Illinois Sexual Assault Nurse Examiner (SANE) Program
Adult/Adolescent Clinical Training Log

https://www.illinoisattorneygeneral.gov/Safer-Communities/Responding-to-Sexual-Assault/SANE/

The goal of clinical training is to assist clinicians who have completed Adult/Adolescent SANE didactic training develop the knowledge and clinical skills required to become a sexual assault nurse examiner or sexual assault forensic examiner for adult/adolescent patient populations. This clinical training log is the Illinois SANE Program clinical competency tool and clinical requirements guide for individuals completing the Illinois Adult/Adolescent SANE Training and individuals working to become an AA SAFE.

The Illinois Sexual Assault Survivors Emergency Treatment Act defines a SANE as "an advanced practice registered nurse or registered professional nurse who has completed a sexual assault nurse examiner training program that meets the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses" (410 ILCS 70/1a). IAFN indicates that registered nurses who perform medical forensic exams must receive didactic and clinical preparation to care for patients following sexual violence (IAFN Sexual Assault Nurse Examiner (SANE) Educational Guidelines).

To independently perform medical forensic examinations on post pubertal patients (defined as the onset of menses in females and the advent of secondary sex characteristics in males) and postmenopausal females and other older adult) sexual assault patients. The registered nurse or advance practice provider must complete and maintain certificates of completion for both:

- Adult/Adolescent 40-hour didactic SANE training consistent with the IAFN SANE Education Guidelines
- Adult/Adolescent clinical SANE training consistent with the IAFN SANE Education Guidelines

IAFN guidelines indicate that clinical training be completed with the guidance of a forensically experienced physician (AA SAFE), advanced practice nurse, or registered nurse (AA SANE or SANE-A). Clinical training should be completed in a time frame that ensures competency and maximum retention of knowledge and skills, typically within six months of completion of the didactic training. Required clinical skills shall be performed until the clinician demonstrates competence, and competency is determined by the professional assessing the required clinical skills.

While we recommend individuals complete their clinical training log within six months of didactic training, it is not a requirement. Clinicians should demonstrate continuous education while working to obtain clinical competency.

Completion of Adult/Adolescent SANE didactic training is required prior to starting the clinical training log.

Please email a copy of your completed clinical training log and any additional documentation in PDF format to: sane@ilag.gov

After review and confirmation that all required documentation is provided, you will be sent a certificate of completion for clinical training. Having a certificate of completion for **both** didactic and clinical training allows you to practice as an AA SANE or AA SAFE in the State of Illinois. If you will be practicing as an AA SANE or AA SAFE, you may write this title below your signature as a description of your job tittle.

Completion of clinical training does not mean that you are certified as an Adult/Adolescent SANE. Certification is granted through the Forensic Nursing Certification Board after passing an exam or submitting a portfolio. Please visit the International Association of Forensic Nurses website at www.forensicnurses.org for more information.

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Please type or write legibly. Any questions regarding these requirements should be directed to the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution may require additional clinical experiences to validate your competency. The Illinois Attorney General's SANE Program may follow up with your mentor and preceptors listed on your clinical log to verify the information provided, as necessary.

Preferred First Name_____Last Name_____

Employer _____

Where you will be practicing as an AA SANE_____

Home Address_____Apt/Unit # _____

City_____State_____Zip _____

Phone_____Email _____

I, _____ (print name), authorize the sharing of my contact information for SANE related inquires. Signature: _____ Date: _____

Date of SANE Didactic Training: _____ ☐ ILOAG Other: _____

*If didactic training occurred outside of Illinois or via another provider such as IAFN or Sigma Theta Tau, you must submit your certificate of completion.

Name of Mentor: _____ Email: _____

Mentors must be an AA SAFE, SANE-A, or AA SANE practicing or have practiced in Illinois, with expertise in using the ISP SAECK and knowledge of current Illinois legislation.

The recommendation is to proceed in the following order:

- Complete the entry level adolescent and adult assessment workbook.
- Observe an exam conducted by an **experienced** examiner (preferably a SANE-A)
- Perform a mock examination with an AA SAFE or SANE-A
- Independently conduct exams with the experienced examiner present until competency is achieved.

Clinical Training Requirements
☐ 1. Mentor Identified and Clinical Plan
☐ 2. Entry Level Adolescent and Adult Assessment Workbook Summary
☐ 3. Speculum Placement Competency
☐ 4. Anatomy Competency
☐ 5. Specialized Equipment and Visualization Technique Competency
☐ 6. Minimum of three Additional Training Opportunities
☐ 7. Minimum of three Medical Forensic Examinations
☐ 8. 2-day Clinical Training OR Completion of Mock Exam
☐ 9. Trainee Self-Assessment Checklist and Mentor Sign-Off

1. Mentorship and Clinical Plan

I, _____, agree to mentor _____ throughout the Adult/Adolescent SANE clinical training experience and commit to providing ongoing support and peer review after completion**.**

Mentor's Contact Information: (mentor must be an AA SAFE, SANE-A, or AA SANE)

Name: _____

Phone or Email: _____

Site of Employment: _____

Facility Address**:** _____

Mentorship plan should include but not limited to:

- Assist with completion of the AA SANE clinical training requirements
- Mentor will review all case documentation including photos and provide timely feedback
- Establish a sustainable plan for ongoing peer review and support after clinical training log submission

Summary of mentorship plan:

_____
_____
_____
_____
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_____

"Preceptorial relationships between a teacher and a student are relatively short, and generally span the duration of a course [exam] … [Mentoring] spans several years and may extend far beyond the period of the structured mentorship. The mentor serves as a teacher, role model, coach, and confidant for the protégé/e and works one-on-one with a protégé/e to achieve various outcomes. Both parties reap significant rewards as a result of the mentorship, and are transformed in the process." Ajit, K., Sachdeva. (2009). Preceptorship, mentorship, and the adult learner in medical and health sciences education. Journal of Cancer Education, 11(3):131-136. doi10.1080/08858199609528415

2. Entry Level Adolescent and Adult Assessment Workbook Summary

The workbook includes case studies with photos and exercises, to build skills in injury identification, evidence collection, and trauma informed care for sexual assault patients. Individuals who attend training provided by the Illinois Attorney General's Office (OAG) will receive a copy of the workbook at their didactic training. If didactic training occurred by another provider, you may borrow a copy of the workbook from the Lending Library or your SANE Program (if applicable). For more information about the Lending Library email sane@ilag.gov. After completing the workbook, summarize what you learned and found helpful in the space provided. **Only individuals who borrowed a workbook from the Lending Library need to return the workbook.**

3. Speculum Placement Competency

Primary Goal: To provide training and practice techniques required for the physical examination of the external and internal structures of the vulva. SANEs and SAFEs use additional techniques (including labial separation, labial traction, Foley catheters and/or Fox swabs) to improve visualization of areas prone to injury/trauma. The clinician must place the speculum with successful visualization of the posterior fornix and cervical os.

Complete speculum placements with successful visualization of the posterior fornix and cervical os until proficiency is achieved. Please keep in mind that this is not a pelvic exam. Once competency is determined by your mentor, complete the verification of competency section below.

Your preceptor for speculum placements can be a physician, advanced practice provider, AA SAFE, SANE-A, or AA SANE

Please indicate with a check mark the type of technique(s) used in the chart below.
(LS: labial separation, LT: labial traction, FC: Foley catheters, FS: Fox swabs, and/or SP: speculum)

Date	Facility/Location	Techniques Used	Preceptor Name	Preceptor Signature
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
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		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		
		LS ☐ LT ☐ FC ☐ FS ☐ SP☐		

Verification of Competency by Mentor:

☐ This individual has demonstrated competency in speculum placement with successful visualization of the posterior fornix and cervical os for patients with a vulva.

Mentor's Printed Name and Title:______________________Signature: ______________________

4. Anatomy Competency

Primary Goal: To validate competency in identifying the external and internal structures of the anus, vulva, and penis. All anatomical structures must be accurately identified. Please mark with an X to confirm competency has been met.

Vulva		**Penis**	
☐ mons pubis	☐ hymen	☐ urethral meatus	☐ penile shaft
☐ labia majora	☐ fossa navicularis	☐ glans penis	☐ scrotum
☐ labia minora	☐ posterior fourchette	☐ corona of glans penis	☐ testes
☐ clitoral hood	☐ posterior fornix	☐ frenulum	☐ perineum
☐ clitoris	☐ cervix	☐ prepuce (foreskin)	☐ anus
☐ urethral meatus	☐ cervical os		
☐ vestibule	☐ perineum		
☐ periurethral bands	☐ anus		

Verification of Competency by Mentor:

☐ This individual has demonstrated competency in identifying the external and internal structures of the anus, vulva, and penis.

Mentor's Printed Name and Title:_____ Signature: _____

5. Specialized Equipment and Visualization Technique Competency

Primary Goal: To develop knowledge and proficiency in the use of specialized equipment for anogenital assessments, including alternative light source, digital camera, colposcope, Foley catheter or Fox swabs, labial separation, labial traction and Toluidine blue dye.

This training should never be performed on a sexual assault patient.

This section must be completed with an AA SAFE, SANE-A, or AA SANE.

☐ **Alternative light source**

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

☐ **Digital camera** or ☐ **Colposcope**

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

☐ **Foley catheter**

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

☐ **Fox Swab**

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

☐ **Labial Separation**

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

☐ **Labial Traction**

Date of Competency Validation (list multiple dates if necessary):

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

☐ **Toluidine blue dye**

Date of Competency Validation (list multiple dates if necessary): _____

Preceptor's Printed Name and Title:_____

Preceptor's Signature: _____

6. Completion of a minimum of three Additional Training Opportunities

The clinician must complete at least 3 additional training opportunities, such as the following activities (please note this list is not exhaustive of training opportunities or types of training that may be beneficial to an Adult/Adolescent SANE).

Illinois State Police Crime Lab Webinar offered by the Illinois Attorney General's Office
Date:_____

Observation at Criminal Trial Proceedings
Primary Goal: To observe and become familiar with criminal trial proceedings, particularly direct and cross examination of a witness. Preferably the testimony observed will be that of an expert witness. This can be coordinated with the State's Attorney's Office victim witness coordinator, state SANE Coordinator, or your mentor.
Date: _____ Location: _____
Name and Title of Witness Observed: _____
Printed Name and Title of individual who witnessed your attendance: _____
Signature: _____
Contact Phone or Email: _____

Forensic Photography Training
Primary Goal: To gain hands-on practice and experience with a digital camera and/or other photography equipment. Should be completed with a forensic photography expert (crime scene investigator, detective, SANE or other individual with specialized training)
Date: _____ Location/Agency: _____
Printed Name and Title of individual who witnessed your attendance: _____
Signature: _____
Contact Phone or Email: _____

Victim Services Agency
Primary Goal: To establish a collaborative relationship with victim services agency and staff. To learn full range of services provided.
Date:_____ Location/Agency: _____
Printed Name and Title of individual who witnessed your attendance: _____
Signature: _____
Contact Phone or Email: _____

State's Attorney's Office Victim Witness Coordinator
Primary Goal: To establish a collaborative relationship with victim witness coordinator. To learn full range of services provided and court process for victims and other witnesses.
Date: _____ Location/Agency: _____
Printed Name and Title of individual who witnessed your attendance: _____
Signature: _____
Contact Phone or Email: _____

Law Enforcement Agency

Primary Goal: To establish a collaborative relationship with local law enforcement agency/sex crimes unit.

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Other Training Opportunity: _____

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Other Training Opportunity: _____

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

Other Training Opportunity: _____

Date: _____ Location/Agency: _____

Printed Name and Title of individual who witnessed your attendance: _____

Signature: _____

Contact Phone or Email: _____

7. Completion of a minimum of three Medical Forensic Examinations

Primary Goal: To gain competency in conducting medical forensic examinations (MFEs), including use of informed consent, medical forensic history taking, head-to-toe assessments, detailed anogenital exam, evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit, providing discharge instructions including STI/HIV prophylaxis and pregnancy prevention, planning for follow-up care, safety planning and the use of specialized examination techniques including forensic photography.

A **minimum** of three examinations are required must be completed with a preceptor until the clinician has received a clinical completion certificate. The medical forensic examinations must include use of the Illinois State Police Sexual Assault Evidence Collection Kit. One mock exam may apply towards the minimum of three medical forensic examinations when completed with an AA SAFE or SANE-A. If a mock exam is used to meet the three MFE requirement **it cannot be used towards requirement #8.**

Document a summary of each exam below including what you observed and documented as findings or lack of findings, what specialized equipment/techniques were used, what you collected and why.

Your preceptor must be an AA SAFE, SANE-A, or AA SANE. Mentors must review all case photographs and documentation.

Medical Forensic Examination #1: ☐ Mock Exam

Preceptor's Name and Title: _____
Preceptor's Signature: _____
Exam Date: _____ Time Since Assault: _____
Patient's Age: _____ Patient's Gender: _____

Place a check mark next to items completed during the medical forensic examination:

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____
_____
_____
_____

Description of findings: _____
_____
_____
_____

Date of Mentor's Review: _____ ☐ Photographs (if applicable) ☐ Documentation
Mentor's Printed Name and Title: _____
Mentor's Signature: _____

Medical Forensic Examination #2: ☐ Mock Exam

Preceptor's Name and Title: _____

Preceptor's Signature: _____

Exam Date: _____ Time Since Assault: _____

Patient's Age: _____ Patient's Gender: _____

Place a check mark next to items completed during the medical forensic examination:

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____

_____

_____

_____

Description of findings: _____

_____

_____

_____

Date of Mentor's Review: _____ ☐ Photographs (if applicable) ☐ Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

Medical Forensic Examination #3: ☐ Mock Exam

Preceptor's Name and Title: _____

Preceptor's Signature: _____

Exam Date: _____ Time Since Assault: _____

Patient's Age: _____ Patient's Gender: _____

Place a check mark next to items completed during the medical forensic examination:

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____

_____

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Description of findings: _____

_____

_____

_____

Date of Mentor's Review: _____ ☐ Photographs (if applicable) ☐ Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

Medical Forensic Examination #4: ☐ Mock Exam

Preceptor's Name and Title: _____

Preceptor's Signature: _____

Exam Date: _____ Time Since Assault: _____

Patient's Age: _____ Patient's Gender: _____

Place a check mark next to items completed during the medical forensic examination:

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____

_____

_____

_____

Description of findings: _____

_____

_____

_____

Date of Mentor's Review: _____ ☐ Photographs (if applicable) ☐ Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

Medical Forensic Examination #5: ☐ Mock Exam

Preceptor's Name and Title: _____

Preceptor's Signature: _____

Exam Date: _____ Time Since Assault: _____

Patient's Age: _____ Patient's Gender: _____

Place a check mark next to items completed during the medical forensic examination:

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____

_____

_____

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Description of findings: _____

_____

_____

_____

Date of Mentor's Review: _____ ☐ Photographs (if applicable) ☐ Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

Medical Forensic Examination #6: ☐ Mock Exam

Preceptor's Name and Title: _____

Preceptor's Signature: _____

Exam Date: _____ Time Since Assault: _____

Patient's Age: _____ Patient's Gender: _____

Place a check mark next to items completed during the medical forensic examination:

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____

_____

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Description of findings: _____

_____

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_____

Date of Mentor's Review: _____ ☐ Photographs (if applicable) ☐ Documentation

Mentor's Printed Name and Title: _____

Mentor's Signature: _____

8. Completion of an IAFN Approved Clinical Training OR Completion of Mock Exam

Please indicate which one of the following options you completed:

☐ **Completion of the IAFN approved Illinois Attorney General 2-Day Adult/Adolescent SANE Clinical Training**

- Month and year of attendance: _____

☐ **Completion of an IAFN approved Adult/Adolescent SANE Clinical Training <u>NOT affiliated</u> with the Illinois Attorney General's Office.** *You must submit your certificate of completion.

- Certificate attached

☐ **Completed a Mock Examination with an AA SAFE or SANE-A**
Attach facility specific mock exam documentation <u>OR</u> complete the section below:

AA SAFE or SANE-A Printed Name and Title: _____
AA SAFE or SANE-A Signature: _____
Date Mock Exam Performed: _____
Time Since Assault: _____
Patient's Age: _____
Patient's Gender: _____

Please check the information covered/demonstrated during the mock exam.

□ Advocate notified	□ Fox Swab	□ Radiology
□ Alternative light source	□ Head to Toe Exam	□ Safety plan
□ Chain of custody maintained	□ HIV prophylaxis	□ Speculum Insertion
□ CheckPoint education	□ Hospital billing notice	□ STI prophylaxis
□ Consent	□ Labial separation	□ STI testing
□ Crime Victim Compensation	□ Labial traction	□ Strangulation assessment
□ DFSA	□ Mandated reporting	□ TB Dye
□ Emergency contraception	□ Miscellaneous swabs collected	□ Toxicology consent
□ Evidence collected	□ Pain medication	□ Voucher
□ Foley catheter	□ Photography	□ Wound care
□ Follow-up instructions	□ Pregnancy testing	

Brief assault history: _____
_____
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Description of findings: _____
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_____

9. Trainee Self-Assessment Checklist and Mentor Sign-Off

Primary Goal: To assess a trainee's self-confidence in providing care for the adult/adolescent sexual assault patient. This checklist is a collaborative tool, requiring completion by both the trainee and the mentor. It serves as a dual checklist to capture insights and perspectives from both parties. The trainee is to mark the areas below where they feel confident and capable of practicing independently and discuss with their mentor any identified areas that require additional support or training.

□ Explain/provide to the patient:
- Informed consent
- Procedures and equipment/techniques utilized.
- Rights to privacy and confidentiality

□ Obtain a medical and forensic history using a trauma-informed approach and document thoroughly according to agency standards.

□ Perform a thorough, patient-centered head-to-toe assessment, including a detailed anogenital assessment, while using appropriate examination positions.

□ Use of specialized equipment and visualization techniques, including photography.

□ Identify, interpret, and appropriately document findings of:
- Injury/trauma
- Normal variations
- Disease process

□ Use proper evidence collection techniques based on patient's age and developmental/cognitive level.

□ Maintaining proper chain of custody of evidence.

□ Toxicology specimen collection for drug facilitated sexual assault, specimen packaging and consent.

□ Proper collection of specimens for testing for sexually transmitted infections, pregnancy, and HIV.

□ Perform a psychosocial assessment that includes
- Crisis intervention
- Suicide and safety assessment and planning
- Referrals
- Culturally sensitive approach

□ Provides appropriate discharge instructions and referrals based on needs.

I_____ (name of SANE or SAFE in-training), feel confident and capable of practicing independently.
Trainee's Signature: _____ Date: _____

As the mentor for _____ (name of SANE or SAFE in-training), I certify that the information submitted in this clinical training log is true to the best of my knowledge and belief and is furnished in good faith. I acknowledge that this individual has completed the mandatory requirements for clinical training and confirm this individual has met the competency standards indicated in this clinical training log.

Mentor's Printed Name and Title: _____
Mentor's Signature: _____ Date: _____