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The Forensic Nursing Certification Board

SEXUAL ASSAULT NURSE EXAMINER

EXAMINATION
CANDIDATE HANDBOOK

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

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

2010

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Introduction

Congratulations on your decision to earn the SANE-A[®] or SANE-P[®] credential! The SANE credentials signify a commitment to professional specialty forensic nursing practice and to lifelong learning. This handbook contains:

- Eligibility criteria for the examinations.
- A content outline for each examination.
- Guidelines for applying for each examination.
- What to expect when you go to the test center.
- What to expect after the test.

About Certification

Certification as a Sexual Assault Nurse Examiner – Adult/Adolescent (SANE-A[®]) or Sexual Assault Nurse Examiner – Pediatric (SANE-P[®]) demonstrates to colleagues, clients, employers and the public at large that certified individuals have the knowledge and expertise required of sexual assault nurse examiner specialty practice. Those who earn the SANE credential have met the highest standards of forensic nursing practice for sexual assault nurse examiners and have obtained objective validation of their expertise through certification.

About the Forensic Nursing Certification Board (FNCB)

The Forensic Nursing Certification Board (FNCB) was founded by the International Association of Forensic Nurses (IAFN) as a functionally autonomous component of the IAFN. While IAFN encompasses a wide and diverse body of knowledge in forensic nursing, practice as a sexual assault nurse examiner represents a mastery of a distinct and specialized body of knowledge within forensic nursing practice. The development of a certification examination is a way to recognize those who have attained and utilize that specialized knowledge.

The FNCB is composed of eleven board members who are experienced forensic and sexual assault nurse examiners. FNCB members are selected to represent the diverse demographic characteristics, roles and settings in which sexual assault nurse examiners practice. They also represent diverse geographic areas within the United States (US) and internationally.

The FNCB works with a contracted testing company, Castle Worldwide, Inc., to develop and administer the certification examinations. Castle staff members have extensive experience in the development and administration of professional certification examinations.

Applying for the Examination

Eligibility Criteria

All candidates must meet the following criteria to be eligible to take the SANE-A[®] or SANE-P[®] examination:

- Hold and active, unrestricted license as a registered nurse (RN) in the United States (US)

OR

- Hold a license as a first-level general nurse in the country/jurisdiction of practice.

NOTE: Candidates who do not have a US RN license must have completed a post-secondary nursing education program that includes classroom instruction and clinical practice in medical, surgical, obstetric, pediatric, and psychiatric nursing. These candidates may be asked to provide a transcript from their nursing education program to determine eligibility.

Candidates for the **SANE-A** examination must meet the following additional criteria:

- Have practiced nursing for a minimum of two (2) years as an RN or first-level general nurse in the country of licensure.
- Have successfully completed a sexual assault nursing education program that includes a minimum of 40 hours of course work that provides 40 nursing continuing education contact hours or academic credit from an accredited educational institution. All educational programs must meet the classroom and clinical criteria outlined in IAFN's *Sexual Assault Nurse Examiner Education Guidelines*.
- Have had supervised practice as a sexual assault nurse examiner within the past three (3) years, until competency has been validated (see Clinical Competency Guidelines and Validation of Clinical Competency form in this handbook).

Candidates for the **SANE-P** examination must meet the following additional criteria:

- Have practiced nursing for a minimum of three (3) years as an RN or first-level general nurse in the country of licensure.
- Have successfully completed a pediatric sexual assault nursing education program that includes a minimum of 40 hours of course work that provides 40 nursing continuing education contact hours or academic credit from an accredited educational institution. All educational programs must meet the classroom and clinical criteria outlined in IAFN's *Sexual Assault Nurse Examiner Education Guidelines*.
- Have had supervised practice as a sexual assault nurse examiner within the past three (3) years, until competency has been validated (see Pediatric Clinical Competency Objectives and Validation of Clinical Competency form in this handbook). *NOTE:* Candidates who hold the SANE-A credential may provide proof of current SANE-A certification rather than validation of clinical competence in adolescent practice.

Non-Discrimination Policy

IAFN, the FNCB and Castle do not discriminate against any candidate for certification on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status or source of income. All candidates for certification will be judged solely on the criteria determined by the FNCB.

Submitting an Application

Before submitting an application, please read all the information contained in this handbook. It is the candidate's responsibility to ensure that s/he is eligible before submitting an application. All application fees include a non-refundable processing fee of \$50. Any candidate whose personal check is returned for insufficient funds will be required to pay a \$20 returned check fee. Remittance of fees following a returned check must be made by money order or certified check.

When completing your application:

- You must apply for the examination using the name on the government-issued identification that you will use to be admitted to the test center.
If the name on your application does not match the name on your government-issued identification, you will not be allowed to test.
- Complete all sections of the application. Please type or print legibly all sections of the application except signatures.

- **Please include a valid email address - examination scheduling information will be sent via email.** In order to receive important electronic correspondence regarding your test scheduling, please ensure that your email program will accept emails from ibt@castleworldwide.com
- Attach the completed **Validation of Clinical Competency** form. This form must be completed by physician or nurse who is familiar with the candidate's clinical practice either through direct observation, supervision or peer review
- Attach confirmation of RN or general nursing licensure – this may be a copy of your license or a printout from a licensure verification website.
- Include the appropriate Examination Fee. Make all checks payable to IAFN.
 \$275 for IAFN members
 \$400 for non-members
 \$500 for international sites (outside the US and Canada)
 \$50 late fee
 \$115 IAFN member dues (if you would like to join IAFN at the same time you apply for the examination, you may include the member dues with your application fee).
- Application deadlines are:
August 15, 2010 for October 1–31, 2010 testing window
August 15-27, 2010 – late deadline for October 2010 testing window – please include late fee with application.
- Mail the application with fee and required attachments to:
 FNCB c/o IAFN
 1517 Ritchie Hwy, Ste. 208
 Arnold, MD 21012
- You may also complete the examination application online at www.iafn.org/certification and then select Certification Applications from the drop down. ***You may only use the online application if you are paying for your examination by credit card.***
- A candidate who does not pass the examination may re-take the examination within one (1) year for a reduced fee of \$200 for IAFN members and \$325 for non-members. If the candidate does not pass the second time, the candidate must re-apply and pay the full examination fee.
- If, upon review of your application, it is determined that you are not eligible to take the examination, your application fee will be refunded, minus the \$50 processing fee.

Name and Address Change

It is your responsibility to notify IAFN with any name or address changes, including any change in email address. For any changes in name, address or email address, please notify:

IAFN

1517 Ritchie Hwy, Ste 208

Arnold, MD 21012

Phone: 1-410-626-7805

Fax: 1-410-626-7804

Email: info@iafn.org

Incomplete Applications

An application will be considered incomplete if any of the requested information is missing or the appropriate fee is not included. Candidates will be notified that the application is incomplete and what must be done to complete the application. You will only receive examination scheduling information after your completed application is processed and approved.

Cancellations

Cancellations will be accepted until two weeks before the application deadline. Refunds will be made minus a \$50 processing fee. Cancellations after that time will not be refunded but the application and fee may be applied to a certification exam scheduled within the next one (1) year.

Reasonable Accommodations

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided upon based on the individual's specific request, disability, documentation submitted and the appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g. walking, talking, hearing, performing manual tasks); have a record of such physical or mental impairment; or are regarded as having a physical or mental impairment.

To apply for reasonable accommodations, the candidate must submit documentation provided by an appropriate licensed professional on the professional's letterhead to the FNCB at 1517 Ritchie Hwy, Suite 208, Arnold, MD 21012. The documentation must include a diagnosis of the disability and specific recommendations for accommodations. This documentation must be submitted at least 45 days prior to the testing date.

Eligibility Appeal Procedure

A candidate whose eligibility has been denied may appeal the decision. The appeal must be submitted in writing to the Chair of the FNCB within three (3) months of notification. The appeal should state the reasons the candidate feels s/he is eligible to take the examination. The FNCB will appoint an Appeals Committee (at the candidate's request and expense) to review the appeal. The recommendations of the Appeals Committee will be presented to the FNCB and a final decision will be made. The candidate will be notified of the decision within one (1) month of the FNCB meeting. The decision of the FNCB is final.

Examination Scheduling

Approximately 30 days prior to the start of the testing window (May 1-31, 2010), you will receive a notice to schedule your examination via e-mail from Castle Worldwide. This notice will provide you with a URL address and a username/password to access Castle's online scheduling system. Once logged on, you will be asked to submit a preferred testing date and location from the list of available dates and sites. **You must log on and submit your scheduling request at least seven (7) days prior to your preferred testing date and you will be permitted to schedule a testing session only during the designated 30-day testing window.**

Upon approval of your preferred test date and location, you will receive a confirmation notice via e-mail which provides the exact test date, time and location. You must print this confirmation notice and bring it to the test center with you. On the day of testing, you will be permitted four (4) hours to complete the examination.

Rescheduling an Examination

You may reschedule a testing session up to five (5) business days before your testing appointment through the online scheduling system. You may reschedule your testing appointment for either later in the testing window (time/availability permitting) or the next available testing window if you are still eligible (i.e. within the one-year period of application eligibility). A \$50 non-refundable fee will apply.

If you do not appear for your testing appointment or you do not reschedule your examination at least five (5) business days before your testing appointment, then your testing fees will be forfeited.

Preparing for the Examination

Preparing for Computer-based Testing

Castle offers a free online tutorial and demo test to familiarize candidates with the computer-based testing environment. The online demonstration and tutorial are accessible at any time, anywhere through any computer with Internet access. Candidates may access the tutorial and demo on Castle's Web site, www.castleworldwide.com/tds_v5/asp/home.asp. The demo is not intended to be a review of the SANE-A[®] or SANE-P[®] examination content.

Preparing for the SANE-A and/or SANE-P Examinations

A certification examination is based on an explicit set of competency statements. These competency statements have been determined through a job analysis study conducted with current practitioners. The competencies are divided into different content areas and each content area is given a percentage weight which determines how much of each content area will be on every examination. Each test item is also coded according to patient subgroup (i.e. age) and these subgroups are weighted to ensure thorough coverage of all appropriate patient categories.

The SANE-A[®] examination contains 175 questions and the SANE-P[®] examination contains 146 questions written within the framework of the nursing process. You will be permitted four (4) hours to complete either the SANE-A or SANE-P examination.

This section contains the content outline with weightings for the SANE-A and SANE-P examinations, the patient subgroup weightings, the clinical competency objectives for each examination and a reference list for each examination. The reference list provides recommended texts that may assist with preparing for the examination. It is not meant to be all-inclusive list of forensic references.

SANE-A® CONTENT OUTLINE

- 1. Identify the Dynamics of Sexual Assault** **8 – 10%**
 - a. Describe the immediate psychological response to sexual assault.
 - b. Describe risk factors and symptoms of post-traumatic stress disorder (PTSD).
 - c. Recognize the social ramifications (both perceived and real) of patients reporting the sexual assault.
 - d. Identify the dynamics of drug-facilitated sexual assault.
 - e. Recognize offender issues, dynamics, and characteristics.
 - f. Differentiate myths and realities related to sexual assault.

- 2. Evaluate the Sexual Assault Patient** **28-32%**
 - a. Recognize urgent/emergent problems that require medical treatment prior to the SANE examination.
 - b. Obtain a pertinent health history.
 - c. Obtain history of the reported criminal attack.
 - d. Separate medical and forensic data.
 - e. Use a systematic method of evidence collection that protects the integrity of the evidence.
 - f. Assess the patient for general physical trauma.
 - g. Take measures to maintain/protect the integrity of evidence and the chain of custody.
 - h. Recognize issues related to variations in examination technique (e.g. age, discomfort/pain, developmental level, disease state, sexual orientation, cultural difference).
 - i. Consider issues of timing in collection of evidence/specimens.
 - j. Assess involved orifices for trauma. Include all orifices for special populations who cannot describe the history of the event.
 - k. Collect and record biological specimens from involved orifices and other body areas of contact.
 - l. Collect pubic hair combings for foreign hairs and other materials (trace evidence).
 - m. Collect standard samples for DNA.
 - n. Assess patient for indicators of drug-facilitated sexual assault.
 - o. Collect and record collection of clothing and its condition.
 - p. Distinguish trauma from disease process and/or normal variations in psychology throughout the life cycle.
 - q. Describe reasons for application of specific examination techniques (e. g. alternate light sources, use of toluidine dye, Foley catheter, colposcope).
 - r. Throughout the examination, provide explanations, elicit feedback from patient, and provide feedback to patient regarding findings.
 - s. permit patient to control/consent to all or part(s) of the examination.
 - t. Identify exceptions to usual examination procedure and document reasons for exceptions.
 - u. Document patient's injuries by photography (or videotape), by written description in simple understandable terms, and by body diagrams.
 - v. Interpret injury presentation (e. g. patterned injury, pattern of injury, genital injury).

- 3. Clinically Manage the Sexual Assault Patient** **28-32%**
 - a. Assess patient's level of development – physical, psychological, cognitive.
 - b. Provide crisis intervention.

- c. Take measures to facilitate communication when patient does not understand or speak the language of the response team members.
- d. Ensure safety of patient and SANE during and after the evaluation.
- e. Offer/provide prophylactic medication to prevent sexually transmitted diseases and recommend follow-up evaluation.
- f. Explain safe sex practices to avoid spread of sexually transmitted diseases.
- g. Assess patient's hepatitis B immunization status and offer immunization, if appropriate.
- h. Assess risk of human immunodeficiency virus (HIV) infection.
- i. Inform patient of risk of HIV infection and provide information regarding prophylaxis.
- j. Assess risk for pregnancy and counsel patient about emergency contraception.
- k. Offer (or refer for) tetanus immunization, if indicated.
- l. Describe medication interactions of various prophylactic drugs.
- m. Consult with physician(s) regarding medical problems discovered.
- n. Refer patient for follow-up counseling, support, and advocacy services.
- o. Provide follow-up for patient regarding medication side effects, result of testing, wound care, etc.
- p. Follow up with patient for program evaluation and/or research

4. Interact Throughout the Judicial Process

18-22%

- a. Distinguish between criminal and civil litigation in terms of burden of proof and remedies.
- b. Identify elements of the criminal justice process.
- c. Distinguish between fact witness and expert witness testimony.
- d. Testify as a fact witness or expert witness for plaintiff or defense.
- e. Testify regarding integrity of chain of custody of evidence.
- f. Respond effectively to aggressive/condescending questions.
- g. Identify qualifications/characteristics of expert witnesses
- h. Recognize implications of laws related to sexual assault.
- i. Recognize implications of discovery process in terms of evidence collected and records kept.
- j. Respond appropriately to subpoenas.
- k. Identify implication of hearsay evidence exceptions (e.g. excited utterance, outcry, past recollection recorded, medical exception, learned treatise).
- l. Recognize importance of testifying to medical/forensic examination in order for testimony to be admitted regarding status of patient.
- m. Recognize purpose of rape shield laws.
- n. Define concepts of age of consent and capacity to consent.
- o. Identify type(s) of evidence useful in relation to legal strategy or type of case.

5. Recognize Roles/Responsibilities of Sexual Assault Response Team (SART), Professional Practice Trends and Issues

8-12%

- a. Identify core SART members – medical (SANE), advocacy, law enforcement, prosecutor.
- b. Recognize appropriate roles and boundaries of SART members.
- c. Identify other resource personnel as potential SART members – child/adult protective services, domestic violence agency/advocacy programs, crime lab personnel, social services, clergy, counselors, judges.
- d. Identify emerging changes in evidence collection in sexual assault cases.
- e. Explain the implications and the need for research-based (evidence-based) SANE practice.
- f. Demonstrate the ability to interpret and implement standards of practice (ANA and IAFN's *Forensic nursing: scope and standards of practice*).

- g. Implement principles of confidentiality, informed consent and informed refusal.
- h. Identify appropriate responses to ethical issues in SANE practice.
- i. Recognize implications of SANE practice as it affects the nurse (e.g. safety/health risks, vicarious traumatization).

Patient Subgroups

Adolescents (12-17 years)	28-32%
Adults (18-64 years)	38-42%
Elderly (65+ years)	8-12%
Special populations*	18-22%

**Special populations include developmentally disabled, other disabled, gay/lesbian issues and cultural issues.*

SANE-A[®] CLINICAL COMPETENCY OBJECTIVES

The following clinical competency objectives should be used to direct the clinical evaluation of the SANE-A candidate. This list is not inclusive but includes the minimum criteria necessary to practice as a competent SANE. The preceptor should evaluate the SANE candidate in all of the following areas until competency is demonstrated by the SANE candidate. The preceptor/evaluator will use his/her own clinical judgment and expertise to determine when each individual SANE candidate is competent.

- I. Explains/provides to the patient
 - A. General consent.
 - B. Procedures and equipment.
 - C. Rights to privacy and confidentiality.
 - D. Purpose of multidisciplinary team members.

- II. Obtains health and forensic history and documents thoroughly according to agency standards.

- III. Performs thorough patient-centered assessment, using appropriate equipment and techniques, and triages and refers when appropriate.

- IV. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody evidence accurately, including
 - A. Skin surface specimens.
 - B. Oral and ano-genital specimens.
 - C. Blood and urine specimens.

- V. Using proper techniques performs forensic photography accurately.

- VI. Follows assessment guidelines and standardized procedures for age-specific and special populations
 - A. Adolescent patient
 - B. Adult patient
 - C. Elderly patient
 - D. Pregnant patient
 - E. Vulnerable and special needs patient

- VII. Provides appropriate medication administration, discharge instructions and health care referrals.

- VIII. Performs psychosocial assessment, including
 - A. Crisis intervention
 - B. Safety assessment and planning
 - C. Referrals
 - D. Culturally competent approach

- IX. Participate in professional activities to continually improve practice, including but not limited to chart review, peer review, on-going education, supervision, and mentoring to prepare the nurse for the SANE role.

SANE-A[®] REFERENCE LIST

This reference list has been compiled to provide suggested reference to assist with studying for the examination. This list is not all inclusive and other references may be used to help you meet the competencies.

- American College of Emergency Physicians (1999). *Evaluation and management of the sexually assaulted or sexually abused patient*. Dallas: Author. (available online at no cost at www.acep.org).
- American Nurses Association and International Association of Forensic Nurses (2009). *Forensic nursing: scope and standards of practice*. Silver Springs: Nursebooks.org.
- Crowley, S. R. (1999). *Sexual assault: the medical-legal examination*. Stamford; Appleton & Lange.
- Center for Disease Control (CDC) (2006). *Sexually transmitted diseases treatment guidelines*. (available online at www.cdc.gov)
- Center for Disease Control (CDC) (2005). *Antiretroviral post-exposure prophylaxis after sexual, injection-drug use or other nonoccupational exposure to HIV in the US*. MMWR 549RR02), p. 1-20. (available online at www.cdc.gov).
- Girardino, A. P., Dantner, E. M., Asher, J. B., Girardin, B. W., Faugno, D. J. & Spencer, M. J. (2003). *Sexual assault; victimization across the lifespan*. St. Louis: GW Medical Publishing.
- Hammer, R., Moynihan, B. & Pagliaro, E. M. (2005). *Forensic nursing: a handbook for practice*. Sudbury: Jones & Bartlett.
- International Association of Forensic Nurses. (2008). *Sexual assault nurse examiner education guidelines*. (available online at www.iafn.org/store).
- Ledray, L. E. (1999). *Sexual assault nurse examiner: development and operation guide*. US Department of Justice: Office for Victims of Crime. (available online at www.ojp.usdoj.gov/ovc).
- Lynch, V. (2005). *Forensic nursing*. St. Louis: Elsevier: Mosby.
- Mezey, G. & King, M. (2000). *Male victims of sexual assault*. 2nd ed. Oxford, England: Oxford University Press.
- US Department of Justice, Office on Violence against Women. (2004). *A national protocol for sexual assault medical forensic examinations: adults/adolescents*. (available online at www.ncjrs.org/pdffiles/ovw/206554.pdf).
- World Health Organization (WHO) (2003). *Guidelines for the treatment of sexually transmitted infections*. Geneva: WHO (available online at <http://www.who.int/reproductive-health/publications>).
- World Health Organization (WHO) (2007). *Post exposure prophylaxis to prevent HIV infection*. Geneva: WHO Press. (available online at <http://www.who.int/hiv/pub/prophylaxis/guidelines/en/>).

SANE-P® CONTENT OUTLINE

- 1. Identify Dynamics of Child Sexual Assault (CSA) 18-22%**
 - a. Describe the psychological response to CSA [e.g. depression, post-traumatic stress disorder (PTSD)].
 - b. Recognize the social ramifications of disclosure.
 - c. Identify the dynamics of drug-facilitated CSA.
 - d. Recognize the multifactorial dynamics, risk factors, and characteristics of victims for CSA (e.g. non-supportive parents/caregivers, siblings, prior abuses).
 - e. Recognize multifactorial dynamics, risk factors and characteristics of offenders/perpetrators.
 - f. Identify the dynamics of intimate partner violence.
 - g. Differentiate myths and realities related to CSA.

- 2. Evaluate the Sexual Assault Patient 28-32%**
 - a. Recognize and respond to problems that require urgent/emergent treatment during the initial evaluation.
 - b. Obtain and document a pertinent health history (e.g. chief complaint, history of present condition, review of systems, health history, surgical history, history of trauma, immunizations).
 - c. Perform a head-to-toe physical assessment.
 - d. Use a systematic method to manage and protect the integrity of evidence including collection, documentation, and preservation.
 - (1) consider issues of timing
 - (2) collect and record biological samples and trace evidence.
 - (3) collect standard samples (e.g. blood, hair, buccal cells).
 - e. Perform a bio-psycho-social spiritual assessment.
 - f. Assess for indicators of drug-facilitated assault.
 - g. Distinguish trauma from disease process and/or normal variations throughout childhood.
 - h. Recognize issues related to variations in examination environment (e.g. age, discomfort/pain, developmental level, disease state, sexual orientation, cultural differences, support system).
 - i. Adapt examination techniques based on patient's specific need.
 - j. Describe the application and rationale of specific examination techniques (e.g. alternate light sources, use of toluidine dye, Foley catheter, and binocular magnification).
 - k. Throughout the examination, provide information, education, and support while soliciting feedback from the patient.
 - l. Provide the patient the opportunity for developmentally appropriate control/consent.
 - m. Identify, implement and document deviations to usual examination procedure.
 - n. Use photodocumentation when appropriate.
 - o. Use written descriptions and body diagrams to document findings.
 - p. Provide diagnoses based on assessment findings.

- 3. Clinically Manage the Sexual Assault Patient 28-32%**
 - a. Provide crisis intervention and anticipatory guidance to patient and family/caregivers.
 - b. Throughout the process, provide information, education, and support to the family/caregivers and solicit feedback.
 - c. Take measures to facilitate communication when there is a language or other communication barrier.
 - d. Assess and promote safety of patient during and after the evaluation (e. g. presence of law enforcement and/or referral to child protective services).

- e. Provide for testing, prophylaxis, and treatment of sexually transmitted diseases.
- f. provide for appropriate follow-up treatment (photodocumentation), counseling, support and advocacy services.
- g. Provide appropriate counseling regarding consistent use of safer sex precautions.
- h. Assess patient's immunization status and provide for immunization.
- i. Assess and provide information regarding risk of sexually transmitted infections.
- j. Assess risk for and/or test for pregnancy and counsel patient about emergency contraception medication.
- k. Educate public about prevention of child abuse/assault.

4. Interact Throughout the Judicial Process 13-17%

- a. Distinguish between criminal and civil litigation in terms of burden of proof and remedies.
- b. Report child maltreatment to child protective services and/or law enforcement.
- c. identify elements of the judicial process.
- d. Distinguish between fact witness and expert testimony.
- e. Testify as a fact witness or expert witness.
- f. Identify the characteristics of a credible expert witness.
- g. Recognize the implications of laws related to CSA including reporting mandates.
- h. Recognize implications of discovery process in terms of evidence collection and record keeping.
- i. Respond appropriately to subpoenas.
- j. Identify implications of hearsay exceptions (e.g. excited utterance, outcry, past recollection recorded, medical exception, learned treatise).
- k. Recognize use of rape shield laws.
- l. Identify concepts of age of consent and capacity to consent.
- m. Educate members of the judicial system (e.g. attorneys, advocates, law enforcement, judges, juries, etc.).

5. Recognize Roles and Responsibilities of Multidisciplinary Team, Professional Practice Trends and Issues. 8-12%

- a. Follow-up with patient for program evaluation, research and continuous quality improvement process.
- b. Provide for peer and case review.
- c. Ensure systems are in place to provide for safety of the SANE during and after the evaluation.
- d. Identify multidisciplinary team members.
- e. Recognize appropriate roles and boundaries of multidisciplinary team members.
- f. Evaluate and utilize current evidence base for practice (e.g. research, quality improvement study).
- g. Demonstrate the ability to interpret and implement standards of practice (ANA and IAFN's *Forensic nursing: scope and standards of practice*).
- h. Implement principles of confidentiality, informed consent, and informed refusal.
- i. Identify appropriate responses to ethical issues in SANE practice.
- j. Recognize implications of SANE practice as it affects the nurse (e.g. safety/health risks, vicarious trauma, and compassion fatigue).

Patient Subgroups

Infant, toddler, preschool (0-4 years)	18-22%
School age (5-11 years)	38-42%
Adolescent (12-17 years)	18-22%

Special populations*

18-22%

**Special populations include those with sensory deficits, gender identity issues, developmental delays, other disabilities and cultural considerations.*

SANE-P® CLINICAL COMPETENCY OBJECTIVES

The following clinical competency objectives should be used to direct the clinical evaluation of the SANE-P candidate. This list is not inclusive but includes the minimum criteria necessary to practice as a competent SANE. The preceptor should evaluate the SANE candidate in all of the following areas until competency is demonstrated by the SANE candidate. The preceptor/evaluator will use his/her own clinical judgment and expertise to determine when each individual SANE candidate is competent.

- I. Recognize and explain human growth and development in the nursing, medical and forensic management of sexual abuse/assault in the pediatric and adolescent patient populations.
 - A. Demonstrate developmentally appropriate communication skills and techniques with children, adolescents and adults.
 - B. Demonstrate developmentally appropriate physical examination skills in the pediatric and adolescent patient population.
- II. Perform skilled physical assessment on pediatric and adolescent patients.
 - A. Demonstrate appropriate head-to-toe physical examination skills (e.g. positions, examination aids, use of speculum when appropriate, etc.)
 - B. Demonstrate ability to identify stages of female and male human sexual maturation.
 - C. Demonstrate ability to identify and describe physical trauma.
- III. Demonstrate knowledge of normal anogenital anatomy and physiology in the pediatric and adolescent patient populations.
- IV. Illustrate skilled evidence management with pediatric and adolescent patients.
 - A. Demonstrate proper identification, collection, and preservation of evidence given the variety of presentation in the pediatric and adolescent patient populations.
 - B. Employ specific evidence collection techniques in prepubescent and adolescent patients.
- V. Demonstrate an ability to adequately interpret findings from evaluation of pediatric and adolescent patients.
 - A. Recognize normal anogenital physical examination findings in prepubescent and adolescent males and females.
 - B. Recognize conditions commonly mistaken for sexual abuse.
 - C. Recognize findings often associated with accidental mechanisms.
 - D. Recognize findings often associated with non-accidental mechanisms.
- VI. Demonstrate an ability to completely document the nursing, medical, and forensic management of sexual abuse/assault in the pediatric and adolescent patient population.
 - A. Accurately document historical information from all sources utilized in the nursing, medical, and forensic management of sexual abuse/assault in the pediatric and adolescent patient populations.
 - B. Accurately document physical examination findings.

C. Accurately manage and document identification, collection, storage, and maintenance of chain-of-custody of evidence.

VII. Illustrate an ability to manage the nursing care of sexual abuse/assault in the pediatric and adolescent patient populations.

A. Demonstrate an ability to address emotional and psychological trauma in pediatric and adolescent patients and the families in which they reside.

B. Provide crisis intervention and/or safety planning when indicated.

B. Demonstrate an ability to address the needs and accommodations for special patient populations.

C. Demonstrate an ability to address screening for and prophylaxis of sexually transmitted infections in the pediatric and adolescent patient populations.

D. Demonstrate an ability to address pregnancy prophylaxis in the pediatric and adolescent patient populations.

E. Demonstrate competent discharge of pediatric and adolescent patients including plans for referrals and follow-up care.

SANE-P® REFERENCE LIST

This reference list has been compiled to provide suggested reference to assist with studying for the examination. This list is not all inclusive and other references may be used to help you meet the competencies.

American Nurses Association and International Association of Forensic Nurses (2009). *Forensic nursing: scope and standards of practice*. Silver Springs: Nursebooks.org.

Center for Disease Control (CDC) (2006). *Sexually transmitted diseases treatment guidelines*. (available online at www.cdc.gov)

Giardino, A.P. & Anderson, R. (2005). *Child maltreatment: a clinical guide and reference*. 3rd ed. St. Louis: GW Medical Publishing.

Giardino, E. R. & Giardino, A. P. (2003). *Nursing approach to the evaluation of child maltreatment*. Sr. Louis: GW Medical Publishing.

Hager, A., Emans, S. J. & Muram, D. (2000). *Evaluation of the sexually abused child*. 2nd ed. New York: Oxford University Press.

Lynch, V. (2005). *Forensic nursing*. St. Louis: Elsevier: Mosby.

Myers, J.E.B., et al (2001). *The APSAC handbook on child maltreatment*. 2nd ed. Thousand Oaks: Sage Publications.

US Department of Justice, Office on Violence against Women. (2004). A national protocol for sexual assault medical forensic examinations: adults/adolescents. (available online at www.ncjrs.org/pdffiles/ovw/206554.pdf).

Taking the Examination

On the Day of the Examination

Please refer to the confirmation notice that was emailed to you from Castle for information about the testing location, the time that you need to arrive at the test center, a list of items that you need to bring to the test center and information about a free tutorial that will help familiarize you with Castle's computer-based testing system.

Please plan to arrive at the test center at least 15 minutes before the start of the testing session. Those who arrive late for the testing session will not be permitted to test.

To Be Admitted into the Examination

- Submit your confirmation notice to the proctor.
- Bring a current photo identification with signature. You will not be admitted without proper identification

Acceptable forms of identification include driver's licenses, passports, and government-issued identification cards.

Unacceptable forms of identification include gym membership cards, warehouse membership cards, school identification cards, credit cards, and identification with a signature only (no photo)

- Your first and last name on the confirmation notice must match the first and last name on your identification exactly.
- If you have a hyphenated last name, it must be hyphenated on your identification and on your confirmation notice in order to be admitted. Presenting name change documentation (e.g. marriage license) at the test center is not acceptable
- Report on time.

Cancellation Due to Bad Weather or Other Emergency

Castle does its best to keep test centers open regardless of the weather conditions. However, it is sometimes necessary to temporarily close a test site due to inclement weather or other emergencies. If you have inclement weather in your area, you may call Castle's inclement weather line 919-657-6900 to get a list of site closings.

After the Examination

After you complete and submit your examination, you will receive a printed score report stating whether you passed or failed the examination.

Confidentiality

To ensure the security of the examination, all test materials are confidential and will not be released to any person or agency. Information about a candidate will only be released to that candidate. All application information is confidential and will not be shared with any party other than IAFN and Castle Worldwide for certification processing purposes. Information concerning any candidate will only be release to that candidate upon receipt of a written request.

Complaints about Examination Content

A candidate who has failed the examination has the right to appeal. The appeal must be submitted in writing to the President of the Forensic Nursing Certification Board (FNCB) within three (3) months of the testing date. The appeal should state the reason the candidate is appealing. The

FNCB will review the appeal and a final decision will be made. The candidate will be notified of the FNCB's decision within one (1) month of the appeal submission. The decision of the FNCB is final.

Use of the Credentials

After passing the examination, you may use your credentials in all correspondence and professional relations. The credential is typically used after your name following any academic degrees and licensure (e.g. Mary Smith, RN, SANE-A[®]). If you have both credentials, you may state them separately or use the designation, SANE-A/P.

Renewal of Certification

To maintain your credential, you must renew every three (3) years. Your certification will expire on December 31 of that year, regardless of the month in which you were certified. For example, if you were certified in May of 2009, your certification will expire on December 31, 2012. You must submit your application for certification renewal by September 30 of the year in which you are due to expire. Please see www.iafn.org/certification for renewal information and application.

Revocation of Certification

Once certification has been granted it may be revoked if it is determined that an individual has supplied false information on the examination application or supporting documentation; has supplied false information to the Forensic Nursing Certification Board (FNCB), has any restrictions such as suspension, revocation, probation or other sanctions placed on the professional nursing license by a nursing authority; has misrepresented their SANE-A[®] and/or SANE-P[®] status, or has cheated on any certification examination.

Contact Information

Forensic Nursing Certification Board c/o The International Association of Forensic Nurses (IAFN)

1517 Ritchie Hwy
Suite 208
Arnold, MD 21012
Phone: 410-626-7805
Fax: 410-626-7804
Email: info@iafn.org
Website: www.iafn.org

Castle Worldwide, Inc.

900 Perimeter Park Dr.
Suite G
Morrisville, NC 27560
Phone: 919-572-6880
Fax: 909-361-2426
Email: itb@castleworldwide.com
Website: www.castleworldwide.com

**SEXUAL ASSAULT NURSE EXAMINER
CERTIFICATION EXAMINATION APPLICATION**

All application materials must be RECEIVED in the IAFN office by the deadline date.

Examination Type

SANE-A® _____

SANE-P® _____

Please print legibly or type all the information requested.

1. Name:

Last (Maiden) First MI

2. Please indicate below how you would like your name to appear on your certificate

3. Home Address: _____

City State/Province/Country Zip/Postal code

4. Telephone: _____
Home/cell: (area code) number Work (area code) number

5. Email Address: _____

Please include a valid email address - Examination scheduling information will be emailed

6. RN/General Nurse License:

State/Province/Country Number Expiration Date

7. Number of years experience as an RN/General Nurse: _____

8. Number of years experience as a sexual assault nurse examiner: _____

9. Primary practice setting as a sexual assault nurse examiner:

Hospital-based _____	Prosecutor's office _____
Community-based medical clinic _____	Government, medical _____
Community-based non-medical clinic _____	Government, non-medical _____
Rape Crisis Center _____	Other, please specify _____

10. Highest level of nursing education completed:

Diploma _____
 Associate degree _____
 Baccalaureate degree _____

Master's degree _____
 Doctoral degree _____

11. If your highest level of education is in an area other than nursing, please indicate the level and area:

Associate degree _____
 Baccalaureate degree _____
 Master's degree _____

Doctoral degree _____
 Law degree _____
 Other, please specify _____

12. Are you currently certified in any other specialty? If so, please indicate which specialty:

Yes _____ No _____ Specialty _____

13. Employment History:

Please list your last three employers, beginning with the present employer. ***Please do not send resumes.***

Dates of employment (mm/yyyy)	Employer Name and Address	Position/Title	Supervisor Name	Hours worked per week
From: To:				
From: To:				
From: To:				

14. Please complete the following information about your SANE education program (Adult/adolescent program if applying for SANE-A **OR** pediatric program if applying for SANE-P).

a. Dates of attendance: From (mmddyy): _____ To (mmddyy): _____

b. Sponsor of SANE educational program (facility/institution/organization name)

c. Total number of hours of classroom instruction in SANE education program: _____

d. Total number of hours of precepted SANE clinical experience: _____

15. The following must be completed by your current supervisor, preceptor or peer review colleague:

As supervisor, preceptor, or peer review colleague (circle one) of the candidate, I verify that _____ has satisfactorily completed a adult/adolescent or pediatric (circle one) SANE educational program that included classroom instruction and precepted clinical experience.		
_____ Signature	_____ Print Name	_____ Date

16. Policy on Denial, Suspension, or Revocation of Certification

The occurrence of any of the following actions will result in the denial, suspension, or revocation of SANE-A[®] and/or SANE-P[®] certification:

- Falsification of the certification examination application
- Falsification of any material information requested by the Forensic Nursing Certification Board (FNCB)
- Any restrictions such as revocation, suspension, probation or other sanctions of the professional RN or nursing license by a nursing authority
- Misrepresentation of SANE-A and/or SANE-P status
- Cheating on any certification examination

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 and all certified SANE-A and SANE-P nurses for the duration of their certification. I hereby apply for certification offered by the Forensic Nursing Certification Board. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification 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 with out 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 or all information on this application.

Legal signature

Date

18. Validation of Clinical Competency

Please list the name, address, telephone number and email address of a person who is familiar with your abilities and competence as a sexual assault nurse examiner through one of the following:

1. Direct observation
2. Supervision
3. Peer review

If your application is selected for audit, this person will be contacted.

Name _____ Title _____

Address _____

Telephone number _____ Email address _____

19. Check the appropriate fee and submit payment with this application. Make check or money order payable to IAFN and mail application to the address for IAFN listed under the contact information.

IAFN member \$275 _____ IAFN member number _____

Non-member \$400 _____

Late fee \$50 _____

IAFN member dues \$115 _____

Payment: Check _____ check number _____

Credit card: American Express _____ Visa _____ Master Card _____

Discover _____

Name on credit card _____

Credit card number _____ security code _____

Expiration date _____

Cardholder's email address _____

Billing Address

street _____

city _____ state/province _____

zip/postal code _____