

# GNESA Basic SANE Training Program

## 2012 Sexual Assault Nurse Examiner Training Program

### Basic SANE Training

Date of Training you are registering to attend: \_\_\_\_\_

Location of Training you are registering to attend: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please Make Sure To Include The Following Enclosures With Your Registration Form:

- SIGNED APPLICATION AND COMMITMENT FORM (**SIGNED AND WITNESSED**)
- COPY OF CURRENT GEORGIA RN LICENSE POCKET CARD\* (must be a copy of your official RN license, not a copy of website verification of licensure)  
*\*must have been an RN for at least 6 months*
- CHECK DEPOSIT OF \$100.00, made payable to GNESA  
(your check will be returned to you after you complete the didactic portion of the training as scheduled)

Please make sure all documents are completed, do not leave any portions blank. Thank You!

**GNESA – SANE PROGRAM**  
**155 Westridge Parkway**  
**Suite 302**  
**McDonough, GA 30253**  
**404.815.5261 FAX 404.815.5265**

**\*GNESA RESERVES THE RIGHT TO RESCHEDULE A PROGRAM IN THE EVENT A MINIMUM NUMBER OF PARTICIPANTS HAVE NOT REGISTERED OR SUBMITTED ALL REQUIRED PAPERWORK**

**\*\*ALL REQUIRED DOCUMENTS AND DEPOSITS ARE DUE TO GNESA PRIOR TO THE BEGINNING OF THE TRAINING. DOCUMENTS WILL NOT BE ACCEPTED THE DAY OF OR AT THE TRAINING SITE.**

# Basic SANE Training Program FORM OF COMMITMENT

## 2012 GEORGIA SEXUAL ASSAULT NURSE EXAMINER TRAINING PROGRAM AGREEMENT FOR STANDARDS OF PROFESSIONAL PERFORMANCE

I, \_\_\_\_\_, acknowledge and warrant that I am a registered nurse licensed to practice in the State of Georgia. I agree to meet the Standards of Nursing Practice for a Sexual Assault Nurse Examiner as set forth by the International Association of Forensic Nurses (IAFN). 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.

I will be responsible for attending SANE training update sessions and statewide meetings; acquiring any necessary information to remain current in forensic nursing; and acquiring an understanding and working relationship with my community rape crisis center.

In addition to the above requirements, I understand that I must meet minimum observation and supervised performance requirements before I receive full SANE status. It is my full intent to practice SANE forensic nursing in the state of Georgia; to be available for the Sexual Assault Response Team (SART) that includes the medical community, sexual assault victim advocates, law enforcement, prosecution, and most importantly the victims of sexual assault; and to be available to testify in the proper court forum regarding my findings on examinations.

I agree to complete both the 40 hr. Didactic and 40 hr. Clinical portions of the training and will not receive full SANE status until both portions of the training have been completed. Additionally, I understand that if I do not complete both portions and comply with all requirements of the training, GNEA reserves the right to charge me a fee of \$500.

Further, I recognize and acknowledge that 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, unless ordered to do so by a court of competent jurisdiction.

This agreement shall in no way be construed to confer employment between the SANE and GNEA programs, nor any of the GNEA member rape crisis centers or associated programs.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PLEASE PRINT LEGIBLY

Participant Name: \_\_\_\_\_