Sexual Assault Nurse Examiner—
Adult/Adolescent (SANE-A®) and
Pediatric (SANE-P®)

CERTIFICATION EXAMINATION HANDBOOK 2014
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INTRODUCTION

Congratulations on your decision to seek the credential of Sexual Assault Nurse Examiner – Adult/Adolescent (SANE-A®) and/or Sexual Assault Nurse Examiner – Pediatric (SANE-P®).¹

You join a select group of professionals. Certification as a SANE-A or SANE-P demonstrates through objective validation to colleagues, clients, employers, and the public at-large that you have the knowledge and expertise required for this specialty practice—and that you possess an ongoing professional commitment to providing quality patient care. The International Association of Forensic Nurses (Association), through the Commission for Forensic Nursing Certification (CFNC), is honored to help you earn certification in this challenging and invaluable specialty.

The mission of the CFNC is to ensure that the Association’s certification program is psychometrically sound, technically accurate, and legally defensible. The Association established the CFNC to promote the highest standards of forensic nursing practice through the development, implementation, coordination, and evaluation of all aspects of the certification and certification renewal processes. The CFNC is the independent and autonomous governing body for the SANE-A and SANE-P certification examination programs. The CFNC has the sole authority for establishing policies regarding certification eligibility, development and scoring of the examinations, administration of the examinations, certification renewal requirements, and operations of the certification programs.

This handbook contains:

• Eligibility requirements for each examination;
• Guidelines for applying;
• Resources for preparing for each examination;
• What to expect when you go to the testing center; and
• What to expect after the examination.

Please review this handbook carefully before you submit your application. A complete application enables timely processing. You are responsible for ensuring that you meet the eligibility requirements before you submit your application.

If you have any questions, please contact:

CFNC c/o International Association of Forensic Nurses
6755 Business Parkway, Suite 303
Elkridge, MD 21075
p 410.626.7805
f 410.626.7804
email info@ForensicNurses.org
website www.ForensicNurses.org

¹ The International Association of Forensic Nurses holds the registered trademarks for the SANE-A® and SANE-P® designations. For readability, the registration marks appear in the text of this document only upon initial mention.
APPLYING FOR THE EXAM

Eligibility Requirements for the SANE-A Examination

To be eligible to sit for the SANE-A certification examination, each candidate must:

1. Hold an active, unrestricted license as a registered nurse (RN) in the United States or a US territory
   OR
   Hold an active, unrestricted license as a first-level general nurse (or the equivalent) in the country/jurisdiction of practice;²

   AND

2. Have practiced nursing for a minimum of two (2) years as an RN
   OR
   Have practiced nursing for a minimum of two (2) years as a first-level general nurse (or the equivalent) in the country/jurisdiction of licensure;

   AND

3. Have successfully completed an adult/adolescent sexual assault nurse examiner education program that grants a minimum of forty (40) hours of continuing nursing education contact hours
   OR
   Have successfully completed an adult/adolescent sexual assault nurse examiner education program that comprises a minimum of forty (40) hours of academic coursework or the national equivalent from an accredited educational institution
   OR
   Have successfully completed a combined adult/adolescent and pediatric sexual assault nurse examiner education program that grants a minimum of sixty-four (64) hours of continuing nursing education contact hours
   OR
   Have successfully completed an adult/adolescent sexual assault nurse examiner education program that comprises a minimum of sixty-four (64) hours of academic coursework or the national equivalent from an accredited educational institution.

   NOTE: All education programs must follow the content outline contained in the most current edition of the IAFN Sexual Assault Nurse Examiner Education Guidelines;

   AND

4. Have successfully completed a sexual assault nurse examiner clinical preceptorship as outlined in the most current edition of the IAFN Sexual Assault Nurse Examiner Education Guidelines;

   AND

5. Have practiced as a sexual assault nurse examiner and/or have provided clinical instruction for sexual assault nurse examiners for a minimum of 300 hours within the past three (3) years.³

   NOTE: If the application is selected for audit, the applicant may be asked to submit documentation of completion of his or her education program and clinical preceptorship as well as his or her practice hours.

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² Applicants who do not have a US RN license must have completed a post-secondary nursing education program that includes classroom instruction and clinical practice in medical, surgical, obstetric, pediatric, and psychiatric nursing. To confirm eligibility, these applicants may be asked to provide a transcript from their nursing education program.

³ “Practice” includes providing patient care, being on-call, teaching/precepting, consulting, and participating in peer review.
Eligibility Requirements for the SANE-P Examination

To be eligible to sit for the SANE-P certification examination, each candidate must:

1. Hold an active, unrestricted license as a registered nurse (RN) in the United States or a US territory
   OR
   Hold an active, unrestricted license as a first-level general nurse (or the equivalent) in the country/jurisdiction of practice;\(^4\)
   AND
2. Have practiced nursing for a minimum of three (3) years as an RN
   OR
   Have practiced nursing for a minimum of three (3) years as a first-level general nurse (or the equivalent) in the country/jurisdiction of licensure;
   AND
3. Have successfully completed a pediatric sexual assault nurse examiner education program that grants a minimum of forty (40) hours of continuing nursing education contact hours
   OR
   Have successfully completed a pediatric sexual assault nurse examiner education program that comprises a minimum of forty (40) hours of academic coursework or the national equivalent from an accredited educational institution
   OR
   Have successfully completed a combined adult/adolescent and pediatric sexual assault nurse examiner education program that grants a minimum of sixty-four (64) hours of continuing nursing education contact hours
   OR
   Have successfully completed a combined adult/adolescent and pediatric sexual assault nurse examiner education program that comprises a minimum of sixty-four (64) hours of academic coursework or the national equivalent from an accredited educational institution.
   NOTE: All education programs must follow the content outline contained in the most current edition of the IAFN Sexual Assault Nurse Examiner Education Guidelines;
   AND
4. Have successfully completed a sexual assault nurse examiner clinical preceptorship as outlined in the most current edition of the IAFN Sexual Assault Nurse Examiner Education Guidelines;
   NOTE: If the application is selected for audit, an applicant who holds the SANE-A credential may provide proof of current SANE-A certification rather than documentation of clinical preceptorship in adolescent practice;
   AND
5. Have practiced as a sexual assault nurse examiner and/or have provided clinical instruction for sexual assault nurse examiners for a minimum of 300 hours within the past three (3) years.\(^5\)
   NOTE: If the application is selected for audit, the applicant may be asked to submit documentation of completion of his or her education program and clinical preceptorship as well as his or her practice hours.

\(^4\) Applicants who do not have a US RN license must have completed a post-secondary nursing education program that includes classroom instruction and clinical practice in medical, surgical, obstetric, pediatric, and psychiatric nursing. To confirm eligibility, these applicants may be asked to provide a transcript from their nursing education program.

\(^5\) "Practice" includes providing patient care, being on-call, teaching/precepting, consulting, and participating in peer review.
Refund Policy

All application fees are nonrefundable and nontransferable to another applicant. The application fee minus a processing fee of $100 will be refunded only if you fail to meet the eligibility requirements. If your personal check is returned for insufficient funds, you will be required to pay a $45 returned-check fee. Following a returned check, any fees must be remitted by money order, certified check, or credit card.

Completing the Application

- Apply for the examination using the name on the government-issued photo identification that you will use to be admitted to the testing center. If the name on your application does not exactly match the name on your government-issued identification, you will not be permitted to test. The name you provide will also be used on any certificates.

- Complete all sections of the application. If your application is incomplete, you will be notified once via email and/or telephone about what you must do to complete the application and the time frame in which to complete it. Only completed applications will be processed.

- Please type or print legibly all sections of the application except your signature.

- Include a valid email address – the Association’s testing vendor, Castle Worldwide, will send the examination scheduling information to the email that you provide. To receive this important information, please ensure that your email program will accept emails from: ibt@castleworldwide.com

- If you are applying to take both the SANE-A and SANE-P certification examinations during the same testing window, please submit a separate application for each examination.

### Deadlines and Fee Schedule

<table>
<thead>
<tr>
<th></th>
<th>IAFN Member Application Fee</th>
<th>Non-Member Application Fee</th>
<th>Int’l* Member Application Fee</th>
<th>Int’l* Non-Member Application Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>March 21, 2014:</strong> for the May 2014 Exam</td>
<td>$275</td>
<td>$400</td>
<td>$350</td>
<td>$450</td>
</tr>
<tr>
<td><strong>July 22, 2014:</strong> for the September 2014 Exam</td>
<td>$275</td>
<td>$400</td>
<td>$350</td>
<td>$450</td>
</tr>
<tr>
<td><strong>March 22 – 28 or July 23 - 29:</strong> Cannot guarantee seating ($125 late filing fee included)</td>
<td>$400</td>
<td>$525</td>
<td>$475</td>
<td>$575</td>
</tr>
</tbody>
</table>

*International means residing outside the US or Canada
Application/Submission Options

The application is available online at www.ForensicNurses.org through the “Certification” tab and the “Examinations and Renewals” option on the left navigation menu. You may submit an application either:

- Electronically—processing is free
  - Online—preferred, but available only if you pay by credit card
  - Email—print the application, complete, scan, and email
- OR
- via Paper—processing fee is $20
  - Fax—print the application, complete, and fax
  - Mail—print the application, complete, and mail

After submitting your application and fee, you will receive an email confirming payment. Application fees are nontransferable from one applicant to another.

SCHEDULING THE EXAM

Scheduling Process

Approximately thirty (30) days before the start of the testing window, Castle Worldwide will send you an email notice to schedule your examination. You will be permitted to schedule your examination only during the designated thirty (30) -day testing window. The email notice will provide a URL address and a username/password for you to access Castle’s online scheduling system. Once you log on, you will be asked to submit a preferred testing date and location from the list of available dates and sites.

To access the list of testing center sites, please visit:

https://www.castleworldwide.com/castleweb/clients/testing-services/ibt-testing-sites.aspx

You must log on and submit your scheduling request at least seven (7) days prior to your preferred testing date (and at least seven (7) days prior to the end of the testing window). If you fail to schedule your examination at least seven (7) days before the end of the testing window and are unable to test, you will forfeit your examination application fees.

After approving your preferred test date and location, Castle will send you an email confirmation notice that provides the exact test date, time, and location. You must print this confirmation notice and bring it with you to the testing center.
Reasonable Accommodations

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions that the examination is designed to measure; these accommodations do not include steps that fundamentally alter the purpose or nature of the examination. Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g., walking, talking, hearing, performing manual tasks); have a record of such physical or mental impairment; or are regarded as having a physical or mental impairment.

Reasonable accommodations are based on the individual’s specific request, disability, submitted documentation, and the appropriateness of the request. To apply for reasonable accommodations, submit a written request specifying the disability and the requested accommodation(s) to the Association at least forty-five (45) days prior to the testing date, along with documentation from an appropriate licensed professional (on the professional's letterhead), which identifies the candidate's diagnosis of disability and the specific recommendations for accommodations.

Rescheduling

Using the online scheduling system, you may reschedule a testing session up to five (5) business days before your originally scheduled testing appointment. You may reschedule for either later in the testing window (time/availability permitting) or the next available testing window if you remain eligible (i.e., within the one (1) -year period of application eligibility). To reschedule within the same or a subsequent testing window, Castle Worldwide charges a nonrefundable fee for all candidates (those residing in the US, Canada, and other countries).

If you fail to appear for your testing appointment or you do not reschedule your examination at least five (5) business days before your scheduled testing appointment, you will forfeit your examination application fees.

Cancellations

Cancellations of applications are not accepted after the application deadline.

PREPARING FOR THE EXAM

Preparing for Computer-Based Testing

To familiarize yourself with the computer-based testing, Castle offers a free, online tutorial and demonstration test:

www.castleworldwide.com/tds_v5/asp/home.asp

You may access the online demonstration and tutorial anytime, anywhere, through any computer that has Internet access. The demonstration is not intended to be a review of the SANE-A or SANE-P examination content.
Preparing for the Exam Content

A certification examination is based on an explicit set of competency statements that are determined through a job analysis study of current practitioners. The competency statements in the current examinations are based on a job analysis study that the Association completed in 2010.

The competency statements are organized into different content areas, each with a percentage weight. The percentage reflects how much of that content area will be included on every examination.

Each SANE examination contains up to 200 questions (150 scored and up to 50 unscored or pretest items) written within the framework of the nursing process. You will be permitted four (4) hours to complete the SANE-A or the SANE-P examination.

To prepare for the examination, you are strongly encouraged to:

• Study the test content outline for your intended examination;

• Familiarize yourself with the resources on the reference list for your intended examination; and

• Consider enrolling in the SANE-A or SANE-P preparation courses, which are available through the Association’s Online Learning Center.
SANE-A® Test Content Outline

1. Assessment of the Sexual Assault Patient 40%
   a. Identify the patient’s immediate psychological response to sexual assault.
   b. Identify the risk factors and symptoms of peritraumatic and/or posttraumatic stress disorder.
   c. Identify urgent/emergent medical problems that require medical treatment prior to and/or during the SANE examination.
   d. Obtain and document a pertinent health history.
   e. Obtain and document the reported sexual assault/abuse history.
   f. Perform a head-to-toe physical assessment.
   g. Adapt examination techniques based on the patient’s specific need.
   h. Distinguish trauma from disease process and/or normal variations in anatomy.
   i. Assess orifices involved in the sexual assault for trauma.
   j. Assess the patient for indicators of drug-facilitated sexual assault.
   k. Identify, implement, and document deviations to usual examination procedures.
   l. Assess and promote safety of the patient during and after the SANE evaluation.
   m. Assess the patient’s level of physical, psychological ad cognitive development.
   n. Assess the patient for the risk of infection with the human immunodeficiency virus and provide information and/or treatment for prophylaxis.
   o. Assess the patient’s hepatitis B immunization status and provide information and/or treatment for prophylaxis.
   p. Assess the patient for pregnancy and counsel the patient about emergency contraception options.
   q. Assess the patient’s immunization status and offer or refer the patient the immunization if indicated.

2. Evidence Collection and Documentation 16%
   a. Use a systematic method of forensic evidence collection that protects the integrity of the evidence.
   b. Take measures to maintain/protect the chain of custody of the evidence.
   c. Consider issues of timing in collection of forensic evidence and laboratory specimens.
   d. Collect and record biological and trace evidence from involved orifices and other body areas of contact.
   e. Collect standard samples (e.g., blood, hair, buccal cells) for DNA.
   f. Collect and document clothing and its present condition.
   g. Use written descriptions and body diagrams to document findings.

3. Management of the Sexual Assault Patient 23%
   a. Throughout the examination, provide information, education and support while soliciting feedback from the patient.
   b. Provide the patient with the opportunity for developmentally appropriate control and consent.
   c. Provide crisis intervention and anticipatory guidance to the patient and family members/caregivers.
   d. Facilitate communication when there is a language or other communication barrier.
   e. Offer or provide for testing, prophylaxis and treatment of sexually transmitted infections.
   f. Counsel the patient regarding safe sex precautions to prevent sexually transmitted infection transmission.
   g. Educate the patient about actions and side effects of prophylactic medications.
   h. Consult with or refer to other healthcare providers regarding medical problems identified.
   i. Refer the patient for followup counseling, support and/or advocacy services.
   j. Provide followup for the patient regarding photodocumentation, wound care, laboratory results, etc.
4. **Interact Throughout the Judicial Process**  
   a. Testify as a fact witness for the prosecution or defense.
   b. Testify as an expert witness for the prosecution or defense.
   c. Testify regarding the integrity of the chain of custody of evidence.
   d. Respond to subpoenas and court orders.
   e. Respond effectively to aggressive/condescending questions when testifying.

5. **Professional Practice Issues**  
   a. Ensure that systems are in place to provide for the safety of the SANE during and after the evaluation.
   b. Implement principles of confidentiality.
   c. Implement principles of informed consent and informed refusal.
   d. Evaluate and utilize current evidence-based practice (e.g., research, quality improvement).
SANE-A® Reference List

This reference list contains recommended resources to assist you in preparing for the certification examination. This list is not all-inclusive; other references may help you study to meet the competencies, including the Journal of Forensic Nursing and other peer-reviewed journals.


SANE-P® Test Content Outline

1. **Assessment of the Sexual Assault/Abuse Patient**  
   a. Identify the patient’s immediate psychological response to child sexual abuse.
   b. Identify the risk factors and symptoms of peritraumatic and posttraumatic stress disorder.
   c. Identify urgent/emergent problems that require medical treatment prior to and/or during the SANE examination.
   d. Obtain and document a pertinent health history.
   e. Obtain and document the reported child sexual assault/abuse history.
   f. Perform a head-to-toe physical assessment.
   g. Distinguish trauma from disease processes and/or normal variations in physiology throughout childhood.
   h. Distinguish trauma from disease processes and/or normal variations in anatomy.
   i. Adapt examination techniques based on the patient’s specific need.
   j. Assess orifices involved in the sexual assault for trauma.
   k. Assess the patient for indicators of drug-facilitated child sexual assault.
   l. Provide the patient the opportunity for developmentally appropriate control and consent.
   m. Identify, implement and document deviations to the usually examination procedures.
   n. Formulate diagnoses based on history and physical assessment.
   o. Assess and promote the safety of the patient during and after the SANE evaluation.
   p. Assess the patient’s level of physical, psychological, and cognitive development.
   q. Assess the patient for the risk for infection with the human immunodeficiency virus and provide information and/or treatment for prophylaxis.
   r. Assess the patient’s hepatitis B immunization status and provide information regarding immunization if required.
   s. Assess the patient’s risk for pregnancy and counsel the patient about emergency contraception options.
   t. Assess the patient’s immunization status and offer or refer the patient for immunization if indicated.

2. **Evidence Collection and Documentation**  
   a. Use a systematic method of forensic evidence collection that protects the integrity of the evidence.
   b. Take measures to maintain/protect the chain of custody of the evidence.
   c. Consider issues of timing in collection of forensic evidence and laboratory specimens.
   d. Collect and record biological and trace evidence from involved orifices and other body areas of contact.
   e. Collect and document clothing and its present condition.
   f. Document the patient’s genital findings with photography.
   g. Use written description and body diagrams to document findings.

3. **Management of the Sexual Assault Patient**  
   a. Throughout the examination, provide information, education and support while soliciting feedback from the patient and family/caregiver.
   b. Provide crisis intervention and anticipatory guidance to the patient and family/caregiver.
   c. Facilitate communication when there is a language or other communication barrier.
   d. Offer or provide for testing, prophylaxis, and treatment of sexually transmitted infections.
   e. Counsel the patient regarding safe sex precautions to prevent sexually transmitted infection transmission.
   f. Educate the patient and family/caregiver about actions and side effects of prophylactic medications.
g. Consult with or refer to other healthcare providers regarding medical problems identified.

h. Refer the patient for followup counseling, support and/or advocacy services.

i. Provide followup for the patient regarding photodocumentation, wound care, laboratory results, etc.

4. **Interact Throughout the Judicial Process**                         6%
   a. Testify regarding the integrity of the chain of custody of evidence.
   b. Respond appropriately to subpoenas and court orders.
   c. Respond effectively to aggressive/condescending questions when testifying.

5. **Professional Practice Issues**                                    11%
   a. Provide for and participate in peer and case review.
   b. Ensure that systems are in place to provide for safety of the SANE during and after the evaluation.
   c. Implement principles of confidentiality.
   d. Implement principled of informed consent and informed refusal.
   e. Evaluate and utilize current evidence-based practice (e.g. research, quality improvement data).
SANE-P® Reference List

This reference list contains recommended resources to assist you in preparing for the certification examination. This list is not all-inclusive; other references may help you study to meet the competencies, including the Journal of Forensic Nursing and other peer-reviewed journals.


9/10/12 Revised—TH
6/19/13 Updated—KM
10/24/13 Updated—KM
TAKING THE EXAM

Before Leaving for the Testing Site

- Locate, print out, and bring the email confirmation notice Castle sent you that specifies your testing location, the time that you need to arrive at the testing center, and the list of items you need to bring.

- Plan to arrive at the testing center at least fifteen (15) minutes before the start of the testing session. If you arrive late for the testing session, you will not be permitted to test.

To Be Admitted into the Testing Site

- Submit your email confirmation notice to the proctor.

- Bring a current photo identification with signature. You will not be admitted without proper identification.

  **Acceptable** forms of identification are: a driver’s license, a passport, or a government-issued identification card.

  **Unacceptable** forms of identification include: gym membership cards, warehouse membership cards, school identification cards, credit cards, and identification with a signature only (no photo).

- Your first and last name on the confirmation notice must match exactly the first and last name on your identification.

- If your last name is hyphenated, both the last name on your identification and on your email confirmation notice must be hyphenated for you to be admitted into the testing center. Presenting documentation at the testing center regarding a name change (e.g., a marriage license) is not acceptable.

- Report on time.

Closure of the Testing Site Due to Inclement Weather or Other Emergency

Castle takes best efforts to keep testing centers open regardless of weather conditions. However, it may be necessary to temporarily close a testing site due to inclement weather or other emergencies. If you are experiencing inclement weather in your area on or around your scheduled testing date, please access Castle’s “Site Closures and Delays” listing at: [http://www.castleworldwide.com/mainsite/ibtsites/site_closings.aspx](http://www.castleworldwide.com/mainsite/ibtsites/site_closings.aspx).
AFTER THE EXAM

Complaints About Your Exam Process
If you have complaints about the examination process or your experience at the testing center, after completing your examination, be sure to ask the proctor to bring up the comment screen so you may document your comments about your testing center experience. Within thirty (30) days of your testing date, you may submit a complaint in writing to the Association to forward to Castle, which will undertake an investigation. The Association will notify you promptly upon receiving the results of Castle’s investigation.

Notification About Your Exam Results
You will receive notification of your pass/fail status by mail directly from Castle within six (6) to eight (8) weeks after the close of the testing window (i.e., late July or late November). In the event that you do not achieve a passing score, the accompanying score report will provide feedback indicating your performance in each test content area.

Use of the Credentials
After achieving a passing score on the exam, you may use the credentials in all correspondence and professional relations. The credential is typically placed after your name, following any academic degrees and licensure (e.g., Mary Smith, RN, SANE-A). If you have earned both the SANE-A and the SANE-P credentials, list them separately (e.g., Mary Smith, RN, SANE-A, SANE-P). You may use the credential as long as the certification remains valid.

Nondiscrimination Policy
The Association, the CFNC, and Castle do not discriminate against any applicant or candidate for certification on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, or source of income. Applicants/candidates for certification will be judged solely on the criteria determined by the CFNC.

Appeals Process
You have the right to appeal if you are deemed ineligible to sit for the examination and believe that a violation of CFNC policy may have contributed. You must submit your appeal in writing to the CFNC c/o the Director of Certification within thirty (30) days of your receipt of the determination of ineligibility. Your letter should outline the reason for your appeal. A reasonable administrative fee may be imposed. If the issue cannot be resolved, the CFNC will review the appeal and render a decision. The applicant will be notified of the CFNC’s decision within two (2) months of the appeal submission. The decision of the CFNC is final.
Disciplinary and Complaints Policy

Once granted, certification may be revoked. In the event that a certificant violates the CFNC certification requirements and/or policies, the CFNC may reprimand or suspend the individual or may revoke certification. The grounds for sanctions under these procedures may include, but are not necessarily limited to:

- Any restrictions on the general or registered nursing license, such as revocation, suspension, probation, or other sanctions by a recognized nursing authority;
- Violation of established CFNC requirements and/or policies;
- Conviction of a felony or other crime of moral turpitude under federal or state law in a matter related to the practice of, or qualifications for, forensic nursing;
- Gross negligence or willful misconduct in the performance of SANE-A and/or SANE-P professional services, or other unethical or unprofessional conduct based on the formal determination of a licensing body;
- Fraud, falsification, or misrepresentation in an initial application or renewal application for certification;
- Falsification of any material information requested by the CFNC;
- Misrepresentation of SANE-A and/or SANE-P status; or
- Cheating on any SANE-A and/or SANE-P certification examination.

Actions taken under this policy do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the conduct of the certificant in appropriate situations.

CONTACT INFORMATION

CFNC c/o International Association of Forensic Nurses
6755 Business Parkway, Suite 303
Elkridge, MD  21075
p 410.626.7805
f 410.626.7804
email info@ForensicNurses.org
website www.ForensicNurses.org
SEXUAL ASSAULT NURSE EXAMINER
CERTIFICATION EXAMINATION APPLICATION

Instructions:

- Please read the Certification Examination Handbook in its entirety before completing this application.
- If your application is selected for audit, the Association will seek further validation of completion of your SANE education program and your hours of practice.
- Review the eligibility requirements. If you meet all the requirements, complete the application legibly and in its entirety, and submit to the Association with the appropriate fee.

All application materials must be RECEIVED in the Association’s home office by the deadline date. The Association recommends that you use a traceable delivery format if submitting your application via mail.

Date: _______________

Certification examination for which you are applying:

SANE-A*___________ SANE-P*___________ May__________ September_________

1. Name: ___________________________________________________________________________________
   Last   (Maiden)   First   MI

2. Home address: __________________________________________________________________________
   City   State/Province/Country   Zip/Postal code

3. Telephone: __________________________________________  __________________________
   Home/Cell: (area code) number   Work (area code) number

4. Email address: __________________________________________
   Include a valid email address. Examination scheduling information will be emailed to you.

5. RN/General Nurse license: ____________________________  ____________________________
   State/Province/Country   Number   Expiration date

6. Number of years’ experience as an RN/General Nurse (or equivalent): ________________

7. Number of years’ experience as a sexual assault nurse examiner: ________________________

8. Primary practice setting as a sexual assault nurse examiner:
   Hospital-based_____   Prosecutor’s office_____  Government, medical_____
   Community-based medical clinic_____   Government, non-medical______
   Community-based non-medical clinic_____   Other, please specify_____
   Sexual assault crisis center_______

9. Highest level of nursing education completed:
   Diploma_______   Master’s degree_______
   Associate degree_____   Doctoral degree______
   Baccalaureate degree______
10. If your highest level of education is in an area other than nursing, indicate the level and area:

   - Associate degree
   - Baccalaureate degree
   - Master’s degree
   - Doctoral degree
   - Law degree
   - Other, please specify

11. Are you currently certified in any other specialty? If so, please specify:

   - No
   - Yes
   - Specialty

12. Employment history:

   List your last three employers, beginning with the present employer. Do not send your résumé.

<table>
<thead>
<tr>
<th>Dates of employment</th>
<th>Employer name and address</th>
<th>Position/Title</th>
<th>Supervisor’s name</th>
<th>Hours worked per week</th>
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</table>

13. SANE education program information:

   a. Type of program attended (check one):

      - 40-hour adult/adolescent education program
      - 40-hour pediatric education program
      - 64-hour combined adult/adolescent and pediatric education program

   b. Dates of attendance: From (mmddyyyy): ________ To (mmddyyyy): ________

   c. SANE education program details (sponsoring facility/organization AND trainer’s name)

      ________________________________________________________________

   d. Date of completion of SANE clinical preceptorship: ____________________

14. Validation of completion of education program

   List the name, address, telephone number, and email address of a person who can verify that you completed an education program that is relevant to the exam for which you are applying (an adult/adolescent program if applying for the SANE-A or a pediatric program if applying for the SANE-P). If your application is selected for audit, the Association will contact the person listed to verify your attendance.

   Name: _____________________________________ Title: ___________________________

   Address: ________________________________________________________________

   Telephone number: _______________________ Email address: ___________________
15. Validation of SANE practice hours

By initialing here ____________, I attest that I meet the eligibility requirement of having practiced as a sexual assault nurse examiner and/or having provided clinical instruction for sexual assault nurse examiners for a minimum of 300 hours within the past three (3) years. **If your application is selected for audit, the Association will ask you to submit documentation to validate your practice hours.**

16. Statement of understanding

I hereby attest that I have read and understand the information contained in the *Certification Examination Handbook*, including the Commission for Forensic Nursing Certification’s disciplinary and complaints policy and the policy on refunds and cancellations and that these terms shall be binding. I hereby apply for certification offered by the Commission for Forensic Nursing Certification and understand that certification depends upon my successful completion of the specified requirements. I authorize the Association to disclose, upon request from employers or other parties, my certification or application status. I understand that information gathered during the certification process may be used for statistical purposes and for evaluation of the certification program and that any other information from my certification records shall be held in confidence and shall not be used for any other purpose, unless I so authorize. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith and I understand that the Commission for Forensic Nursing Certification reserves the right to verify any or all information I have included in this application.

_____________________________________________________  ________________________
Legal signature                Date
17. Fees and payment

Check the appropriate fee and payment method, and submit payment with this application. Make checks or money orders payable to IAFN. File your application electronically (preferred; online application or email will not be assessed a processing fee) OR via paper (fax or mail must include a $20 processing fee). Send to the Commission for Forensic Nursing Certification (CFNC) c/o the Association at the address below.

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Candidates who reside within the US or Canada:</td>
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<tr>
<td>IAFN member application fee</td>
<td>$275_____</td>
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<tr>
<td>Non-member application fee</td>
<td>$400_____</td>
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<tr>
<td>Candidates who reside outside the US or Canada:</td>
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<tr>
<td>International member application fee</td>
<td>$350_____</td>
</tr>
<tr>
<td>International non-member application fee</td>
<td>$450_____</td>
</tr>
<tr>
<td>Processing fee for individuals who file via paper (fax or mail)</td>
<td>$20_____</td>
</tr>
<tr>
<td>Late fee</td>
<td>$125_____</td>
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<tr>
<td>IAFN member dues</td>
<td>$129_____</td>
</tr>
<tr>
<td>IAFN member retest application fee (for those retesting within one year)</td>
<td>$150_____</td>
</tr>
<tr>
<td>Non-member retest application fee (for those retesting within one year)</td>
<td>$225_____</td>
</tr>
</tbody>
</table>

Payment:

- Check: Check number: ________
- Credit card: American Express______ Visa_____ MasterCard_____ Discover_____

Name on credit card: _______________________________________________________
Credit card number: _______________________________________________________
Security code: ______________
Expiration date: ______________
Cardholder’s email address: _______________________________________________
Billing address: _________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State/Province/Country</th>
<th>Zip/Postal code</th>
</tr>
</thead>
</table>

CONTACT INFORMATION

CFNC c/o International Association of Forensic Nurses
6755 Business Parkway
Suite 303
Elkridge, MD 21075
p 410.626.7805
f 410.626.7804
email info@ForensicNurses.org
website www.ForensicNurses.org

Castle Worldwide (once application is accepted for testing)
900 Perimeter Park Drive
Suite G
Morrisville, NC 27560
p 919.572.6880
f 919.361.2426
email ibt@castleworldwide.com
website www.castleworldwide.com

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6 Institutional filers (candidates whose employers pay the application fee) are asked to contact the home office for payment options.