I acknowledge I have received a copy of the class policies for the 2024 Sexual Assault Nurse Examiner (SANE) Training Class and understand the requirements:

1. \_\_\_\_\_ I understand that I must attend all lectures without fail. I understand the classes cannot be made up.
2. \_\_\_\_\_ I understand that I must turn in course evaluations at the end of each day for CE credit.
3. \_\_\_\_\_ I understand I will engage in class discussions regarding case studies, label diagrams, and/or quiz questions.
4. \_\_\_\_\_ I understand that I am responsible for following 2022 IAFN Educational Guidelines concerning clinical competencies which are developed by my institution who employs me. The institution is responsible for my clinical training and determining when I have reached clinical competency to perform a Medical Forensic Exam independently.
5. \_\_\_\_\_ I understand that I may only use the S.A.N.E. or sexual assault nurse examiner title under my name when I have completed both the didactic and clinical portions of this class. This class does not certify you as a SANE-A. and S.A.N.E. alone is not a credentialing or certification. You cannot use Academy of Forensic Nursing Certification unless you have passed the GFN-C or AFN-C. You can also use forensic nurse under your name to describe your job.

Example:

Jane Doe BSN, RN

Sexual Assault Nurse Examiner or use S.A.N.E.

Jane Doe BSN, RN

Forensic Nurse or FNE (Under your name), not after your name

1. \_\_\_\_\_ I understand that I must pass the SANE-A certification exam offered by the International Association of Forensic Nurses or GFN-C or AFN-C certification offered by the Academy of Forensic Nursing before I can write those credentials behind my name.
2. \_\_\_\_\_ I understand this class prepares me to work with adult and adolescent victims ONLY. This class does NOT prepare me to care for the prepubescent pediatric sexual assault victims (Tanner Stages I & II) or sexual maturation (Stages I & II).
3. \_\_\_\_\_ I understand any required reading or preparation will be complete before the next scheduled class.
4. \_\_\_\_\_ I understand it is my responsibility to speak to the course coordinator if unable to attend a class.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Manager or Clinical Coordinator

NAME: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_