



## Adult/Adolescent SANE Trainings

The Illinois Attorney General's Office is pleased to offer two upcoming **Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Trainings** to improve the response to sexual assault patients. The trainings include a combination of pre-coursework and live training via WebEx.

These trainings are for registered nurses, mid-level 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 recent resume. 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 required 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 that an agency or geographical area may send. Written communication detailing acceptance or non-acceptance will be emailed to all applicants.

To apply to attend one of these free trainings, please complete this application **choosing one of the following trainings** and return it along with your resume via email to: [sane@atg.state.il.us](mailto:sane@atg.state.il.us)

**Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Training**  
**December 1 – 4, 2020**  
**Training: 9:00 a.m. – 5:00 p.m.**  
Application Deadline: November 10, 2020

OR

**Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Training**  
**December 14 – 17, 2020**  
**Training: 9:00 a.m. – 5:00 p.m.**  
Application Deadline: November 25, 2020

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Employer \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

License Number: \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have access to a laptop or desktop computer with high-speed internet access and sound card with speakers or headphones to participate in the virtual training?  Yes  No

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

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

\_\_\_\_\_

\_\_\_\_\_

## Adult/Adolescent SANE Training Application – Page 2

Do you have at least one year of professional (nursing, mid-level, 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?  Yes  \*No  
\*If no, please state how you plan to complete the clinical training requirements:

\_\_\_\_\_

\_\_\_\_\_

What treatment hospital do you plan to practice at once you complete the clinical training requirements?  
Hospital name: \_\_\_\_\_

Name of practicing SANE who can act as a mentor: \_\_\_\_\_  
Have you discussed a mentor/mentee relationship with this clinician?  Yes  No  
\*A mentor is not required but is strongly recommended for successful completion of the clinical 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 [Adult/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 November 25, 2020, if applying for the December 1-4, 2020 Training and to complete the pre-coursework by December 9, 2020, for the December 14-17, 2020 Training. I understand that timely completion is required to participate in the live webinars.  Yes  No

I have the appropriate technology to complete the pre-coursework and live training.  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 1-800-964-3013 (TTY) with questions or reasonable accommodation requests. If you must cancel your attendance, please notify the office by emailing [sane@atg.state.il.us](mailto:sane@atg.state.il.us).

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.

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