



**APPLICATION FOR THE RI SEXUAL ASSAULT NURSE EXAMINER (SANE)
PROGRAM**

Applicants should be registered nurses (or NPs) with current RI licensure in good standing; a minimum of three years of clinical practice and a professional dedication to the care provided to victims of sexual assault. Nurses with women's health, emergency room or psychiatric care preferred.

PLEASE TYPE OR PRINT

Name _____
 Address _____
 Work Address _____
 Cell Phone # _____
 Home Tel. # _____ Work Tel. # _____ RI RN License # _____
 E-Mail _____

EXPERIENCE – (PLEASE ATTACH A CURRENT RESUME)

Please list past clinical experiences (i.e. women's health, emergency, trauma, pediatrics etc..) and the dates you practiced in that discipline. Most recent experience first:

<u>Discipline</u>	<u>Agency Name and Address</u>	<u>Dates</u>

EDUCATION

<u>School Name and Address</u>	<u>Type of Degree/Certificate Received</u>

REFERENCES

List three professional references, and their contact information, of persons who have personal knowledge of your current clinical abilities, your character and your ability to work in collaboration with others. Please include your most recent immediate supervisor and two recent additional employment references, and their contact information.

REFERENCE 1

Name _____ Tel. # _____
Address _____
Town/City _____ State _____ Zip Code _____

REFERENCE 2

Name _____ Telephone Number _____
Address _____
Town/City _____ State _____ Zip Code _____

REFERENCE 3

Name _____ Telephone Number _____
Address _____
Town/City _____ State _____ Zip Code _____

PROFESSIONAL LIABILITY INFORMATION

Please note that professional liability insurance is **required** for all SANE Program practitioners.

1. Have any professional liability suits been filed against you within the past five years which are pending adjudication? NO YES
2. Have any judgments, settlements, or any adjudications been made against you in a professional liability suit within the past ten years? NO YES
3. Are you currently covered under a private liability policy? NO YES
If so, with what company? _____
Policy # _____

PROFESSIONAL LICENSURE

1. Has your nursing license ever been limited, suspended, revoked, denied or subjected to probationary conditions in any jurisdiction at any time? NO YES
2. Have your privileges at any hospital ever been suspended, diminished, revoked or denied renewal in any jurisdiction at any time? NO YES
3. Have you ever voluntarily relinquished your Health Professional staff membership, clinical responsibilities, professional society membership or professional license for any jurisdiction at any time? (answer for each)
 NO YES

- *If the answer to any of the above questions is YES, please explain on a separate page.*

FOREIGN LANGUAGE COMPETENCY

List any foreign language(s) you speak and state level of fluency.

PLEASE CHECK AND ATTACH THESE ITEMS TO THIS APPLICATION:

- Current resume/CV
 - Copy of current RI RN license
 - Copy of current BLS certification or ACLS certification
 - Copy of current liability insurance policy front sheet (minimum coverage of \$1,000,000 per claim or occurrence and \$3,000,000 annual aggregate)
- or*
- I have applied for nursing liability coverage with _____ company.
 - Copy of SANE-A certification, if applicable
 - Other (specify):_____

PLEASE CHECK ALL THAT APPLY:

- I am interested in becoming a certified SANE.
- I am currently certified as a SANE (1) in _____ jurisdiction and/or (2) by the IAFN
- In addition to becoming a SANE, I am interested in precepting students for sexual assault exams.
- I am interested in precepting SANE students for the pelvic exam. (Qualified preceptors will be chosen after SANE training is complete)

IMMUNIZATION STATUS

Please be prepared to provide written proof of immunizations/titers for the following:

- Hepatitis B Vaccine (completion of series of three)
- MMR (at least one dose)
- Measles (two doses)
- Tetanus/Diphtheria Booster (within last 10 years)
- Tuberculosis test
- Chicken pox/varicella vaccine or titer

If you do not have this information at the time you are completing your application, please submit your application first and this immunization status documentation may follow. Documentation of positive titers, completed immunizations, and religious or medical exemptions must be submitted and on file prior to starting the training course.

CONDITIONS OF SANE APPLICATION

In requesting admission to a Day One Sexual Assault Nurse Examiner Program, I agree to each of the following provisions:

1. Affirm that the information submitted by me in this application is true to the best of my knowledge and belief and is furnished in good faith.

2. Release from liability any and all individuals and organizations that, in good faith and without malice, provide information to Day One concerning my professional competence, ethics, character, and other qualifications for a Sexual Assault Nurse Examiner.
3. Give permission for Day One to request a Rhode Island Criminal Background Investigation (BCI) and, if required, pay the fee associated with that check (currently \$5.00).
4. If accepted to the SANE Program, I commit to the following terms of the Sexual Assault Nurse Examiner Program:
 - a. Attend all didactic training components for initial training
 - b. Upon successful completion of SANE training components I will serve at least one year as a SANE on call for Day One. I understand this commitment requires on-call duties for the equivalent of an average of 48 hours per month.
 - c. I will assume responsibility for maintaining adequate Continuing Education Unit required for RI licensure, timely renewing my RI nursing license, and maintaining malpractice insurance greater than or equal to \$1,000,000 per claim or occurrence and \$3,000,000 annual aggregate for the duration of my service as a SANE.
 - d. I understand I may be asked to hold harmless and indemnify Day One or a participating hospital(s) from claims incurred as a result of professional services provided or not provided by me and agree to do so.
 - e. Submit to periodic quality review of my cases as a SANE by Day One and/or its designee.
 - f. Comply with the SANE data reporting requirements in a timely fashion.
 - g. Submit billing materials in a timely fashion as requested by Day One and/or its designee.
 - h. If necessary, I will apply for allied health privileges at any or all of the hospital(s) where Day One has an agreement to provide SANE services.
 - i. Complete a minimum of one year of service to the on-call program and, upon completion meet eligibility for a refund of a portion of fees paid by me for the didactic training course. I further understand that if I do not complete the one year service to the program, I will not be eligible to receive any refund of fees paid for the didactic training course.

Signature

Printed Name

Date

Please return your signed application to: Day One, **SANE Program**, 100 Medway Street, Providence, RI 02906.

You're on your way to making a difference! THANK YOU.