



Pediatric/Adolescent SANE Training

May 3-5, 2023

Application Deadline: April 13, 2023

Training: 8:00 a.m. – 5:30 p.m.

Carle Foundation Hospital

Urbana, Illinois

The Illinois Attorney General's Office is pleased to offer the **Pediatric/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 Urbana.

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 under the age of 18. Applicants must complete the application below acknowledging the training requirements and return along with a recent resume. All participants are required to have an identified mentor (must be a Child Abuse Pediatrician, SANE-P, or PA SAFE) who has received specialized training in the care of both acute and non-acute sexual assault patients. Applicants who do not currently work in a direct patient care capacity should have a plan identified before attending this course as to how they will complete the clinical training requirements.

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.

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

Preferred First Name _____ Last Name _____

Title _____ Employer _____

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 _____

Have you completed the 2-hour training for emergency department clinical staff? Yes No

Have you previously taken the Pediatric/Adolescent SANE Training? *Yes No

*If yes, please state when and explain why would like to attend this class again:

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Do you have at least one year of professional (nursing, advanced practice, physician) experience? Yes
 *No

*One year of professional clinical experience is required to attend this training.

Has your professional license or hospital privileges ever been limited, suspended, revoked, denied or subjected to probationary conditions in any jurisdiction? Yes No

Do you currently work in a direct patient care role in an Emergency Room or Approved Pediatric Healthcare Facility? Yes *No

*If no, please state how you plan to complete the clinical training requirements:

What Treatment Hospital or Approved Pediatric Healthcare Facility do you plan to practice at once you complete the clinical training requirements? Hospital or Facility name: _____

*Employment or partnership with a Treatment Hospital or Approved Pediatric Healthcare Facility is required to attend this training.

Name of clinician mentor (must be a Child Abuse Pediatrician, SANE-P or PA SAFE): _____

Have you discussed a mentor/mentee relationship with this clinician? Yes No

*A qualified mentor is required to attend this training.

Did you attach a copy of your resume? (a resume is required for consideration) Yes No

Acknowledgements

I acknowledge that to practice as a SANE in the State of Illinois, I must complete the 40-hour didactic training **and** clinical log **and** receive certificates of completion for both. Yes No

I reviewed the [Pediatric/Adolescent SANE Clinical Log](#) and I intend to complete all requirements before the one-year anniversary of completing the didactic training. Yes No

I agree to complete the pre-coursework by Thursday, April 27, 2023, and understand that timely completion is required to participate in the live training. Yes No

I have the appropriate technology to complete the pre-coursework. Yes No

Disclaimers and Signature

I certify that the information submitted in this application is true to the best of my knowledge and belief and is furnished in good faith. I understand that all images and photographs shared during the training are for training purposes only and may be graphic in nature. I understand and acknowledge that I am not permitted to record, photograph, take screenshots or videos, or otherwise reproduce or copy in any manner, any images or photographs used during the training, for any purpose whatsoever.

Signature: _____ Date: _____

Printed Name: _____

Please call 1-866-376-7215 or 7-1-1 to access TTY-based Telecommunications Relay Services with questions or reasonable accommodation requests. If you must cancel your attendance, please email sane@ilag.gov.

This activity has been submitted to the SIU School of Medicine Office of Continuing Professional Development for approval to award 40.0 Contact Hours. The SIU School of Medicine Office of Continuing Professional Development is preapproved as a continuing education provider pursuant to Section 1300.130, subsection (c), (1), (B) and (P) of the Illinois Department of Financial and Professional Regulation Nurse Practice Act.

Criteria for successful completion of the SANE training include attendance at the entire event and submission of a completed evaluation form. Nurse planners and faculty have declared no conflict of interest.