



Georgia Adult/Adolescent SANE/SAFE Training Program

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Take the first step to become a Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Thank you for your interest in the **Georgia Adolescent & Adult SANE/SAFE Training** offered by Mosaic Georgia on **Monday, May 06th- Friday, May 10th, 2019** in Suwanee, Georgia.

This training is an intense didactic classroom program on the role of SANE/SAFE services in Georgia. It is presented by a distinctly qualified multi-disciplinary faculty with demonstrated expertise in sexual assault victimization and the criminal justice system. Curriculum overview information is provided in the application packet.

If you plan to attend this training:

Please submit an email as soon as possible to Training@mosaicga.org, and include your name, e-mail, telephone/cell contact information. Or, call: **Miguel Montoya, Communications Specialist, at 770-497-9122 ext. 2021** for more information.

Enclosed you will find the application packet to be completed, along with the list of required attachments. The completed application and attachments **MUST** be returned to us for processing and approvals PRIOR to your participation in the program. **Original signed documents are required.**

Please note that **COMPLETED** application packets **MUST BE RETURNED NO LATER THAN **July 20, 2018.**** **Application packets not completed and returned by the deadline will not be eligible for attendance.**

Return completed application packets via:

- ▣ **U.S. Mail:** GASANE/SAFE Training Program, Mosaic Georgia, PO Box 1329, Duluth, GA 30096. *[Please **do not** send certified Mail]*
- ▣ **Overnight Ground-Delivery** (FedEx or UPS): Please contact 770-497-9122 to request physical address.

Thank you for your interest in serving communities throughout Georgia as a SANE/SAFE to improve the response and standards of care and service for ALL victims of sexual assault/abuse!

This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver with distinction, by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through June 26, 2019. [SCNA Code #J706-020AA, for 41 contact hours].

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Training Application Package Checklist

Registrants should be a Georgia-licensed:

- Registered Nurse (RN)
- Physician Assistant (PA), or
- Medical Doctor; Doctor of Osteopath (MD; DO)

Complete and return forms:

- 1) Fee and Deposit Information Sheet - (2 pages)
- 2) GA SANE/SAFE Registration/Application Form - (2 pages)
- 3) Statement of Support and Signature Form – (3 pages)
- 4) Standards of Practice Agreement Signature Form – (“RN” or “PA; MD; DO” version, depending on status)
- 5) Criminal Background Check Consent Form
- 6) Emergency Contact Form

Required Attachments:

- Copy of professional licensure as: RN; MD; DO; or PA
- Copy of current professional liability insurance with term limits provided (as available)
- A \$25.00 check for Mosaic Georgia to run a criminal background report, along with the completed *Background Check Consent Form*. (Military can provide employment verification letter from supervisor.)
- A separate check in the amount noted on the *Fees and Deposits* form, made payable to Mosaic Georgia.
- An enlarged copy of your current Driver’s License. (Please be sure photo and information is clear.)

The deadline for completed application is July 20, 2018.

Mail your completed packets (first-class, NOT certified) to:

*Mosaic Georgia
GA SANE/SAFE Training Program
P.O. Box 1329
Duluth, GA 30096-0024*



Georgia Adult/Adolescent SANE/SAFE Training Program

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Take the first step to become a Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Fees and Deposits

	Georgia licensees* (excluding correctional facility personnel)	Military out-of- state licensure	Non-Georgia licensees & Georgia correctional facility personnel
Criminal History Report	\$25	\$25	\$25
Course Fee	\$0	\$200	\$350
Deposit (refundable)	\$100	\$0	\$0

DEPOSIT for Georgia applicants: While there will be NO COURSE FEE for applicants (RN, PA, MD, DO) licensed in the State of Georgia, a refundable \$100 deposit is due with your application to secure a seat. It will be returned upon completion of the training. *This does not apply to medical professionals working with incarcerated victims in a Georgia Correctional Facility.* **Make your checks (no money orders) payable to Mosaic Georgia, and attach to this form.**

COURSE FEES: \$200 for Military out of state licensure.
\$350 for any attendee licensed *OUTSIDE* the state of Georgia (Non-Military) OR
working with incarcerated victims in a Georgia correctional facility.

The full amount is due with the application. **Make your check payable to Mosaic Georgia, and submit with this form.**

BACKGROUND CHECK FEE: \$25

The full amount is due with the application. **Make your check payable to Mosaic Georgia, and attach to this form.**

NOTE: Please send separate checks for application fee/deposit and background check fee.

*****PLEASE PRINT CLEARLY*****

Name of attendee (as licensed): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

The best contact telephone #: (Cell) _____ (Work) _____ (Home) _____

Please number 1,2,3 in order of your preference. If you cannot be contacted at work, home, or by cell, please print "No"



Georgia Adult/Adolescent SANE/SAFE Training Program

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Take the first step to become a Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Applicant is sponsored* by: _____

Contact Name: _____ Title: _____

Contact Telephone: _____ E-mail: _____

**A "sponsor" would be the closest sexual assault center, rape crisis center, or children's advocacy center. In the absence of such services/facility, a sponsor could be the district attorney, SART protocol chair of a judicial district, military protocol authority or hospital authority.*

**Payer Information (person or agency paying deposit or fee)****Payer:** _____**Address:** _____**City:** _____ **State:** _____ **Zip:** _____**E-mail:** _____**Telephone:** _____

Class participants are responsible for all costs associated with the training including: hotel, food, transportation, parking (if applicable), etc.

Enclosed:

Refundable Deposit (<i>for all GA participants</i>)	\$100 -
Fee (<i>out of state licensure/practice in correctional facility</i>)	\$350 -
Fee (<i>out of state licensure: <u>military</u></i>)	\$200 -
Fee (<i>criminal background check</i>)	\$ 25 _____
Total of Checks:	\$ _____

Cancellation Policy

- Cancellation & request for refunds (fees or deposits) must be received 30-days prior to the training start date.
- No refunds (\$100 deposits OR out of state fees) if cancellation is received less than 30-days from start date.
- In the event of acts of nature that may require the training to be interrupted or cancelled by the faculty: \$100 deposits will be eligible for refund; out of state attendees will receive a refund of \$70 per daylost.
- Mosaic Georgia retains the right to re-schedule a program if a minimum number of 15 students have not registered within 30-days of the scheduled training, at which point all deposits and fees received will be refunded.

Deadline for completed registrations to reach Mosaic Georgia is July 20, 2018.



Georgia Adolescent & Adult SANE/SAFE Training Program
Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Registration Application Form

This program is a didactic training for qualified and accepted individuals. It remains the responsibility of the individual to complete additional required clinical observation and preceptor requirements.

*****PLEASE PRINT CLEARLY*****

Last Name: _____ First Name: _____ Middle Initial: _____

Please list any aliases including maiden name, married name(s), preferred name, or other:

Social Security Number: _____ Date of Birth: _____

Professional License Number (RN; PA; MD; or DO): _____ State Licensed to Practice: _____

Current Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

US Citizen: ☐ Yes ☐ No

Telephone: (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____

Optional Information:

Gender: ☐ Male ☐ Female Race/Ethnicity: ☐ White/Caucasian ☐ Black/African American ☐ Latino/Hispanic ☐ Multiracial
☐ Native American ☐ Asian/Pacific Islander ☐ Other _____

College/University Attendance:

Please provide a list of all colleges/universities that you have attended since high school (list most recent first). You may provide an attachment if necessary.

<u>College/ Univ.</u>	<u>City & State</u>	<u>From Month/Yr > To Month/Yr</u>	<u>Degree/Major</u>	<u>Degree Awarded & Date</u>



Professional Affiliations; Certifications; Memberships

Please provide a brief narrative describing why you are interested in completing the Georgia Adolescent & Adult SANE/SAFE Training program.

Please provide additional pages as necessary to complete the information requested.

Required Forms/Attachments with Application:

1. You must submit a **completed** application with original signatures and requested attachments, along with a check for the application fee/deposit.
2. Attach a copy of your current professional liability insurance with policy limits specified (if available).
3. Sign and submit the Mosaic Georgia authorization form for a criminal background check and include a **separate** \$25 check for Mosaic Georgia to complete the criminal history report.
4. Copy of current state professional license (RN, PA, MD, DO)
5. Enlarged Copy of Driver's License/ID

I certify that the aforementioned information as provided within this application, including attachments is true and accurate to the best of my knowledge. I understand that any omission, falsification or misrepresentation will result in the withdrawal of my acceptance into this program. I further understand that I must provide to Mosaic Georgia all support documentation as requested in the instructions for this application to be complete. I agree that my application fee and submission of this application and all required attachments does not guarantee acceptance into the SANE/SAFE training program.

Signature of Applicant

Witness Signature

Printed Name of Applicant

Printed Name of Witness

Date

Date



Georgia Adolescent & Adult SANE/SAFE Training Program
Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Standards of Professional Practice Agreement – RN

I, _____, hereby affirm that I am a licensed **Registered Nurse (RN)** by the state of _____; my licensure is “**active**” and in “**good-standing**”. I agree to meet the Standards of Nursing Practice for a *Sexual Assault Nurse Examiner (SANE)* as set forth by the International Association of Forensic Nurses (IAFN) and the American Nurses Association (ANA). I agree to perform all duties and responsibilities associated with providing a safe and thorough examination during the collection of evidence from a victim of sexual assault.

It is my responsible to identify *SANE* continuous education and training sessions to remain current on skills, practice and education in my role as a *SANE*. It is my responsibility to identify and collaborate with the sexual assault response protocols within my community and I pledge to work with allied professionals dedicated to improving the response and standards of services for sexual assault/abuse. Upon completion of the *Georgia Adolescent & Adult SANE/SAFE Training* (40-hour didactic training) I will receive a *letter of certification for program attendance*. IF it is my election to complete a clinical preceptorship, it is my responsibility to maintain the time and supervised signature log and any related documentation of preceptor hours and competency. Upon completion and timely submittal of all clinical preceptorship documentation I will receive a certificate of *Georgia Adolescent & Adult SANE/SAFE Program Completion*. Satisfaction of these requirements must also be completed within the designated timetable.

I acknowledge that to be eligible for the national “*SANE-A Certification Exam*” by the International Association of Forensic Nurses (IAFN), I must:

1. Hold an active license as a registered nurse (RN) in the United States/ U.S. territory or hold an active, unrestricted license as a first-level general nurse (or equivalent) in the country/jurisdiction of practice;
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 equivalent) in the country/jurisdiction of licensure;
3. Successfully completed the 40-hour didactic training;
4. Successfully completed a sexual assault nurse examiner clinical preceptorship with demonstrated competency under appropriate supervision;
5. Have practiced as a sexual assault nurse examiner and/or provided clinical instruction for sexual assault nurse examiners for a minimum of 300 hours within the last three (3) years.

It is my true intention to practice as an *Adolescent-Adult SANE* in the state of _____. In the course of my education, training and practice as a *SANE* I will have access to certain confidential information regarding victims of sexual assault. I agree that I will not disclose any such confidential information regarding victims of sexual assault to any person, firm, corporation, association, or other entity for any reason or purpose whatsoever, outside the jurisdiction of the investigating law enforcement agency; district attorney’s office; case management team/SART of the appropriate judicial district; or unless ordered to do so by a court of competent jurisdiction. I agree to my obligation requiring my testimony in the proper court regarding my role as an *Adolescent & Adult SANE*.

This agreement shall in no way be construed to confer employment between the *SANE Applicant* and Mosaic Georgia; nor with any other rape crisis/ sexual assault center or service providing agency.

Signature of Applicant/ Participant

Printed Name of Applicant/Participant

Date



Georgia Adolescent & Adult SANE/SAFE Training Program
Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Standards of Professional Practice Agreement – PA; MD; DO

I, _____, hereby affirm that I am licensed as a (please check one):

☐ **Physician Assistant (PA)** <OR> ☐ **Physician (MD)** <OR> ☐ **Doctor of Osteopathic Medicine (DO)**

by the state of _____; my licensure is “**active**” and in “**good-standing**”. I agree to meet the Standards of Practice for a *Sexual Assault Forensic Examiner (SAFE)* as set forth by any designated state and national association of my licensed discipline. I agree to perform all duties and responsibilities associated with providing a safe and thorough examination during the collection of evidence from a victim of sexual assault.

It is my responsible to identify *SAFE* continuous education and training sessions to remain current on skills, practice and education in my role as a *SAFE*. It is my responsibility to identify and collaborate with the sexual assault response protocols within my community and I pledge to work with allied professionals dedicated to improve the response and standards of services for sexual assault/ abuse. Upon completion of the *Georgia Adolescent & Adult SANE/SAFE Training* (40-hour didactic training) I will receive a *letter of certification for program attendance*. If it is my election to complete a clinical preceptorship, it is my responsibility to maintain the time and supervised signature log and any related documentation of preceptor hours and competency. Upon completion and timely submittal of all clinical preceptorship documentation I will receive a certificate of *Georgia Adolescent & Adult SANE/SAFE Program Completion*.

I acknowledge that I will receive a letter certifying my attendance and compliance with this 40-hour didactic training. I acknowledge that although there is not currently a national certification as a *SAFE*. If I elect to complete a clinical preceptorship under the guidelines required, it is my responsibility to log preceptor hours under appropriate supervision and to obtain signatures that attest to my demonstrated competency and satisfaction. Upon successful completion and satisfaction of a clinical preceptorship and submission of all required documents I will receive a certificate of Georgia SANE/SAFE Program (Didactic & Clinical) Completion.

It is my true intention to practice as an *Adolescent-Adult SAFE* in the state of _____.

In the course of my education, training and practice as a *SAFE* I will have access to certain confidential information regarding victims of sexual assault. I agree that I will not disclose any such confidential information regarding victims of sexual assault to any person, firm, corporation, association, or other entity for any reason or purpose whatsoever, outside the jurisdiction of the investigating law enforcement agency; district attorney’s office; case management team/ SART of the appropriate judicial district; or unless ordered to do so by a court of competent jurisdiction. I agree to my obligation requiring my testimony in the proper court regarding my role as an *Adolescent & Adult SAFE*.

This agreement shall in no way be construed to confer employment between the *SAFE Applicant* and Mosaic Georgia; nor with any other rape crisis/ sexual assault center or service providing agency.

Signature of Applicant/ Participant

Printed Name of Applicant/ Participant

Date



Georgia Adolescent & Adult SANE/SAFE Training Program
Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Criminal History Background Consent Form

I hereby authorize *Mosaic Georgia* to receive any criminal history record information pertaining to me, within any local, state, or federal criminal justice agency. This will also include fingerprint processing and classification.

Full Name (*Printed*)

Street Address

City, State, & Zip Code

Gender

Race

Date of Birth

Social Security Number

Signature

Date



Georgia Adolescent & Adult SANE/SAFE Training Program
Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Emergency Contact Information

In the unlikely event of an emergency, please provide two primary persons for contact and provide both home, work and cell telephone information. Because emergencies are unforeseen, please provide information that would allow us to reach someone during day and nighttime hours.

SANE/SAFE Participant's Name

In the event of emergency please contact:

(Contact #1)

Name (Printed)

Relationship

Contact Cell

Home Phone

Office/Work Phone

Address

City

State

ZIP

(Contact #2)

Name (Printed)

Relationship

Contact Cell

Home Phone

Office/Work Phone

Address

City

State

ZIP



Georgia Adolescent & Adult SANE/SAFE Training Program

Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Program Overview

This is a professional education and training program for defined healthcare providers to provide specialty forensic-medical care for adolescent and adults victimized by crimes of sexual assault/abuse. The course is a 41-hour didactic classroom training presented by a multi-disciplinary faculty of instructors distinctly qualified on sexual assault victimization and the criminal justice system.

- The program is designed for **licensed Registered Nurses (RNs); Physicians (MDs; DOs) and/ or Physician Assistants(PAs)**.
 - License must be *active* and in *good-standing*.
- Applicants must have a *minimum* of 6-months clinical experience as licensed (*immediate to this application*).
- The course provides instruction on the role of *SANE/SAFE*; and clinical instruction on forensic-medical evidentiary examinations and evidence collection of adolescent and adult sexual assault/abuse victims.
- The course is a 41-hour, 5-day didactic classroom training program.

Curriculum Overview

- The Criminal Justice & Public Health Issue of Violence Against Women
- Sexual Assault Investigations & Dynamics of Offenders
- Understanding the Role of DNA in Sexual Assault Investigations
- SANE/SAFE-SART Protocol Development & Evaluation
- The Role of SANE/SAFE in the SART
- Understanding the Role of SANE/SAFE
- Sexual Assault Forensic-Medical Exam Clinical Instruction
- Identification and Collection of Evidence
- Clinical Findings & Exam Documentation
- Digital/Colposcopy Imaging/Documentation
- Case Studies
- The Impact of Trauma on the Brain & Understanding Sexual Assault Victimization
- Statistical Incidence & Prevalence of Sexual Assault/Abuse
- Georgia Laws on Sexual Assault/Abuse
- Prosecution of Sex Offenders
- Fact or Expert Witness: Court Qualifications and Testimony

Applicant Requirements

- Current Georgia (or other state) RN/PA/MD or DO License
- 6-months clinical experience (as licensed) and immediate to application for program.
- Application completed, and all required attachments (as specified in the Application Checklist) returned in accordance with the designated deadline.
- Successful completion of a criminal history background review.
- Program acceptance.

□ Completion of the 41-hour didactic program: participant will receive a *Letter of Attendance Certification*.

□ Completion of (*elective*) Clinical Preceptorship: participant will receive a *Certificate of Program Completion*.

□ NOTE: RN participants seeking eligibility for national *SANE-A Certification Exam*, MUST complete the didactic AND clinical preceptorship with demonstrated competency.



Georgia Adolescent & Adult SANE/SAFE Training Program
Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner

Clinical Preceptorship General Information

Participants

- The *Georgia Adolescent & Adult SANE/SAFE* class is open to qualified, licensed registered nurses (RNs) seeking to work as a Sexual Assault Nurse Examiner (SANE) in their local communities and in accordance with community sexual assault protocols.
- The class is also open to Physician Assistants (PAs), Medical Doctors (MDs), and Doctors of Osteopathy (DOs) that meet additional requirements as noted, seeking to work as Sexual Assault Forensic-Examiners (SAFE).
- Upon successful completion of the training, all participants will receive a Letter of Attendance Certification.

SANE: Clinical Preceptorship Requirements

- RN's seeking to work as Sexual Assault Nurse Examiners (SANE) are expected to complete a clinical preceptorship with demonstrated competency of clinical skills under appropriate supervision. (Information is provided on the clinical skills and preceptorship requirements during the class.)
- The clinical preceptorship is completed in your local community in accordance with local sexual assault response protocols governing sexual assault/abuse victimization.
- Clinical preceptorship requirements must be completed within 6-months of the didactic training class.
- Upon completion of clinical preceptorship requirements and demonstrated clinical competency, the SANE will receive a *Certificate of Georgia Adolescent & Adult SANE/SAFE Training Program Completion*.

SAFE: Clinical Preceptorship Election

- Completion of the clinical preceptorship is currently an elective choice for Sexual Assault Forensic Examiners (SAFE). Sexual Assault specialty certification is not currently available for PAs, MDs, or DOs.
- SAFE candidates **may elect** to satisfy the clinical preceptorship requirement to demonstrate competency and to receive the *Certificate of Georgia Adolescent & Adult SANE/SAFE Training Program Completion*.



Georgia Adolescent & Adult SANE/SAFE Training Program
 Sexual Assault Nurse Examiner/ Sexual Assault Forensic Examiner

Statement of Support

This agreement recommends and supports (SANE/SAFE Applicant Name) _____ in application to complete the GA Adolescent & Adult SANE Training program. Our signatures below individually and collectively attest to our community commitment to develop and implement a Georgia Adolescent & Adult SANE/SAFE program to better serve victims of sexual assault/ abuse with specially trained forensic-medical examiners/ nurse examiners. We acknowledge the role of the Adolescent & Adult SANE/ SAFE is to represent the forensic-medical component of the community's multidisciplinary response to sexual assault/ abuse often identified as a Sexual Assault Response Team (SART) protocol (Georgia O.C.G.A. 15-24-2).

I acknowledge competency of an Adolescent & Adult SANE/ SAFE is determined by appropriate medical supervision and requires completion of additional clinical training and practice. Completion of this preceptorship to achieve and demonstrate competency is a critical aspect of this training program. The didactic training curriculum, and clinical competencies, subscribe to the educational and training guidelines of the International Association of Forensic Nurses (IAFN).

As a professional who works with victims of sexual assault, I am committed to helping the aforementioned applicant complete the Georgia SANE/ SAFE education and training program and to work towards a collaborative community response to sexual assault/ abuse.

4 Required Signatures: **1.)** Physician or SANE/SAFE currently engaged in providing sexual assault examinations and collection of evidence; **2.)** A representative of the judicial district (county) SART Protocol Committee; **3.)** Chief of Police (or designee) OR Sheriff (or designee) of the largest law enforcement agency within the judicial district of service; **4.)** Executive Director (or designee) of the local Sexual Assault Center or Rape Crisis Center providing services within the district.

Recommended signatures: District Attorney of the judicial district of service; Executive Director of the Children's Advocacy Center that provides services in the judicial district.

REQUIRED:

Authorized Signature: Physician; SANE/SAFE;
 or Forensic-Medical Provider

 Agency Name

 Printed Name of Authority

 Agency Address

 Contact Tel Number (agency) and FAX Number

 Email

Authorized Signature: Law Enforcement
Chief of Police (designee) or Sheriff (designee)

Printed Name of Authority

Agency Name

Agency Address

Contact Tel Number (agency) and FAX Number

Email

Authorized Signature: Representative of SART
Protocol Committee for judicial district of service

Printed Name of Authority

Agency Name

Agency Address

Contact Tel Number (agency) and FAX Number

Email

Authorized Signature: Executive Director
Sexual Assault Center/ Rape Crisis Center Services

Printed Name of Authority

Agency Name

Agency Address

Contact Tel Number (agency) and FAX Number

Email

RECOMMENDED:

Authorized Signature: District Attorney of
the judicial district of service

Printed Name of Authority

Agency Name

Agency Address

Contact Tel Number (agency) and FAX Number

Email

Authorized Signature: Executive Director of the
Children's Advocacy Center of the judicial district

Printed Name of Authority

Agency Name

Agency Address

Contact Tel Number (agency) and FAX Number

Email