Illinois-Specific Supplemental Education Attestation Form

Illinois Attorney General Sexual Assault Nurse Examiner Program

Applicable to: Individuals who completed SANE or SAFE didactic education outside of the Illinois Attorney General's SANE Program.
Purpose: To attest to completion of all required Illinois-specific supplemental education.
Effective Date: July 1, 2026
Submission: Email the completed attestation form and any applicable supporting documentation in PDF format to SANE@ilag.gov .

Provider Information

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

Illinois-Specific Supplemental Education

Illinois-specific education may be completed through one or more sources, including education provided upon request by the Illinois Attorney General's SANE Program, an employer, a SANE program, a mentor/preceptor, or another educational source. Regardless of the educational source(s) used, applicants must complete education addressing all required Illinois-specific topics.

This form is to be used to document completion of all required Illinois-specific supplemental education.

Topic	Training Provider	Date of Completion	Certificate if applicable (Yes/No)
Sexual Assault Survivors Emergency Treatment Act (SASETA)			
Overview of Illinois laws, regulations, and processes related to medical forensic examinations			
Illinois State Police Sexual Assault Evidence Collection Kit			
Illinois State Police documentation forms related to sexual assault			
Illinois Sexual Assault Services Voucher			
CheckPoint System			
Crime Victims Compensation Program			

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Provider Attestation

I certify and attest that I have completed all required Illinois-specific supplemental education and that the information and documentation submitted with this form, and any supporting documentation submitted with it, are accurate to the best of my knowledge.

Provider Signature: _____Date: _____

Coordinator/Director Attestation

I attest that, to the best of my knowledge, the individual identified above has completed all required Illinois-specific supplemental education.

SANE Coordinator/Director Signature: _____Date: _____

Office Use Only

Date(s) Received:	
Reviewed By:	
Documentation Complete:	☐ Yes ☐ No
Additional Information Requested:	☐ Yes ☐ No
Status:	☐ Approved ☐ Pending ☐ Additional Information Needed
Comments:	