



Adult/Adolescent SANE Training

November 2 – 5, 2020

Application Deadline: October 14, 2020

Training: 9:00 a.m. – 5:00 p.m.

The Illinois Attorney General's Office is pleased to offer the **Adult/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 via WebEx.

This training is 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 sent 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@atg.state.il.us

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:

Application continued on next page

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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 have received the clinical training 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 Wednesday, October 28, 2020, and 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@atq.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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