

State of New Hampshire
Office of the Attorney General

Sexual Assault Nurse Examiner
Rules and
Regulations for
Currency of Practice

Created 12/8/00
Revised 7/02, 7/05, 9/07, 1/09, 3/15, 3/18

Definitions

Adult: shall be defined per the IAFN Education guidelines for the adult/adolescent patient population.

Certification: The International Association of Forensic Nurses (IAFN) offers national board certification for Registered Nurses in both Adult/Adolescent and Pediatric SANE practice. Full information regarding certification can be found at the following link <https://iafn.site-ym.com/?page=Certification>. It is important to understand that practice as a SANE is the foundation upon which certification is built, so nurses should expect to practice for at least a year prior to sitting for board certification. Certification is not necessary to practice.

Currency of Practice: is the formal process outlining the training (didactic and clinical) received by the examiner, as well as documentation of practice.

IAFN: The International Association of Forensic Nurses.

IAFN Education Guidelines: set forth the *minimum* level of instruction for each key target competency in the adult/adolescent and/or pediatric/adolescent populations, while allowing for flexibility to meet the educational needs of registered nurses in diverse practice settings and communities.¹

Medical/Forensic Examination: A medical evaluation of the sexually assaulted patient that includes a history, physical examination, injury identification, documentation, risk assessment and treatment as well as resources and referrals. This examination may occur with or without evidence collection.

Pediatric/Child: shall be defined as per the IAFN Education guidelines for the pediatric/adolescent patient population.

SANE-A® Certification: represents the earned credentials designated to a recipient by achieving a passing score on the adolescent/adult board certification examination, offered through the Commission for Forensic Nursing Certification at the International Association of Forensic Nurses.

SANE-P® Certification: represents the earned credentials designated to a recipient by achieving a passing score on the pediatric board certification examination, offered through the Commission for Forensic Nursing Certification at the International Association of Forensic Nurses.

SANE-Prepared: A RN who has successfully completed the comprehensive SANE training course and required clinical hours, but who has not passed the IAFN adolescent/adult SANE certification written examination.

¹ International Association of Forensic Nurses (2015) *Sexual Assault Nurse Examiner Education Guidelines*. Elkridge, MD
http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015_SANE_ED_GUIDELINES.pdf

Definitions

Sexual Assault Nurse Examiner (SANE): A Registered Nurse (including advanced practice nurses) who has been specially trained to provide comprehensive sexual assault care, including evidence collection and testimony, in keeping with the International Association of Forensic Nurses SANE Education Guidelines (2013).

Education Requirements

1. New Hampshire nurses wishing to practice as a SANE must:
 - Have a minimum of two years' experience as an RN;
 - Be licensed and in good standing as a Registered Nurse (RN) through the New Hampshire Board of Nursing (NHBON) or a COMPACT state;
 - Successfully complete the 8 hour clinical skills lab program;
 - Successfully complete the New Hampshire Office of the Attorney General's (OAG) approved 40 hour didactic SANE training course on the Pediatric and/or Adult/Adolescent Population;
 - One course is not a prerequisite for the other and the courses can be taken in any order.
 - There is no requirement to complete both courses or practice on both the pediatric/adolescent and adult/adolescent populations.
 - As of 2018 nurses may also complete the 64 hour combined pediatric/adolescent/adult didactic SANE training.
2. Out-of-state SANE nurses wishing to practice in NH must:
 - Show proof of completion of a 40 hour didactic Adult/Adolescent and/or Pediatric/Adolescent SANE didactic training that meets the most current IAFN Education Guidelines; OR
 - Show proof of current IAFN board certification as a SANE-A® or SANE-P®, or both, which qualifies you as having met the education requirement to practice in New Hampshire on the patient population for whom certification was achieved.
 - Show proof of clinical competence for the patient population being served that meets the most current IAFN Education Guidelines.
 - Attendance at the New Hampshire Evidence Collection specific training as outlined by the NH SANE Director.

Clinical Requirements

The goal of the clinical requirements is that nurses achieve competency and since competency is unique to every nurse based on their practice, experience and comfort level, competency is determined by the evaluating clinician and the facility utilizing the SANE or by the NH SANE Director or designee.

All NH SANE Programs and hospitals utilizing SANEs should be familiar with the specific *minimal* clinical requirements found in the IAFN SANE Education Guidelines as the NH SANE Program follows these standards.

Appropriate preceptors include physicians, physician assistants, advanced practice nurses, or forensically experienced registered nurses.

All SANEs must submit a letter to the NH SANE Program from their preceptor and/or nurse manager, on facility letterhead, attesting to their competency at the local program level based on

the clinical objectives outlined in the IAFN SANE Education Guidelines. The letter must indicate which patient population they have served and how the manager can be reached for verification. See Appendix B for a sample letter.

Maintaining Currency of Practice Requirements

There are two forms of currency of practice accepted in New Hampshire:

1. Current (not expired) SANE Certification through the Commission for Forensic Nursing Certification at the IAFN for the patient population being served (SANE-A®/SANE-P®);
OR
2. Successful completion of the Biannual NH SANE Currency of Practice Application.

Applications for Currency of Practice

- I. All SANEs are responsible to maintain their own education files.
 - II. Files will be housed electronically by the NH SANE Program at the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV). Nurses are responsible for providing the following information and updating the NH SANE Director or a designee with any updates or changes. The information that must be current in the file includes:
 - A. SANE Identification Form (see Appendix C);
 - B. Copy of current RN license number or validation through Board of Nursing web site demonstrating that the SANE has an unencumbered Registered Nursing License in the State of New Hampshire or a COMPACT State;²
 - C. Copy of classroom certificate for 40 hour adolescent/adult or pediatric/adolescent SANE training or the comprehensive 64 hour combined pediatric/adolescent/adult training.
 - D. Copy of classroom certificate for 8 hour clinical skills lab program.
 - E. Copy of completed documentation of clinical hours (see Appendix D);
 - F. Biannual verification of relevant Continuing Education, totaling thirty (30) hours; AND
 - G. Biannual verification of currency of practice by
 - a. Submitting a signed letter by their nurse manager, on facility letterhead, indicating they have been practicing in the role of Sexual Assault Nurse Examiner, which patient population they have served, and how the manager may be reached for verification³; OR
 - b. Successfully completing a simulated, precepted sexual assault examination through the New Hampshire SANE Program and receiving a letter validating their competency. Completion of a simulated, precepted sexual assault examination through the New Hampshire SANE Program does not guarantee a letter validating competency.
 - H. Up-to-date, signed Currency of Practice Statement of Understanding
- II. It is the responsibility of the SANE to submit the Currency of Practice Application (see Appendix A) to the NH SANE Program or proof of SANE-A or SANE-P Certificates every two years. Files will be reviewed by the NH SANE Program Director or designee.
- A. RNs current in their practice and regulatory requirements will be issued a Currency of Practice card.
 - B. RNs not current in their practice will receive written instructions on additional information needed to meet the Currency of Practice requirements. An amended Currency of Practice application must be received within 60 days of the notice for correction. If the packet is incomplete upon submission, the RN will be asked to resubmit.

² NURSIS online license verification system at <https://www.nursis.com/>

³ see example/template at the end of this document.

- a. The amended packet and/or corrections may only be resubmitted once.
 - b. Extensions beyond 60 days will be granted for extenuating circumstances only and at the discretion of the NH SANE Program.
- C. Nurses who fail to submit appropriate documentation will no longer be considered practicing SANEs, and the following will occur:
 - a. A letter indicating the RNs failure to meet the necessary requirements for practice will be sent to the RN and the RNs nurse manager; and
 - b. The RN will be expected to reapply for the SANE didactic and clinical portions of the training.

NH SANE Program

Currency of Practice Statement of Understanding

I hereby attest that I have read and understand the State of New Hampshire, Office of the Attorney General, Sexual Assault Nurse Examiner Currency of Practice Guidelines, and have been given a copy of these guidelines.

I also agree to the following provisions:

- a. I will assume responsibility for submitting my license number so that the program may verify my nursing license as active, and unencumbered;
- b. I will comply with all currency of practice requirements as stated in the guidelines.
- c. I will assume responsibility for maintaining my currency of practice by providing the NH SANE Program at NHCADSV with the appropriate information every year or two years as appropriate.

I understand that if my currency of practice is not up-to-date, the SANE Program may be obligated to share that with other parties (ie: my employer, prosecutors and defense counsel).

Signature: _____ Date: _____

Print Name:

Please return to:

State of New Hampshire
SANE PROGRAM
NHCADSV
PO Box 353
Concord, NH 030

Appendix A
NH SANE Program: Currency of Practice Application

Please provide the following to the NH SANE Program biannually by April 30th.

From Initial SANE Training:

- Copy of classroom certificate for 40 hour adolescent/adult and/or pediatric/adolescent SANE training OR comprehensive 64 hour combined pediatric/adolescent/adult training
- Copy of classroom certificate for 8 hour clinical skills lab program

To be Updated:

- Updated SANE Identification Form (see Appendix C)
- Copy of current RN license number or validation through Board of Nursing web site demonstrating that the SANE has an unencumbered Registered Nursing License in the State of New Hampshire or a COMPACT State

Demonstration of ongoing Commitment to Currency:

- Copy of completed documentation of clinical hours (see Appendix D)
- Biannual verification of relevant Continuing Education, totaling thirty (30) hours
- Biannual verification of currency of practice by:
 - Submit a signed letter by your nurse manager, on facility letterhead, indicating that you have been practicing in the role of Sexual Assault Nurse Examiner, which patient population you have served, and how the manager may be reached for verification (see Appendix B)
 - OR
 - Submit a letter validating your competency received from the New Hampshire SANE Program after successful completion of a simulated, precepted sexual assault examination.

Appendix B
Sample Competency Letter from Nurse Manager

FACILITY LETTERHEAD

NH SANE Program
NHCADSV
PO Box 353
Concord, NH 03301-0353

Name of Manager

Address

Phone Number

Email Address

Date

Dear SANE Program Director,

I am the manager currently supervising (insert the name of the practicing SANE here) in her/his practice as a Sexual Assault Nurse Examiner. (Name of SANE) practices on the (PEDIATRIC AND/OR ADULT-please specify) sexual assault populations.

(Name of SANE) has been deemed competent by our facility in the practice of sexual assault exams as a SANE, including but not limited to performing speculum examinations on the appropriate patients. Additionally s/he collaborates with other medical providers in the facility when necessary, and multidisciplinary partners outside the facility where appropriate.

I understand the importance of quality improvement mechanisms within SANE practice, and that the NH SANE Program offers continuing education opportunities and even competency testing should we need to utilize that service. Please feel free to contact me if you have further questions.

Sincerely,

(Typed name of Manager below signature)

Appendix C
NH Sexual Assault Nurse Examiner Identification Form



Name	
Address *	
City *	
State *	
Zip Code *	
Phone *	
Fax	
Email*	
State of Nursing License *	
Nursing License Number *	
Other Professional Licensure	
Year of Original Training *	
Hospital Affiliation*	
Department*	
Supervisor's Name*	
Supervisor's Phone Number*	
Supervisor's Email*	
ED Nurse Manager*	
ED Nurse Manager Email*	
Population Served	

*Denotes a Required Field

-If you work at multiple hospitals please include the above information for those hospitals.

