



International Association of Forensic Nurses

&

The Forensic Nursing Certification Board

CERTIFICATION RENEWAL HANDBOOK

SEXUAL ASSAULT NURSE EXAMINER – ADULT/ADOLESCENT (SANE-A™)

SEXUAL ASSAULT NURSE EXAMINER – PEDIATRIC (SANE-P™)

2010

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Certification Renewal

Certification as a sexual assault nurse examination – adult/adolescent (SANE-A[®]) or sexual assault nurse examiner – pediatric (SANE-P[®]) is valid for a period for three (3) years. Expiration of certification for all certified individuals will be on **December 31** regardless of the month in which their initial certification was obtained. Candidates must submit the application for renewal by **September 30** of the year in which they expire. Late applications will be accepted between September 30 and **October 31** if submitted with the **late filing fee**. No applications will be accepted after October 31.

The International Association of Forensic Nurses (IAFN) will send renewal notices six (6) months before the certification expires to the last known address of each certified nurse. An email reminder will be sent following the initial renewal notice. Certified nurses are responsible for notifying the IAFN office of any changes in address, including email address (see pg. 5 for IAFN contact information). Certification renewal is the responsibility of each certified nurse. IAFN is not responsible for notices that fail to reach certified nurses.

Certification Renewal General Eligibility Requirements

The following requirements must be met by all candidates for certification renewal:

- Current SANE-A[®] or SANE-P[®] certification.
- Hold a full and unrestricted license as a registered nurse (RN) in the US and territories **OR** a first-level general nurse in the country of practice.
- Have practiced as a sexual assault nurse examiner (SANE) or provided clinical instruction for sexual assault nurse examiners (SANEs) within the past three (3) years.
- Provide validation of clinical competency.

Certification Renewal Options

Certified nurses have two (2) options for renewal:

- Obtaining the required amount of continuing education hours between the date of certification and the application deadline of September 30
- Successfully re-taking the certification examination prior to the certification expiration date of December 31.

Renewal by Examination Option

Candidates who choose to renew by re-taking the examination must take and pass the examination before the certification expires on December 31. The candidate may take the examination any time it is offered during the year in which the certification expires. Once a candidate decides to renew by re-taking the certification examination, the candidate must:

- Review the SANE Certification Examination Candidate Handbook available www.iafn.org/certification and complete the application available at following all instructions for payment and mailing of the application.
- Take and pass the examination on the scheduled date.

Renewal by Continuing Education Hours Option

After initial certification is obtained, continuing education hours may be accrued and used for certification renewal. The continuing education hours must be obtained between the date of initial certification and the date that the certification application is due (September 30).

If the continuing education option is chosen, the candidate must:

- meet the Certification Renewal General Eligibility Requirements.
- submit the Certification Renewal Application.
- submit the Validation of Clinical Competency form.
- submit the Continuing Education Log (*note: you do not need to send documentation of attendance at each activity*).
- include the correct fee(s) with the application.

All applications, associated forms and fee(s) must be postmarked by **September 30**. If a candidate files an application after September 30, the application must be postmarked by October 31 and a late fee of \$50 must be included. No applications will be accepted after October 31. It is recommended that candidates keep a copy of the completed application and associated forms.

You may also complete an application for certification renewal online at www.iafn.org/certification and then select Renewal Information from the drop down list. ***You may only use the online application if you are paying for your renewal by credit card.***

Documentation of the continuing education hours must be on the Continuing Education Log. Education attendance should be listed in chronological order starting from the date of initial certification to the present. Continuing education hours must be obtained within the three (3) year certification period. Continuing education hours received before initial certification was earned will not be accepted.

Continuing Education Renewal Requirements

Candidates who choose to renew by obtaining continuing education must complete all educational activities before submitting the renewal application which is due on September 30 (late filing – October 31 with late fee). Candidates renewing by obtaining continuing education must meet all of the following criteria:

- Complete a total of 45 hours of continuing education within the three-year certification period.
- At least 30 of the 45 continuing education hours submitted must be in Category A (see table on pg 6 for description of Categories).
- At least 6 hours of continuing education hours obtained in Category A must be from an accredited/approved nursing education provider, meaning that nursing continuing education credits have been awarded, **and** must be specific to forensic nursing.
- All continuing education events submitted must be related to the appropriate test content outline (e.g. SANE-A[®] Test Content Outline for SANE-A[®] renewal and SANE-P[®] Test Content Outline for SANE-P[®] renewal). IAFN is not able to provide approval of courses prior to attendance. **NOTE:** *The Test Content Outline can be found in the SANE Examination Candidate Handbook available at www.iafn.org/certification*
- Complete and submit the Continuing Education Log contained in the renewal application. **NOTE:** *You do not need to submit documentation from each course attended unless you are audited.*

Audit Processes

A certain percentage of certification renewal applications will be audited to ensure that all renewal requirements are met. If your application is selected for audit, you will be notified and asked to submit documentation of all activities on your Continuing Education Log in both Category A and Category B. You be asked to submit:

- A copy of your RN or general nursing license.
- For listed Category A activities: documentation of attendance at each CE activity listed. The documentation provided must contain the participant's name, date of attendance, program title, course location, program

sponsor, number of continuing education hours and/or CEUs received and the accredited CE provider or provider number if applicable.

- For listed Category B activities, please submit copies of the following for each activity:
 1. Academic course – the transcript or grade report
 2. Authorship or co-authorship of a book – the book’s Title Page and the Table of Contents.
 3. Authorship of a book chapter – copy of the book’s Title Page and Table of Contents listing the author’s name.
 4. Published journal article – Table of Contents containing the title of the article and the author’s name.
 5. Poster presentation – Meeting brochure/syllabus containing the title of the poster presentation and the author’s name.
 6. Preceptorship hours – a log with the date, time, name of the person supervised and a brief description of each activity supervised.

Certification Renewal Fees

By examination: please see the SANE Examination Candidate Handbook (www.iafn.org/certification)

By continuing education:	IAFN member	Non-member
	\$225	\$350
Late filing fee (September 30 – October 31)	\$50	\$50

Policy on Denial, Suspension or Revocation of Certification

Certification renewal will be denied or certification revoked if any of the following occur:

- Falsification of the certification renewal application.
- Falsification of any material or information requested by IAFN.
- Failure to meet established continuing education requirements (for those renewing by continuing education).
- Failure to pass the certification examination (for those renewing by examination).
- Any restrictions on the general or registered nursing license such as revocation, suspension, probation or other sanctions by nursing authority.
- Misrepresentation of SANE-A® or SANE-P® certification status.
- Cheating on the certification examination.
- Failure to submit the renewal application by the stated deadlines.

Certification renewal will be based solely on the submitted materials. If certification renewal is denied, the candidate may submit an appeal to the Forensic Nursing Certification Board (FNCB). The appeal must be submitted within one month of denial to the FNCB c/o IAFN at the address below.

Contact Information

IAFN
1517 Ritchie Hwy
Suite 208
Arnold, MD 21012
Phone: 410-626-7805 Fax: 410-626-7804

Certification Renewal Continuing Education Categories and Requirements

<p>Category A A <i>minimum</i> of 30 hours of continuing education are required in this category.</p>	<p>Continuing Education Hours</p> <ul style="list-style-type: none"> ▪ Continuing education hours must be specific to the test content outline (e.g. for SANE-A renewals - content must be specific to the SANE-A test content outline; for SANE-P renewals - content must be specific to the SANE-P test content outline). ▪ Category A includes workshops, conferences, conventions, seminars and independent study activities. Candidates may also attend basic educational courses in topics such as general forensics, SANE-A, SANE-P, death investigation, etc. NOTE: Because these courses are considered basic preparation, the candidate may only use 50% of the continuing education hours received for certification renewal. ▪ At least 6 hours must be from an accredited/approved nursing continuing education provider and be specific to forensic nursing
<p>Category B No more than 15 hours of activities in this category may be used for certification renewal.</p>	<p>Academic Credit Courses Courses that address the broad area of health care and nursing-related and are offered by an accredited educational institution. The course must be applicable to forensic nursing practice. A grade of 'C' or better must be obtained for certification renewal.</p> <ul style="list-style-type: none"> ▪ one academic semester hour = 15 continuing education hours ▪ one academic quarter hour = 12.5 continuing education hours <p>Professional Publications Publication of content relevant to forensic nursing. The content must be published in a recognized professional journal or newsletter or by a recognized publishing house. The format may be an article, book, book chapter or research paper.</p> <ul style="list-style-type: none"> ▪ authorship or co-authorship of a book = 15 continuing education hours ▪ authorship or co-authorship of a book chapter, article or research paper = 5 continuing education hours <p>Forensic Nursing Presentations Presentation of forensic nursing programs to professionals and/or community education programs.</p> <ul style="list-style-type: none"> ▪ each presentation may be used only once during a renewal period and must be a minimum of 60 minutes in length. ▪ each 60 minutes of presentation time = 3 continuing education hours. <p>A poster presentation may be used for certification renewal. Each poster presentation may be used only during the renewal period. Poster presentations are given credit as follows:</p> <ul style="list-style-type: none"> ▪ poster development = one continuing education hour ▪ poster presentation = two (2) continuing education hours <p>Forensic Nursing Preceptorship Participation as a preceptor for sexual assault nurse examiners. This is typically a one-on-one relationship with specific mutually determined goals. The total hours can be accumulated through multiple preceptorships. Credit is given as follows:</p> <ul style="list-style-type: none"> ▪ 45 hours as a preceptor = 5 continuing education hours

**SEXUAL ASSAULT NURSE EXAMINER
CERTIFICATION RENEWAL APPLICATION**

Please type or print legibly

1. Please select the certification renewal for which you are applying:

SANE-A _____

SANE-P _____

2. Name:

Last: _____ Maiden: _____ First: _____ MI: _____

3. Please indicate how you want your name to appear on your certificate:

4. Home address:

Street: _____

City: _____ State/Province/County: _____ Postal code: _____

5. Phone (area code) number:

Home: _____ Work: _____ Cell: _____

6. Email address: _____

7. Nursing license:

State/Province/County: _____ Number: _____ Expiration date: _____

9. Are you currently certified in any other specialty?

Yes _____ No _____

If yes, please specify which specialty: _____

10. Date of initial SANE certification: _____

11. Present employment (*please do not send resumes*):

From (month/year):

Employer name and address:

Position title:

Supervisor name:

Hours worked per week:

12. Have you been practicing as a SANE within the past three (3) years?

Yes _____ No _____

13. Certification renewal fees

Renewal by contact hours:

_____ \$225 IAFN member _____ IAFN member number

_____ \$350 Non member

_____ \$50 late filing fee (please include if filing between September 30 and October 31)

_____ \$115 membership fee (renewal or new member)

Payment method (*please make checks or money orders payable to 'IAFN' in US funds*):

_____ Check _____ Master Card _____ Visa _____ American Express _____ Discover

Credit card number:

Expiration date:

Credit card security (CVV) code:

Name on card:

Email address of cardholder: _____

Billing address:

Street: _____

City: _____ State/Province/County: _____ Postal code: _____

**Returned check fee: \$20. Any candidate whose personal check is returned for insufficient funds is required to pay this fee. Remittance of fees thereafter must be by money order or certified check.*

Statement of Understanding

I hereby attest that I have read and understand the Forensic Nursing Certification Board's policy on denial, suspension or revocation of certification and that its terms shall be binding on all applicants for certification renewal and all certified SANE-A[®] and SANE-P[®] nurses for the duration of their certification. I hereby apply for certification renewal offered by the Forensic Nursing Certification Board. I understand that certification renewal depends on successful completion of the specified requirements. I further understand that the information accrued in the certification renewal process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Forensic Nursing Certification Board reserves the right to verify any and all information on this application.

Legal signature

Date

**VALIDATION OF CLINICAL COMPETENCY
SEXUAL ASSAULT NURSE EXAMINER**

_____ is applying for certification renewal as a Sexual Assault Nurse Examiner. As part of the application process, the candidate must provide validation of clinical competence as outlined in the most recently published edition of the International Association of Forensic Nurses' Sexual Assault Nurse Examiner Education Guidelines.

This form must be completed by a clinical authority (nursing supervisor, nursing colleague or physician) that is familiar with the candidate's ability or competence as a SANE through one of the following options:

- A. Clinical Practice:** For the nurse who is presently practicing as a SANE, the form can be reviewed and signed by a nurse or physician who, through direct observation or peer/case review, is familiar with the candidate's clinical practice.
- B. Clinical Education Practice:** For the nurse educator who provides clinical SANE education, a clinical authority who is familiar with the candidate's clinical education practice can sign this form.
- C. Peer Review:** For the nurse who is in a practice area where there is not a nurse or physician who can speak to their clinical competence, the candidate may have another SANE certified nurse review a minimum of three medical records from patient seen by the candidate and have the form completed using a formal peer review process.

Once completed, the validating clinical authority should sign and return this form to the candidate. This validation form should be submitted, with all other required application materials, to the IAFN home office by the candidate.

_____ has, within the past three (3) years, demonstrated competence in the performance of sexual assault medical/forensic examinations and the related clinical skills.

Date of competency evaluation (month/year): _____

Practice setting:

Location/address: _____

City: _____ State/Province/County: _____ Postal code: _____

Signature: _____ Print name: _____

Title: _____

Phone number: _____

Email address: _____

**CATEGORY A CONTINUING EDUCATION HOURS
VERIFICATION LOG**

Please type clearly. Fill in all information requested. Photocopy this form if additional space is needed. List programs in chronological order from date of certification to the present. **NOTE:** Send verification of attendance *only if requested*.

Name: _____

Program Title	Date of Program	Program Sponsor	Accredited Provider or Provider Number	Location	Type of CE CNE: continuing nursing education CME: continuing medical education	Number of Continuing Education Hours	Audit use only
Subtotal this page							

**CATEGORY B CONTINUING EDUCATION HOURS
VERIFICATION LOG**

Please type clearly. Fill in all information requested. Photocopy this form if additional space is needed. List programs in chronological order from date of certification to the present. **NOTE:** Send verification of attendance *only if requested*.

Name: _____

Program Title	Date of Program	Program Sponsor	Location	Type of CE AQH = academic quarter hour ASH = academic semester hour A or CO = author or co-author S = Speaker P = poster PC = preceptor	Number of Continuing Education Hours	Audit use only
Subtotal this page						

