



## Adult/Adolescent SANE Trainings

The Illinois Attorney General's Office is pleased to offer two upcoming **Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Trainings** to improve the response to sexual assault patients. This training includes a combination of pre-coursework and live training.

These trainings are for registered nurses, advanced practice providers and physicians who provide medical forensic examinations to sexual assault patients. Applicants must complete and return the below application along with their current resume. All participants are required to have an identified mentor (must be an AA SANE, SANE-A, or AA SAFE practicing in Illinois) who has received specialized training in the care of sexual assault patients. Applicants who do not currently work in a direct patient care capacity must identify a plan as to how they will complete the clinical training requirements.

The Office of the Illinois Attorney General reserves the right to select participants for the trainings based upon specific selection criteria. To maximize the number of agencies and geographical areas represented at the trainings, the Attorney General's Office may limit the number of attendees from an agency or geographical area. Written communication detailing acceptance or non-acceptance will be sent via email to all applicants. For questions about the status of an application, please contact the Conference Registration Line at 1-866-376-7215.

To apply to attend one of these free trainings, please complete this application indicating your preferred training date and return it along with your resume via email to: [sane@ilag.gov](mailto:sane@ilag.gov)

**April 16-18, 2024**

Training: 8:00 a.m. – 5:30 p.m.

Park Ridge, Illinois

Application Deadline: March 28, 2024

**May 14-16, 2024**

Training: 8:00 a.m. – 5:30 p.m.

Kankakee, Illinois

Application Deadline: April 25, 2024

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Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Professional Title \_\_\_\_\_ Employer \_\_\_\_\_

What is the highest level of education you have completed?  ADN  BSN  MSN  Other: \_\_\_\_\_

Nursing License Number: \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you previously taken the Adult/Adolescent SANE Training?  \*Yes  No

\*If yes, please explain why you would like to attend this class again and indicate if you are a current AA SANE or SANE-A: \_\_\_\_\_

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Has your professional license or hospital privileges ever been limited, suspended, revoked, denied or subjected to probationary conditions in any jurisdiction?  Yes  No

To attend this training, you must work in a direct patient care role in an Emergency Room at a Treatment Hospital or a Treatment Hospital with Approved Pediatric Transfer OR have a plan in place to complete the clinical training. As these medical forensic exams must be completed in the Emergency Room, clinical plans should include arrangements made with a Treatment Hospital's Emergency Department or SANE Coordinator to be on-call or respond to sexual assault cases so that you can complete the exams.

Do you currently work in a direct patient care role in an Emergency Room at a Treatment Hospital or Treatment Hospital with Approved Pediatric Transfer or as an On-Call SANE?  Yes  \*No

\*If no, please state how you plan to complete the clinical training requirements:

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What Treatment Hospital or Treatment Hospital with Approved Pediatric Transfer do you plan to complete your clinical training requirements at? Hospital name: \_\_\_\_\_

\*Employment or partnership with a Treatment Hospital or Treatment Hospital with Approved Pediatric Transfer is required to attend this training.

Name of Mentor (AA SANE, SANE-A, or AA SAFE practicing in Illinois) \_\_\_\_\_

Have you discussed a mentor/mentee relationship with this clinician?  Yes  No

\*A qualified mentor is required to attend this training

Can we share information about your training participation with your mentor and employer?  Yes  No

Did you attach a copy of your resume? (a resume is required for consideration)  Yes  No

### **Acknowledgements**

I acknowledge that to practice as a SANE in the State of Illinois, I must complete the 40-hour didactic training **and** clinical log **and** receive certificates of completion for both.  Yes  No

I agree to complete the pre-coursework by April 11<sup>th</sup> if applying for the Park Ridge Training in April or by May 9<sup>th</sup> if applying for the Kankakee Training in May and understand that timely completion is required to participate in the live training.  Yes  No

I have the appropriate technology to complete the pre-coursework.  Yes  No

### **Disclaimers and Signature**

*I certify that the information submitted in this application is true to the best of my knowledge and belief and is furnished in good faith. I understand that all images and photographs shared during the training are for training purposes only and may be graphic in nature. I understand and acknowledge that I am not permitted to record, photograph, take screenshots or videos, or otherwise reproduce or copy in any manner, any images or photographs used during the training, for any purpose whatsoever.*

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

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

Please call 1-866-376-7215 (voice) or email [sane@ilag.gov](mailto:sane@ilag.gov) with questions or reasonable accommodation requests. Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service.