

I acknowledge I have received a copy of the class policies for the fall 2017 Sexual Assault Nurse Examiner (SANE) Training Class and understand the requirements:

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\_\_\_\_\_ I understand that I must attend all lectures without fail. I understand the classes cannot be made up.

\_\_\_\_\_ I understand that I must turn in course evaluations at the end of each day

\_\_\_\_\_ I understand that I must pass the written final exam with a score of 90%, correctly label and diagram at least 10 structures of the female anatomy and 5 male anatomical structures.

\_\_\_\_\_ I understand that I am responsible for arranging my own clinical experiences for this class. I will conduct myself in a professional manner and be on time for all clinical experiences

\_\_\_\_\_ I understand the following clinical experiences should be completed by: March 1, 2018: 4 hours with law enforcement, 4 hours with victim's assistance, 4 hours courtroom observation, 4 hours with prosecutors, 4 hours with Crime lab, and 10 additional hours of experience related to forensic nursing.

\_\_\_\_\_ I understand 3 forensic exams, 15 speculum exams and any of the remaining items above must be completed by March 1, 2018.

\_\_\_\_\_ I understand that I must mail, email/scan or fax a copy of all of the required forms/competency log sheets, prior to receiving my clinical completion certificate.

\_\_\_\_\_ I understand that I may only use the SANE title after/under my name when I have completed both the didactic and clinical portions of this class.

\_\_\_\_\_ I understand that I must pass the SANE-A certification exam offered by the International Association of Forensic Nurses before I can write those credentials behind my name.

\_\_\_\_\_ I understand this class prepares me to work with adult and adolescent victims ONLY. This class does NOT prepare me to care for the pediatric sexual assault victims.

\_\_\_\_\_ I understand that if I am not able to complete my course requirements within the defined time, I will be required to take the entire course again.

\_\_\_\_\_ I understand that if I need to apply for an extension, to complete my clinical course requirements, I must remit the request on or BEFORE March 1, 2018.

NAME: \_\_\_\_\_  
(Printed)

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

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