



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