a copy for your records. All forms are available in Microsoft Word.

- Recertification Checklist
- Personal Information
- Curriculum Vitae
- Copy of RN License
- Continuing Education Form and Continuing Education Certificates
- Case/Slide (Peer) Review Form and Certificates of Case/Slide (Peer) Review Attendance
- Medical/Forensic Sexual Assault Examinations Form

The Peer Review Form and the Medical Forensic Form must include original signatures. Copies of continuing education certificates may be provided instead of original certificates.

1. Recertification Checklist – SAPCS Form 0007 (1/06)

Use the Checklist as a tool to ensure all required documents are included in your application for recertification. The Checklist is the first page of your application for recertification. Provide your name and date of application in the space provided.

2. Personal Information – SAPCS Form 0002 (1/06)

Print your name in the space provided and supply all the information requested. Incomplete forms will be returned to you for completion and may delay your recertification.

3. Curriculum Vitae

A Curriculum Vitae must be included with your application for recertification. Your Curriculum Vitae should be typed and include:

- Education
- Work History
- Licenses and Certifications
- Training/Continuing Education Received
- Professional Organization Membership

4. Copy of RN License

A copy of your current unencumbered license issued by the Texas Board of Nurse Examiners must be included with your application.

5. Continuing Education – SAPCS Form 0008 (1/06)

This form must be completed by all applicants applying for SANE Recertification. The date of each continuing education class should be documented in the first column followed by title of the conference/workshop presentation in the second column. The name and title of the presenter(s) delivering the continuing education should be noted in the third column and the hours earned should be documented in the last column. Total the number of continuing education hours earned in the space provided. Sign and date the form when you have completed your continuing

education requirement. Copies of continuing education certificates should follow the Recertification Continuing Education Form.

6. Case/Slide (Peer) Review – SAPCS Form 0009 (1/06)

This form must be completed if the applicant is applying for Pediatric SANE Recertification or Adult/Pediatric SANE Recertification. The date of the case/slide (peer) review should be documented in the first column. The person conducting the case/slide (peer) review may be the SANE coordinator, medical doctor, certified Pediatric SANE or certified Adult/Pediatric SANE. The signature and licensure of the person conducting the case/slide (peer) review should be noted in the second column and the hours earned should be documented in the last column. Total the number of case/slide (peer) review hours earned in the space provided. Sign and date the form when you have completed your case/slide (peer) review requirement. Certificates of case/slide (peer) review attendance should follow this form.

7. Medical/Forensic Sexual Assault Examinations – SAPCS Form 00010 (1/06)

This form must be completed by all recertification applicants. The date of each medical/forensic examination should be documented in the first column followed by the name and title of the medical director or SANE coordinator. The licensure of the medical director or SANE Coordinator should be noted in the third column. A checkmark should be entered into either the fourth or fifth column depending upon the type of exam conducted. Total the number of adult and/or pediatric examinations completed in the space provided. Sign and date the form when you have completed your medical/forensic examination requirement.

Submission of Recertification Application

Submit your Recertification Application to:

Bonnie Cone, RN
Office of the Attorney General
Crime Victim Services Division
P.O. Box 12548 MC 011-1
Austin, Texas 78711-2548

Request for Extension

Notify Bonnie Cone, RN, at bonnie.cone@oag.state.tx.us to request an extension if you are unable to complete the requirements for recertification within your two year cycle. Request for extensions are considered on a case-by-case basis, and must be submitted in writing. The request for an extension must include:

- Recertification type
- End date of two year certification period
- Requirement(s) completed
- Requirement(s) to be completed
- Reason(s) unable to complete requirements
- Plan to complete requirement



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**SANE Certification/Recertification
Personal Information**

Name: _____

Credentials: _____

Applying for SANE Certification / Recertification as (**check only one**):

Adult-SANE
Certification

Pediatric-SANE
Certification

Adult & Pediatric-SANE
Certification

Personal Information:

Home Address _____

City, State, Zip _____

Home Phone No. _____ Cell Phone No. _____

Work Phone No. _____

Home or Work E-mail Address _____

RN License _____

Location of Practice:

Name of Primary Facility _____

Address _____

City, State, Zip _____

Facility Phone No. _____

SANE Coordinator Information:

SANE Coordinator Name _____

SANE Coordinator Phone No. _____

SANE Coordinator Email address _____



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SANE Recertification Checklist

Name of Applicant _____

Date of Application _____

Your SANE Recertification Application must be submitted in the order listed below and include this form.

Items to include:

- Recertification Checklist
- Personal Information Form
- Curriculum Vitae
- Copy of RN license
- Continuing Education Form
- Continuing Education Certificates
- Case/Slide (peer) Review Form
- Case/Slide (peer) Review Certificates
- Medical / Forensic Sexual Assault Examination Form



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**SANE Recertification
Continuing Education Form**

Date	Title of Conference/ Workshop/Presentation * Copy of certificate of attendance must be included with Recertification Application.	Name & Title of Presenter	Adult Hours Earned	Pediatric Hours Earned
TOTAL HOURS				

The above is a true and accurate documentation of continuing education hours completed by:

Print Name: _____

Signature: _____ Date: _____



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**SANE Recertification
Case/Slide (peer) Review Form**

Date of Review	Signature and Licensure of Person Conducting Case/Slide (peer) Review	Number of Hours Earned
Total Hours:		

The above is a true and accurate documentation of clinical hours completed by:

Print Name: _____

Signature: _____ Date: _____



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**SANE Recertification
Medical/Forensic Examination Form**

Date of Exam	Signature of Medical Director or SANE Coordinator	Licensure	Adult Sexual Assault Examinations	Pediatric Sexual Assault Examinations
TOTAL EXAMS				

The above is a true and accurate documentation of clinical hours completed by:

Print Name: _____

Signature: _____ Date: _____