

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



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

General Information:

A Sexual Assault Nurse Examiner (SANE) is a Registered Nurse (RN) who has been specifically trained to:

- provide comprehensive care to sexual assault patients;
- demonstrate competency in conducting a medical forensic exam and evidence collection;
- have the expertise to provide effective courtroom testimony; and
- show compassion and sensitivity to survivors of sexual assault.

A. Program Requirements

To be eligible for certification as a SANE an RN must:

- Hold a current unencumbered license issued by the Texas Board of Nurse Examiners
- Have completed a minimum of two years of experience as an RN before attending the classroom training

To be certified as a SANE by the Office of the Attorney General (OAG) an RN must:

- Complete an OAG approved 64 hour class
- Complete clinical hours as required by certification type and under the supervision of a preceptor within an eight month period after completing the 64 hour class
- Observe criminal court proceedings within an eight month period after completing the 64 hour class

Classroom training requirements:

- The 64 hour classroom training must be completed before beginning your clinical hours and court observation hours.
- Arrangements for attending the classroom training must be made with the local SANE Coordinator, OAG Community Development Specialist or the OAG SANE/SART Program Manager.

B. Requirements for Certification:

There are three types of SANE Certification:

Adult SANE Certification – *for the purpose of certification and conducting examinations, an adult is a female who has began menses, and/or a male who has attained stage three of the Tanner Classification of Sexual Maturity*

Requirements for certification

- Perform 24 hours of adult genital inspections and speculum examinations
- Conduct six adult sexual assault examinations using a medical/forensic collection kit
- Observe 16 hours of criminal court proceedings.

Pediatric SANE Certification - *for the purpose of certification 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 certification

- Perform 20 hours of well-child examinations, with a focus on pediatric development
- Conduct ten pediatric sexual assault examinations
- Observe 16 hours of criminal court proceedings

Adult/Pediatric SANE Certification

Requirements for certification

- Perform 24 hours of adult genital inspection and speculum examinations
- Conduct six adult sexual assault examinations using a medical/forensic collection kit
- Perform 20 hours of well-child examinations, with a focus on pediatric development
- Conduct ten pediatric sexual assault examinations
- Observe 16 hours of criminal court proceedings

C. Contact Information

Bonnie Cone RN
SANE/SART Program Manager
bonnie.cone@oag.state.tx.us

Lisa Zapata-Maling
Community Development Specialist
lisa.maling@oag.state.tx.us

Instructions:

The application for SANE Certification must be submitted in the order listed below. Retain a copy for your records. All forms are provided in Microsoft Word and available on the OAG website if duplicates are needed.

- Certification Checklist
- Personal Information
- Curriculum Vitae
- Copy of RN License
- Copy of 64 hour Classroom Training Certificate
- Clinical Hours Forms (varies depending upon type of certification)
- Courtroom Hours Form

The Adult Genital Inspection and Speculum Examinations Form, Well-Child Examinations Form and Interdependent Sexual Assault Examinations Form must include the preceptor's original signature. The Courtroom Observation Form must include the original signature of the district attorney, assistant district attorney or bailiff.

1. Certification Checklist – SAPCS Form 0001 (1/06)

Use the Checklist as a tool to ensure all required documents are included in your application for certification. The Checklist is the first page of your application for certification. Provide your name and date of application in the space provided. All boxes should be “checked” upon completion of your application.

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

Print your name in the space provided and supply all the information requested. Sign your name and date the form upon completion of all certification requirements.

Incomplete Personal Information Forms will be returned to you for completion and may delay your certification.

3. Curriculum Vitae

A Curriculum Vita must be included in with your application for certification. 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. Classroom Training Certificate

A copy of the certificate you received after completing the OAG approved 64 hour classroom training must be included with your application.

6. Clinical Hours

Complete and include the following forms as appropriate with your application.

A. Adult Genital Inspection and Speculum Examinations – SAPCS Form 0003 (1/06)

This form must be completed if the applicant is applying for Adult SANE Certification or Adult/Pediatric SANE Certification. You must complete **24 hours** (approximately 24 exams) of adult genital inspection and speculum examinations. The date of each examination should be documented in the first column of the form followed by the signature of the preceptor in the second column. The preceptor may be a Registered Nurse, Nurse Practitioner or medical doctor. Nurse preceptors are not required to be certified for this clinical requirement. The preceptor's title should be noted in the third column and the amount of time spent conducting the examination should be documented in the last column. Total the number of hours completed in the space provided on the bottom of the form. Sign and date the form when you have completed the 24 hours of adult genital inspection and speculum examinations.

B. Well-Child Examination – SAPCS Form 0004 (1/06)

This form must be completed if you are applying for Pediatric SANE Certification or Adult/Pediatric SANE Certification. You must complete **20 hours** (approximately 20 exams) of well-child examinations with a focus on pediatric development. The date of each examination should be documented in the first column followed by the signature of the preceptor in the second column. The preceptor may be a Registered Nurse, Nurse Practitioner or medical doctor. Nurse preceptors are not required to be certified for this clinical requirement. The preceptor's title should be noted in the third column and the amount of time spent

conducting the examination should be documented in the last column. Total the number of hours completed in the space provided at the bottom of the form. Sign and date the form when you have completed 20 hours of well-child examinations.

C. Interdependent Sexual Assault Examinations – SAPCS Form 0005 (1/06)

This form should be completed for each type of certification. The type of examinations and the number of examinations vary with each certification.

- **Adult SANE Certification** requires **six adult examinations** using a medical/forensic kit under the supervision of a preceptor. The date of each examination should be documented in the first column followed by the signature of the preceptor in the second column. An Adult Certified SANE or Adult/Pediatric Certified SANE or medical doctor may be the preceptor. The preceptor's title should be noted in the third column of the form and a check mark should be placed in the fourth column for each exam completed. Total the number of examinations completed in the space provided. Sign and date the form when you have completed six adult sexual assault examinations using a medical/forensic kit.
- **Pediatric SANE Certification** requires **ten pediatric sexual assault examinations** with a preceptor. The date of each examination should be documented in the first column followed by the signature of the preceptor in the second column. A Pediatric Certified SANE or Adult/Pediatric Certified SANE or medical doctor may be the preceptor. The preceptor's title should be noted in the third column and a check mark should be placed in the fifth column for each exam completed. Total the number of examinations completed in the space provided. Sign and date the form when you have completed ten pediatric sexual assault examinations.
- **Adult/Pediatric SANE Certification** requires **six adult sexual assault examinations** using a medical/forensic kit and **ten pediatric sexual assault examinations**. Each examination should be conducted with a preceptor. The date of each examination should be documented in the first column followed by the signature of the preceptor in the second column. An Adult Certified SANE or Adult/Pediatric Certified SANE or medical doctor may serve as the preceptor for the adult examinations and a Pediatric Certified SANE or Adult/Pediatric Certified SANE or medical doctor may be the preceptor for child examinations. The preceptor's title should be noted in the third column and a check mark should be noted in either the fourth or fifth column depending upon the type of examination. Total the number of adult and/or pediatric examinations completed in the spaces provided. Sign and date the form when you have completed the six adult sexual assault examinations and ten pediatric sexual assault examinations.

7. Courtroom Observation – SAPCS Form 0006 (1/06)

This form must be completed for Adult SANE Certification, Pediatric SANE Certification and Adult/Pediatric SANE Certification. SANE certification requires **16**

hours of criminal court observation and may include sexual assault, domestic violence, homicide and/or related cases. The date of each criminal trial observation should be documented in the first column followed by the signature of the district attorney, assistant district attorney or bailiff in the second column. The type of hearing should be noted in the third column and number of observation hours should be documented in the fourth column. Total the number of hours in the space provided. Sign and date the form when you have completed the 16 hours of courtroom observation.

Mail your Certification 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 clinical and/or courtroom hours within the eight months following your classroom training. Request for extensions are considered on a case-by-case basis, and must be submitted in writing. The request for an extension must include:

- Certification you are seeking
- Date completed 64 hours classroom training
- Requirement(s) completed
- Requirement(s) to be completed
- Reason(s) unable to complete requirement(s)
- Plan to complete requirement(s)



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

**SANE Certification/Recertification
Personal Information**

Name: _____

Credentials: _____

Applying for SANE Certification 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 _____



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

SANE Certification
Adult Genital Inspection and Speculum Examinations

Date of Examination	Signature of Preceptor	Preceptor Licensure (RN, NP, MD)	Time Spent Conducting Exam
TOTAL HOURS			

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

Print Name: _____

Signature: _____ Date: _____

