

Adult/Adolescent SANE Training

June 6-9, 2023 9:00 a.m. – 5:00 p.m. Application Deadline: May 18, 2023 Swedish Hospital in Chicago, Illinois

The Illinois Attorney General's Office is pleased to offer the **Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Training** to improve the response to sexual assault patients. This training includes a combination of pre-coursework and live training held in Chicago. A live virtual option will also be available on June 6-9, 2023, from 9:00 a.m. – 5:00 p.m. for those unable to participate in person.

This training is for registered nurses, advanced practice providers and physicians with a minimum of one year of clinical experience who provide medical forensic examinations to sexual assault patients. Applicants must complete the application below acknowledging the training requirements and return along with a current resume. Applicants who do not currently work in a direct patient care capacity must identify a plan as to how they will complete the required clinical training requirements and include it in their application.

The Office of the Illinois Attorney General reserves the right to select participants for the training based upon specific selection criteria. To maximize the number of agencies and geographical areas represented at the training, the Attorney General's Office may limit the number of attendees from an agency or geographical area. Written communication detailing acceptance or non-acceptance will be sent via email to all applicants. For questions about the status of an application, please call 1-866-376-7215.

To apply to attend this free training, please complete this application and return it along with your resume via email to: sane@ilag.gov

card with speakers or headphones to participate in the live virtual training? Please note tablets and Chromebook do not have full functionality in WebEx and are not recommended. Have you completed the 2-hour training for emergency department clinical staff? Yes No Have you previously taken the Adult/Adolescent SANE Training? *Yes No					
What is the highest level of education you have completed? ADN BSN MSN Other: Nursing License Number: Address Apt/Unit # City State Zip Best Contact Information: Phone Email Do you have access to a Windows or Mac laptop or computer with high-speed internet access and sound card with speakers or headphones to participate in the live virtual training? Yes No Please note tablets and Chromebook do not have full functionality in WebEx and are not recommended. Have you completed the 2-hour training for emergency department clinical staff? Yes No Have you previously taken the Adult/Adolescent SANE Training?	Preferred First Name	_Last Name			
What is the highest level of education you have completed? ADN BSN MSN Other: Nursing License Number: Address Apt/Unit # City State Zip Best Contact Information: Phone Email Do you have access to a Windows or Mac laptop or computer with high-speed internet access and sound card with speakers or headphones to participate in the live virtual training? Yes No Please note tablets and Chromebook do not have full functionality in WebEx and are not recommended. Have you completed the 2-hour training for emergency department clinical staff? Yes No Have you previously taken the Adult/Adolescent SANE Training?					
Nursing License Number:					
Address					
Best Contact Information: PhoneEmail					
Best Contact Information: PhoneEmail	Address		_Apt/Offit #		
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Have you previously taken the Adult/Adolescent SANE Training? ☐ *Yes ☐ No					
<i>,</i> , ,	Have you completed the 2-hour training for emergency department clinical staff?				
*If yes, please state when and explain why you would like to attend this class again:					

Adult/Adolescent 3			_
Do you have at least one year of profess Yes *No *One year of professional clinic	ional (nursing, advanced page 2) call experience is required to attend		cian) experience?
Has your professional license or hospital subjected to probationary conditions in a		ed, suspended, revoked	d, denied or Yes No
To attend this training, you will either need Treatment Hospital or Treatment Hospital complete the clinical training. Clinical plan Emergency Department or SANE Coordican complete the medical forensic exame	Il with Approved Pediatric ans should include arrange nator to be on-call or resp	Transfer OR have a pla ements made with a Tro ond to sexual assault c	an in place to eatment Hospital's ases so that you
Do you currently work in a direct patient of the state how you plan to comp	•		☐ Yes ☐ *No
What Treatment Hospital or Treatment Honce you complete the clinical training re *Employment or partnership with a Treatment Hospital of	quirements? Hospital nar	me:	·
Name of practicing AA SANE who can ac	ct as a mentor:		
Have you discussed a mentor/mentee re *A mentor is not required but is strongly recommended f	lationship with this clinicia		′es □ No
Did you attach a copy of your resume?	(a resume is required for o	consideration) 🗌 Y	′es 🗌 No
Acknowledgements I acknowledge that to practice as a SANE training <u>and</u> clinical log <u>and</u> receive certi			our didactic
I have received the <u>Adult/Adolescent SAl</u> one-year anniversary of completing the d			rements before the ′es
I agree to complete the pre-coursework trequired to participate in the live training.		3 and understand that ti Yes	mely completion is
I have the appropriate technology to comvirtually). Yes No *Please note tablets	•	• • • • • • • • • • • • • • • • • • • •	•
Disclaimers and Signature I certify that the information submitted in is furnished in good faith. I understand to training purposes only and may be grap permitted to record, photograph, take so manner, any images or photographs use	hat all images and photog hic in nature. I understand creenshots or videos, or ot	raphs shared during the d and acknowledge tha therwise reproduce or c	e training are for t I am not copy in any
Signature:		Date:	
Printed Name:			

Please call 1-866-376-7215 or email sane@ilag.gov with questions or reasonable accommodation requests.