The Office of the Illinois Attorney General sets high training standards for nurses who practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To perform medical forensic examinations on pediatric patients, defined as prepubertal and adolescent patients up to 18 years of age, the registered nurse must complete:

- A minimum of 40 hours of Pediatric/Adolescent didactic SANE training; and
- Pediatric/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines

The outlined requirements are the minimum clinical training standards for the Pediatric/Adolescent SANE and are consistent with or exceed the guidelines established by the International Association of Forensic Nurses (IAFN).

The goal of the Pediatric/Adolescent clinical training is for the Pediatric/Adolescent SANE to become proficient in caring for the pediatric/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Pediatric/Adolescent SANE.

The clinical training must be completed within 12 months of the completion of a Pediatric/Adolescent didactic course. If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.
Mandatory Requirements:

1. Pediatric Well Exams:

**Primary Goal:** To provide competency training and practice techniques regarding the physical examination of the external and internal structures of the prepubertal and adolescent patient, including patients with a penis and patients with a vulva. To observe normal versus abnormal genitalia, signs of injury or infection and child development. Only structures that can be visualized without speculum placement should be observed in the prepubertal patient with a vulva. Techniques such as traction and separation should be practiced for all patients with a vulva. The clinician should learn how to make children feel comfortable with the examination process. The well exams should include both genders and at least 3 vulva examinations from each developmental stage:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vulva</th>
<th>Penis</th>
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<tbody>
<tr>
<td>Infant</td>
<td>Birth up to 12 months</td>
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<tr>
<td>Toddler</td>
<td>12 months up to 3 years</td>
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<td>Preschool</td>
<td>3 years up to 6 years</td>
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<td>School Age</td>
<td>6 years up to 12 years</td>
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<tr>
<td>Adolescent</td>
<td>12 years up to 18 years</td>
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</table>

Examples of clinical sites include: well baby clinics, family practice offices, pediatrician’s office, emergency departments or in-patient pediatric units.

<table>
<thead>
<tr>
<th>Exam</th>
<th>Date</th>
<th>Location</th>
<th>Age</th>
<th>Vulva/Penis</th>
<th>Tanner Stage</th>
<th>Findings (include a thorough description, do not say normal)</th>
<th>Preceptor</th>
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2. Observation at Child Abuse Criminal Trial Proceedings:

**Primary Goal:** To observe and become familiar with child abuse criminal trial proceedings, particularly direct and cross examination of an expert witness. This can be coordinated with the State’s Attorney’s Office victim witness coordinator.

Questions to consider during child abuse trial observations: What is the working relationship between the expert witness and the prosecutor and defense attorney? How does a child abuse criminal trial differ from a proceeding with an adult victim? Do you understand child sexual assault/abuse laws in Illinois? How would you explain the absence of genital injury with a history of penetration?

The SANE in clinical training should observe child abuse criminal trial proceedings until both the primary goal is met and the questions to consider are answered. Recommended time is 6-10 hours.

Date: _____ Time Spent: ______ Location of Observation: __________________________
Name, Title and Signature of Individual who witnessed your attendance: __________________________

Contact Phone or Email: __________________________

Date: _____ Time Spent: ______ Location of Observation: __________________________
Name, Title and Signature of Individual who witnessed your attendance: __________________________

Contact Phone or Email: __________________________

Description of Experience(s), Questions, Concerns:
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3. Pediatric/Adolescent Medical-Forensic Examinations:

**Primary Goal:** To gain competency in conducting pediatric/adolescent medical forensic examinations, including head-to-toe assessment, detailed genital exam and evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit (IL SAECK) if warranted. To differentiate between normal versus abnormal findings in the pediatric/adolescent sexual assault/abuse patient.

There should be a mix of acute and non-acute (chronic abuse) pediatric/adolescent medical forensic examinations. There should be a mix of gender and age, but an emphasis should be placed on examining the pre-pubescent patient with a vulva.

Document a summary of each exam (please no names or other confidential patient information) and findings. You may include a copy of your documentation as your summary (void of any patient identifying information).

The Clinical Competency Validation Tool must be filled out by the mentor and preceptor after they feel the clinician is confident in their ability to perform a medical forensic exam independently.
Exam 1

Date: ______________ Time: ______________ Exam location: ____________________________

Preceptor: ___________________ Preceptor contact: ________________________________

Age of patient: _______ Gender: _______ Tanner Stage: Breast ____ Pubic Hair ____

Age of assailant: _______ Assailant relationship to patient: ___________________________

Time elapsed since contact: _______ Disclosure: Yes (to whom) _______ No ______

Hymen: Annular Crescentic Estrogenized Other N/A

Additional description: ___________________________________________________________

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy

Other ________________________________

Patient History: ________________________________________________________________

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Description and interpretation of findings: _______________________________________

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Treatment provided: __________________________________________________________

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Follow up recommended: _______________________________________________________

Safety plan for discharge: _______________________________________________________

Law Enforcement notified: Yes No Evidence collected: Yes No

DCFS notified: Yes No Concern for abuse: Yes No

STI testing: Yes No

Urine for STI: Yes No Swabs for STI: (where) _______________________________

Prophylaxis offered (if applicable): ______________________________________________

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Exam 2

Date: ____________ Time: ____________ Exam location: ________________________________

Preceptor: _______________ Preceptor contact: ________________________________

Age of patient: _______ Gender: _______ Tanner Stage: Breast _____ Pubic Hair _____

Age of assailant: _______ Assailant relationship to patient: ___________________________

Time elapsed since contact: _______ Disclosure: Yes (to whom) _________ No ______

Hymen: Annular Cresentic Estrogenized Other N/A

Penis: Circumcised Uncircumcised Testes: Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy

Other ________________________________

Patient History: _______________________________________________________________

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Description and interpretation of findings: _______________________________________

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Treatment provided: __________________________________________________________

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Follow up recommended: ______________________________________________________

Safety plan for discharge: _____________________________________________________

Law Enforcement notified: Yes No Evidence collected: Yes No

DCFS notified: Yes No Concern for abuse: Yes No

STI testing: Yes No

Urine for STI: Yes No Swabs for STI: (where) ________________________________

Prophylaxis offered (if applicable): _____________________________________________
Exam 3

Date: __________  Time: __________  Exam location: ____________________________

Preceptor: _______________  Preceptor contact: ____________________________

Age of patient: ________  Gender: ________  Tanner Stage: Breast ____  Pubic Hair ____

Age of assailant: ________  Assailant relationship to patient: ____________________

Time elapsed since contact: ________  Disclosure:  Yes (to whom) ________  No ____

Hymen:  Annular  Crescentic  Estrogenized  Other  N/A
        Additional description: __________________________

Penis:  Circumcised  Uncircumcised  Testes:  Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy
                      Other __________________________

Patient History: __________________________________________

Description and interpretation of findings: __________________________

Treatment provided: ___________________________________________

Follow up recommended: __________________________

Safety plan for discharge: ______________________________________

Law Enforcement notified: Yes  No  Evidence collected:  Yes  No

DCFS notified:  Yes  No  Concern for abuse:  Yes  No

STI testing:  Yes  No

  Urine for STI:  Yes  No  Swabs for STI: (where) __________________________

Prophylaxis offered (if applicable): ________________________________
Exam 4

Date:___________ Time:_________ Exam location:____________________________________

Preceptor:_______________  Preceptor contact:________________________________

Age of patient:________ Gender:_______ Tanner Stage: Breast____ Pubic Hair____

Age of assailant:_______ Assailant relationship to patient: _______________________

Time elapsed since contact:_______ Disclosure:  Yes (to whom) __________ No____

Hymen:  Annular  Crescentic  Estrogenized  Other  N/A

Additional description: __________________________________________________________

Penis:  Circumcised  Uncircumcised  Testes:  Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy

Other _____________________________

Patient History: ________________________________________________________________

Description and interpretation of findings:___________________________________________

Treatment provided:______________________________________________________________

Follow up recommended:___________________________________________________________

Safety plan for discharge: __________________________________________________________

Law Enforcement notified: Yes  No  Evidence collected:  Yes  No

DCFS notified:  Yes  No  Concern for abuse:  Yes  No

STI testing:  Yes  No

Urine for STI:  Yes  No  Swabs for STI: (where) _______________________________

Prophylaxis offered (if applicable): ________________________________________________
Exam 5

Date: ___________  Time: ___________  Exam location: ________________________________

Preceptor: ___________  Preceptor contact: ________________________________

Age of patient: _______  Gender: _______  Tanner Stage: Breast ____  Pubic Hair ____

Age of assailant: _______  Assailant relationship to patient: ________________________________

Time elapsed since contact: _______  Disclosure:  Yes (to whom) _________  No ______

Hymen:  Annular  Cresentic  Estrogenized  Other  N/A

Additional description: ____________________________________________________________

Penis: Circumcised  Uncircumcised  Testes: Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy

Other ________________________________

Patient History: ________________________________________________________________

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Description and interpretation of findings: _______________________________________

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Treatment provided: __________________________________________________________

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Follow up recommended: ______________________________________________________

Safety plan for discharge: _____________________________________________________

Law Enforcement notified: Yes  No  Evidence collected:  Yes  No

DCFS notified:  Yes  No  Concern for abuse:  Yes  No

STI testing:  Yes  No

Urine for STI:  Yes  No  Swabs for STI: (where) ________________________________

Prophylaxis offered (if applicable): ______________________________________________
Exam 6

Date: ___________  Time: ___________  Exam location: ____________________________

Preceptor: ___________  Preceptor contact: ________________________________

Age of patient: _______  Gender: _______  Tanner Stage: Breast _____  Pubic Hair _____

Age of assailant: _______  Assailant relationship to patient: ____________________________

Time elapsed since contact: _______  Disclosure:    Yes (to whom) _______  No _____

Hymen:    Annular  Cresentic  Estrogenized  Other  N/A

Additional description: ____________________________

Penis:     Circumcised  Uncircumcised  Testes:  Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy

Other ____________________________

Patient History: ____________________________________________________________

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Description and interpretation of findings: __________________________________________

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Treatment provided: ____________________________________________________________

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Follow up recommended: __________________________________________________________

Safety plan for discharge: ________________________________________________________

Law Enforcement notified: Yes  No  Evidence collected: Yes  No

DCFS notified: Yes  No  Concern for abuse: Yes  No

STI testing: Yes  No

  Urine for STI: Yes  No  Swabs for STI: (where) ____________________________

Prophylaxis offered (if applicable): _____________________________________________

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Exam 7

Date: ___________  Time: ___________  Exam location: ________________________________

Preceptor: ___________  Preceptor contact: ________________________________

Age of patient: ________  Gender: ________  Tanner Stage: Breast _____  Pubic Hair _____

Age of assailant: ________  Assailant relationship to patient: ________________________________

Time elapsed since contact: ________  Disclosure:  Yes (to whom) ___________  No _____

Hymen:  Annular  Crescentic  Estrogenized  Other  N/A

Additional description: ________________________________

Penis:  Circumcised  Uncircumcised  Testes:  Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy

Other: ________________________________

Patient History: ________________________________

Description and interpretation of findings: ________________________________

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Treatment provided: ________________________________

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Follow up recommended: ________________________________

Safety plan for discharge: ________________________________

Law Enforcement notified: Yes  No  Evidence collected:  Yes  No

DCFS notified:  Yes  No  Concern for abuse:  Yes  No

STI testing:  Yes  No  Urine for STI:  Yes  No  Swabs for STI: (where) ________________________________

Prophylaxis offered (if applicable): ________________________________

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Exam 8

Date:__________  Time:__________  Exam location:__________________________

Preceptor:______________  Preceptor contact:____________________________

Age of patient:_______  Gender:_______  Tanner Stage: Breast____  Pubic Hair____

Age of assailant:_______  Assailant relationship to patient: ___________________

Time elapsed since contact:_______  Disclosure:  Yes (to whom) ___________  No____

Hymen:  Annular  Cresentic  Estrogenized  Other  N/A

Additional description:____________________________________________________

Penis:  Circumcised  Uncircumcised  Testes:  Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy

Other ________________________

Patient History: _________________________________________________________

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Description and interpretation of findings:_______________________________

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Treatment provided:___________________________________________________

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Follow up recommended:________________________________________________

Safety plan for discharge:________________________________________________

Law Enforcement notified: Yes  No  Evidence collected:  Yes  No

DCFS notified:  Yes  No  Concern for abuse:  Yes  No

STI testing:  Yes  No

Urine for STI:  Yes  No  Swabs for STI: (where) ___________________________

Prophylaxis offered (if applicable): ________________________________________
Exam 10

Date: __________  Time: __________  Exam location: ____________________________

Preceptor: ________________  Preceptor contact: ____________________________

Age of patient: _______  Gender: _______  Tanner Stage: Breast ____  Pubic Hair ____

Age of assailant: _______  Assailant relationship to patient: ____________________________

Time elapsed since contact: _______  Disclosure:  Yes (to whom) ________  No ______

Hymen:  Annular  Crescentic  Estrogenized  Other  N/A

Penis:  Circumcised  Uncircumcised  Testes:  Descended  Undescended

Position utilized:  Supine frog leg  Supine knee chest  Prone knee chest  Lithotomy

Other: ______________________________

Patient History: ________________________________________________________________

Description and interpretation of findings: _________________________________________

Treatment provided: ___________________________________________________________

Follow up recommended: _______________________________________________________

Safety plan for discharge: _______________________________________________________

Law Enforcement notified: Yes  No  Evidence collected:  Yes  No

DCFS notified:  Yes  No  Concern for abuse:  Yes  No

STI testing:  Yes  No  Urine for STI:  Yes  No  Swabs for STI: (where) ______________________

Prophylaxis offered (if applicable): _______________________________________________
**Clinical Competency Validation Tool**  
**Pediatric Forensic-Medical Examinations**

**Competency Statement:** The performance of the pediatric/adolescent SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list described is not inclusive; however, the list includes the **minimum** criterion necessary to practice as a pediatric/adolescent SANE.

*Competency is defined by the local program.*

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<thead>
<tr>
<th>Performance Measures/Criteria:</th>
<th>Meets Criteria</th>
<th>Not evaluated</th>
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</thead>
<tbody>
<tr>
<td>1. Explains/provides to the patient and family:</td>
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<tr>
<td>• Informed consent</td>
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<td>• Procedures and equipment</td>
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<td>• Rights to privacy and confidentiality</td>
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<td>2. Obtains health and forensic history and documents thoroughly according to agency standards</td>
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<td>3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using the appropriate position and other techniques and/or equipment</td>
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<td>4. Identifies and interprets findings of:</td>
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<td>• Injury/trauma</td>
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<td>• Normal variations</td>
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<td>• Disease process</td>
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<td>5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence</td>
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<td>6. Using proper techniques, performs forensic photography accurately</td>
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<td>7. Provides appropriate medication administration with patient/caregiver consent, STI testing if indicated, follow-up and discharge instructions</td>
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<td>8. Performs Psychosocial assessment that includes:</td>
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<td>• Crisis intervention</td>
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<td>• Suicide and safety assessment and planning</td>
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<td>• Referrals</td>
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<td>9. Works with members of the multi-disciplinary team, including the local child advocacy center, DCFS worker, rape crisis advocate and law enforcement</td>
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Date of Competency Validation

Preceptor Name, Title and Signature (Physician, Midlevel, SANE-A or AA SANE):

Preceptor Contact Phone or Email:
4. Initial Mentorship and On-going Peer Review:

The importance of establishing a mentoring relationship with an expert in the field of pediatric/adolescent sexual assault/abuse medical forensic examinations cannot be emphasized enough. A physician, mid-level provider, SANE-P or SANE with specialized training in the examination of the pediatric/adolescent sexual assault/abuse patient that performs both acute and non-acute examinations on a routine basis is considered an expert.

The mentorship should be initiated during clinical training for hands-on medical forensic examination training and consultation to answer questions, review charts and discuss findings.

On-going and routine peer review of charts and positive findings is considered best practice for the Pediatric/Adolescent SANE. The Pediatric/Adolescent SANE must provide the name, contact information and signature of the training mentor. A plan for continued peer review must be outlined as well. Please contact the Illinois SANE Coordinator for guidance if needed.

**Mentor Information:**

Mentor Name: ____________________________________________________________
Mentor Contact Phone or Email: __________________________________________
Mentor Site of Employment: _____________________________________________
Mentor Institution Address: ______________________________________________

I, ________________________, agree to mentor, ________________________, throughout the Pediatric SANE clinical training experience.
Mentor Signature: _______________________________________________________

Comments:
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**On-going Peer Review Plan:**

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5. Other Clinical Experiences (Optional):

**Children Advocacy Center:**
**Primary Goal:** To establish collaborative relationship with the children advocacy center and staff. To learn full range of services provided, including forensic interviews of children. **This experience is highly recommended if the SANE will be working with a local CAC.**

Date: _____ Time Spent: ________ Location/Agency: ____________________________
Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: ________________________________

**Law Enforcement Agency:**
**Primary Goal:** To establish collaborative relationship with local law enforcement agency/child abuse unit. To observe child abuse detective in the field.

Date: _____ Time Spent: ________ Location/Agency: ____________________________
Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: ________________________________

**Additional Relevant Experiences:**
**Primary Goal:** To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner’s office.

Date: _____ Time Spent: ________ Location/Agency: ____________________________
Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: ________________________________

Description of Activities:

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**Additional Relevant Experiences:**
**Primary Goal:** To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner’s office.

Date: _____ Time Spent: ________ Location/Agency: ____________________________
Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: ________________________________

Description of Activities:

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The course clinical log should be completed and a copy submitted to the Illinois SANE Coordinator within **12 months** of the didactic Pediatric/Adolescent SANE course. It is **highly recommended** that you contact the Illinois SANE Coordinator 6 months after your didactic training if you are having difficulty completing any of your requirements. If you are unable to complete the clinical requirements within this time frame, please contact the Illinois SANE Coordinator. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** If you have any questions, please attach a copy of your training certificate of completion and agenda.

If you attended a SANE training other than that provided by the Office of the Illinois Attorney General, please submit a copy of your training certificate of completion and agenda.

After review, you will be mailed a certificate for completion of Pediatric/Adolescent SANE clinical requirements. **This does not mean that you are certified as a Pediatric/Adolescent SANE.** Certification is granted through the Forensic Nursing Certification Board after passing an exam. The clinical training certificate provides proof of Pediatric/Adolescent SANE clinical training, which allows you to sit for the exam. Please visit the International Association of Forensic Nurses website at [www.iafn.org](http://www.iafn.org) for more information. Obtaining the clinical training certificate will also assist in qualifying the Pediatric/Adolescent SANE as an expert witness in criminal/civil court proceedings.

**On completion of clinical requirements, mail a copy of your clinical log and other documentation if needed to:**

Jaclyn Rodriguez RN, BS, BSN, SANE-A, SANE-P  
Illinois SANE Coordinator  
Violence Prevention and Crime Victim Services Division  
Office of the Illinois Attorney General  
100 West Randolph Street, 13th Floor  
Chicago, IL 60601  
E-mail: Jaclyn.rodriguez@ilag.gov  
General E-mail: SANE@ilag.gov  
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Fax: 312-814-7105

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