Pediatric/Adolescent Sexual Assault
Nurse Examiner (SANE) Didactic Training
October 7-10, 2025
Application Deadline: September 23, 2025
Training: 8:00 a.m. – 5:30 p.m.
. The Heart Hospital at Endeavor Health Edward Hospital
Naperville, 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 Naperville.

This training is for registered nurses, advanced practice providers and physicians who will be providing medical forensic services to sexual assault patients under the age of 18. Applicants must complete the application below and return along with a recent resume. All participants are required to have an established mentor (Child Abuse Pediatrician, PA SAFE, or SANE-P) who has received specialized training in the care of both acute and non-acute sexual assault patients and is experienced in using the ISP SAECK. Applicants who do not currently work in a direct patient care capacity in an approved pediatric treatment facility must identify a plan as to how they will complete the clinical training requirements and practice as a SANE or SAFE.

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

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Preferred First Name_____ Last Name_____

Professional Title_____ Employer_____

What is the highest level of education you have completed? ☐ ADN ☐ BSN ☐ MSN ☐ Other: _____

Nursing License Number: _____

Name on Nursing License (if different from preferred name): _____

Address_____ Apt/Unit #_____

City_____ State_____ Zip_____

Best Contact Information: Phone_____ Email_____

Have you previously taken the Pediatric/Adolescent SANE Didactic Training?   ☐ *Yes ☐ No
*If yes, please state when and explain why would like to attend this class again and indicate if you are a current PA SANE or SANE-P:_____

_____

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

To attend this training, you must work in a direct patient care role in an Emergency Room at a Treatment Hospital or Approved Pediatric Health Care Facility or have a clinical plan in place.

Clinical plans must include arrangements made with a treatment facility's Emergency Department or SANE Coordinator to respond to sexual assault cases.

Name of treatment hospital/facility where you will be practicing: _____

Do you currently work in a direct patient care role in this facility's Emergency Room? ☐ Yes ☐ No
    OR
Upon completion of the didactic training, you will work as an On-Call SANE at this facility?   ☐ Yes ☐ No

If no, please provide a clinical plan detailing the arrangements you have made to complete the medical forensic exams in the Emergency Room at an approved treatment facility:

_____

_____

Name of Established Mentor (Child Abuse Pediatrician, PA SAFE, or SANE-P):_____
Have you discussed a mentor/mentee relationship with this clinician?   ☐ Yes ☐ No
*Mentorship arrangements are required to be established prior to attending didactic training and the Child Abuse Pediatrician, PA SAFE, or SANE-P must practice or have practiced in Illinois, with expertise in using the ISP SAECK and knowledge of related Illinois legislation.

Can we share information about your training participation with your mentor and employer? ☐ Yes ☐ No

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 a 40-hour didactic training **and** clinical log **and** receive certificates of completion for both. ☐ Yes ☐ No

I agree to complete the pre-coursework by Thursday, October 2, 2025, 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 (voice) or email sane@ilag.gov with questions or reasonable accommodation requests.
Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service.