Qualified Medical Provider

Competency Attestation (Annual Cycle)

Illinois Attorney General Sexual Assault Nurse Examiner Program

Applicable to: Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs) practicing as a QMPs in Illinois
Cycle covered by this attestation: January 1st- December 31st (yearly)
Verification due date: April 30th of **each year**
Submit attestation documentation to: TBD

Provider Information

- Name: _____
- Title: _____ Professional License Number _____
- Email: _____

Competency Requirement (Annual Cycle)

To remain on the Qualified Medical Provider List, Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs) must meet the **annual competency requirement**. This requirement may be met by completing one of the following:

1. A Medical Forensic Examination within the past 12 consecutive months.

OR

2. A mock Medical Forensic Examination for skill verification with a SANE-A or SANE-P preceptor if more than one year has passed since last performing a Medical Forensic Examination.

NOTE: A valid IAFN SANE-A or SANE-P certification **does not** meet the annual competency requirement.

QMP Attestation

I have met the annual competency requirement by:

☐ Completing a Medical Forensic Examination within the past 12 consecutive months.

☐ Completing a mock Medical Forensic Examination for skill verification with a SANE-A or SANE-P preceptor (complete below)

Mock MFE Date: _____ Preceptor's Name: _____

Preceptor's Signature: _____

I certify and attest that:
I have met the annual competency requirement through either completing a Medical Forensic Examination **or** a mock Medical Forensic Examination for skill verification with a SANE-A or SANE-P preceptor.

Qualified Medical Provider Signature: _____Date: _____

Coordinator/Director Attestation

I attest that this QMP has met the annual competency requirement to remain on the Qualified Medical Provider List

SANE Coordinator/Director Printed Name: _____

SANE Coordinator/Director Signature: _____Date: _____

Pursuant to Section 15(c) of the Sexual Assault Survivors Emergency Treatment Act (SASETA), 410 ILCS 70/15 | Rev. 12/2/25