

# Illinois Sexual Assault Nurse Examiner (SANE) Program Adult/Adolescent Clinical Training Log

<https://www.illinoisattorneygeneral.gov/Safer-Communities/Responding-to-Sexual-Assault/SANE/>

The goal of clinical training is to assist clinicians who have completed Adult/Adolescent SANE didactic training develop the knowledge and clinical skills required to become a sexual assault nurse examiner or sexual assault forensic examiner for adult/adolescent patient populations. This clinical training log is the Illinois SANE Program clinical competency tool and clinical requirements guide for individuals completing the Illinois Adult/Adolescent SANE Training and individuals working to become an AA SAFE.

The Illinois Sexual Assault Survivors Emergency Treatment Act defines a SANE as “an advanced practice registered nurse or registered professional nurse who has completed a sexual assault nurse examiner training program that meets the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses” (410 ILCS 70/1a). IAFN indicates that registered nurses who perform medical forensic exams must receive didactic and clinical preparation to care for patients following sexual violence (IAFN Sexual Assault Nurse Examiner (SANE) Educational Guidelines).

To independently perform medical forensic examinations on post pubertal patients (defined as the onset of menses in females and the advent of secondary sex characteristics in males) and postmenopausal females and other older adult) sexual assault patients. The registered nurse or advance practice provider must complete and maintain certificates of completion for both:

- Adult/Adolescent 40-hour didactic SANE training consistent with the IAFN SANE Education Guidelines
- Adult/Adolescent clinical SANE training consistent with the IAFN SANE Education Guidelines

IAFN guidelines indicate that clinical training be completed with the guidance of a forensically experienced physician (AA SAFE), advanced practice nurse, or registered nurse (AA SANE or SANE-A). Clinical training should be completed in a time frame that ensures competency and maximum retention of knowledge and skills, typically within six months of completion of the didactic training. Required clinical skills shall be performed until the nurse demonstrates competence, and competency is determined by the professional assessing the required clinical skills.

**While we recommend individuals complete their clinical training log within six months of didactic training, clinicians should demonstrate continuous education while working to obtain clinical competency.**

**Please email a copy of your completed clinical training log and any additional documentation in PDF format to: [sane@ilag.gov](mailto:sane@ilag.gov)**

After review and confirmation that all required documentation is provided, you will be sent a certificate of completion for clinical training. Having a certificate of completion for **both** didactic and clinical training allows you to practice as an AA SANE or AA SAFE in the State of Illinois. If you will be practicing as an AA SANE or AA SAFE, you may write this title below your signature as a description of your job title.

Completion of clinical training does not mean that you are certified as an Adult/Adolescent SANE. Certification is granted through the Forensic Nursing Certification Board after passing an exam or submitting a portfolio. Please visit the International Association of Forensic Nurses website at [www.forensicnurses.org](http://www.forensicnurses.org) for more information.

# Illinois Sexual Assault Nurse Examiner (SANE) Program Adult/Adolescent Clinical Training Log

**Please type or write legibly.** Any questions regarding these requirements should be directed to the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution may require additional clinical experiences to validate your competency. The Illinois Attorney General's SANE Program may follow up with the preceptors listed on your clinical log to verify the information provided, as necessary.

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

Employer \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of SANE Didactic Training: \_\_\_\_\_  ILOAG Other: \_\_\_\_\_

\*If didactic training occurred outside of Illinois or via IAFN or Sigma Theta Tau Online, you must submit your certificate of completion.

Name of Mentor: \_\_\_\_\_ Email: \_\_\_\_\_

**Mentors must be an AA SANE, SANE-A, or AA SAFE**

The recommendation is to proceed in the following order:

- Complete the entry level adolescent and adult assessment workbook.
- Observe an exam conducted by an experienced examiner (preferably a SANE-A)
- Perform a mock examination with a SANE-A
- Independently conduct exams with the experienced examiner present until competency is achieved.

Clinical Training Requirement	Date Completed
1. Entry Level Adolescent and Adult Assessment Workbook Summary	
2. Speculum Placement	
3. Anatomy and Technique Competency	
4. Specialized Equipment Proficiency Training	
5. Completion of a minimum of three Additional Training Opportunities	
6. Completion of a minimum of three Medical Forensic Examinations	
7. Completion of the 2-day Clinical Training OR Completion of Mock Exam	

**Confirmation of Adult/Adolescent SANE Clinical Training Completion:**

*As the mentor for \_\_\_\_\_ (name of SANE or SAFE in-training), I certify that the information submitted in this clinical training log is true to the best of my knowledge and belief and is furnished in good faith. I acknowledge that this individual has completed the mandatory requirements for clinical training and confirm this individual has met the competency standards indicated in this clinical training log.*

Printed Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## 2. Speculum Placement

**Primary Goal:** To provide training and practice techniques required for the physical examination of the external and internal structures of the vulva. SANEs and SAFEs use additional techniques (including labial separation, labial traction, Foley catheters and/or Fox swabs) to improve visualization of areas prone to injury/trauma. The clinician must place the speculum with successful visualization of the posterior fornix and cervical os.

Complete speculum placements with successful visualization of the posterior fornix and cervical os until proficiency is achieved. Please keep in mind that this is not a pelvic exam. Once competency is determined by your mentor, complete the verification of competency section below.

**Your preceptor for speculum placements can be a physician, advanced practice provider, AA SANE, SANE-A, or AA SAFE**

Please indicate with a check mark the type of technique(s) used in the chart below.

(LS: labial separation, LT: labial traction, FC: Foley catheters, FS: Fox swabs, and/or SP: speculum)

Date	Facility/Location	Techniques Used	Preceptor Name	Preceptor Signature
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		
		LS <input type="checkbox"/> LT <input type="checkbox"/> FC <input type="checkbox"/> FS <input type="checkbox"/> SP <input type="checkbox"/>		

### Verification of Competency by Mentor:

This individual has demonstrated competency in speculum placement with successful visualization of the posterior fornix and cervical os for patients with a vulva.

Printed Name and Title: \_\_\_\_\_

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

### 3. Anatomy and Technique Competency

**Primary Goal:** To validate competency of anatomy and techniques required during the physical examination of the external and internal structures of the anus, vulva and penis (indicate the correctly identified anatomy with a check mark).

Vulva		Penis	
<input type="checkbox"/> mons pubis	<input type="checkbox"/> hymen	<input type="checkbox"/> urethral meatus	<input type="checkbox"/> penile shaft
<input type="checkbox"/> labia majora	<input type="checkbox"/> fossa navicularis	<input type="checkbox"/> glans penis	<input type="checkbox"/> scrotum
<input type="checkbox"/> labia minora	<input type="checkbox"/> posterior fourchette	<input type="checkbox"/> corona of glans penis	<input type="checkbox"/> testes
<input type="checkbox"/> clitoral hood	<input type="checkbox"/> posterior fornix	<input type="checkbox"/> frenulum	<input type="checkbox"/> perineum
<input type="checkbox"/> clitoris	<input type="checkbox"/> cervix	<input type="checkbox"/> prepuce (foreskin)	<input type="checkbox"/> anus
<input type="checkbox"/> urethral meatus	<input type="checkbox"/> cervical os		
<input type="checkbox"/> vestibule	<input type="checkbox"/> perineum		
<input type="checkbox"/> periurethral bands	<input type="checkbox"/> anus		

**Other visualization techniques to improve visualization and injury identification:** Clinician must perform at least three of the techniques for improved visualization listed below (indicate which three were completed with a check mark).

- Labial separation
- Labial traction
- Foley catheter technique to visualize hymen
- Fox swab technique to visualize hymen

**Verification of Competency by Mentor:**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_  
 Printed Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_

## 4. Specialized Equipment Proficiency Training

**Primary Goal:** To gain knowledge in the use of an alternative light source, digital camera, colposcope, Foley catheter or Fox swabs, Toluidine blue dye, or other specialized equipment utilized during anogenital assessments. **Training is required for all equipment that a facility utilizes. This training should not be performed on a sexual assault patient.**

This section should be completed with an AA SANE, SANE-A, or AA SAFE.

**Alternative light source**       **Not Available at facility**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

**Digital camera**       **Not Available at facility**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

**Colposcope**       **Not Available at facility**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

**Foley catheter**       **Not Available at facility**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

**Fox swabs**       **Not Available at facility**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

**Toluidine blue dye**       **Not Available at facility**

Date of Competency Validation (list multiple dates if necessary): \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

## 5. Completion of a minimum of three Additional Training Opportunities

The clinician must complete at least 3 additional training opportunities, such as the following activities (please note this list is not exhaustive of training opportunities or types of training that may be beneficial to a SANE).

### Illinois State Police Crime Lab Webinar offered by the Illinois Attorney General's Office

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

### The Illinois Department of Public Health Sexually Transmitted Infections Webinar offered by the Illinois Attorney General's Office

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

### Observation at Criminal Trial Proceedings

Primary Goal: To observe and become familiar with criminal trial proceedings, particularly direct and cross examination of a witness. Preferably the testimony observed will be that of an expert witness. This can be coordinated with the State's Attorney's Office victim witness coordinator, state SANE Coordinator, or your mentor.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name and Title of Witness Observed: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

### Forensic Photography Training

Primary Goal: To gain hands-on practice and experience with a digital camera and/or other photography equipment. Should be completed with a forensic photography expert (crime scene investigator, detective, SANE or other individual with specialized training)

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

### Victim Services Agency

Primary Goal: To establish a collaborative relationship with victim services agency and staff. To learn full range of services provided.

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

**State’s Attorney’s Office Victim Witness Coordinator**

Primary Goal: To establish a collaborative relationship with victim witness coordinator. To learn full range of services provided and court process for victims and other witnesses.

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

**Law Enforcement Agency**

Primary Goal: To establish a collaborative relationship with local law enforcement agency/sex crimes unit.

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

**Other Training Opportunity:** \_\_\_\_\_

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

**Other Training Opportunity:** \_\_\_\_\_

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_

**Other Training Opportunity:** \_\_\_\_\_

Date: \_\_\_\_\_ Location/Agency: \_\_\_\_\_

Printed Name and Title of individual who witnessed your attendance: \_\_\_\_\_

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

Contact Phone or Email: \_\_\_\_\_



## 6. Completion of a minimum of three Medical Forensic Examinations

**Primary Goal:** To gain competency in conducting medical forensic examinations, including use of informed consent, medical forensic history taking, head-to-toe assessments, detailed ano-genital exam, evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit, providing discharge instructions including STI/HIV prophylaxis and pregnancy prevention, planning for follow-up care, safety planning and the use of specialized examination techniques including forensic photography.

A **minimum** of three examinations are required; however, sexual assault examinations should be completed with a preceptor until the clinician has received a clinical completion certificate. The medical forensic examinations must include use of the Illinois State Police Sexual Assault Evidence Collection Kit. One mock exam may apply towards the minimum of three medical forensic examination.

Document a summary of each exam below. Include what you observed and documented as findings or lack of findings, what specialized equipment/techniques were used, what you collected and why.

**Your preceptor may be an AA SANE, SANE-A, or AA SAFE. All examinations and photographs must be peer reviewed. Peer Review should be completed by an AA SANE, SANE-A or AA SAFE.**

**Medical Forensic Examination #1:**  Mock Exam

Printed Name and Title: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time Since Assault: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_

**Place a check mark next to items completed during the medical forensic examination:**

<input type="checkbox"/> Advocate notified	<input type="checkbox"/> Fox Swab	<input type="checkbox"/> Radiology
<input type="checkbox"/> Alternative light source	<input type="checkbox"/> Head to Toe Exam	<input type="checkbox"/> Safety plan
<input type="checkbox"/> Chain of custody maintained	<input type="checkbox"/> HIV prophylaxis	<input type="checkbox"/> Speculum Insertion
<input type="checkbox"/> CheckPoint education	<input type="checkbox"/> Hospital billing notice	<input type="checkbox"/> STI prophylaxis
<input type="checkbox"/> Consent	<input type="checkbox"/> Labial separation	<input type="checkbox"/> STI testing
<input type="checkbox"/> Crime Victim Compensation	<input type="checkbox"/> Labial traction	<input type="checkbox"/> Strangulation assessment
<input type="checkbox"/> DFSA	<input type="checkbox"/> Mandated reporting	<input type="checkbox"/> TB Dye
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Miscellaneous swabs collected	<input type="checkbox"/> Toxicology consent
<input type="checkbox"/> Evidence collected	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Voucher
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> Photography	<input type="checkbox"/> Wound care
<input type="checkbox"/> Follow-up instructions	<input type="checkbox"/> Pregnancy testing	

**Brief assault history:** \_\_\_\_\_

\_\_\_\_\_

**Description of findings:** \_\_\_\_\_

\_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

**Medical Forensic Examination #2:**  Mock Exam

Printed Name and Title: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time Since Assault: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_

**Place a check mark next to items completed during the medical forensic examination:**

<input type="checkbox"/> Advocate notified	<input type="checkbox"/> Fox Swab	<input type="checkbox"/> Radiology
<input type="checkbox"/> Alternative light source	<input type="checkbox"/> Head to Toe Exam	<input type="checkbox"/> Safety plan
<input type="checkbox"/> Chain of custody maintained	<input type="checkbox"/> HIV prophylaxis	<input type="checkbox"/> Speculum Insertion
<input type="checkbox"/> CheckPoint education	<input type="checkbox"/> Hospital billing notice	<input type="checkbox"/> STI prophylaxis
<input type="checkbox"/> Consent	<input type="checkbox"/> Labial separation	<input type="checkbox"/> STI testing
<input type="checkbox"/> Crime Victim Compensation	<input type="checkbox"/> Labial traction	<input type="checkbox"/> Strangulation assessment
<input type="checkbox"/> DFSA	<input type="checkbox"/> Mandated reporting	<input type="checkbox"/> TB Dye
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Miscellaneous swabs collected	<input type="checkbox"/> Toxicology consent
<input type="checkbox"/> Evidence collected	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Voucher
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> Photography	<input type="checkbox"/> Wound care
<input type="checkbox"/> Follow-up instructions	<input type="checkbox"/> Pregnancy testing	

**Brief assault history:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

**Medical Forensic Examination #3:**  Mock Exam

Printed Name and Title: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time Since Assault: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_

**Place a check mark next to items completed during the medical forensic examination:**

<input type="checkbox"/> Advocate notified	<input type="checkbox"/> Fox Swab	<input type="checkbox"/> Radiology
<input type="checkbox"/> Alternative light source	<input type="checkbox"/> Head to Toe Exam	<input type="checkbox"/> Safety plan
<input type="checkbox"/> Chain of custody maintained	<input type="checkbox"/> HIV prophylaxis	<input type="checkbox"/> Speculum Insertion
<input type="checkbox"/> CheckPoint education	<input type="checkbox"/> Hospital billing notice	<input type="checkbox"/> STI prophylaxis
<input type="checkbox"/> Consent	<input type="checkbox"/> Labial separation	<input type="checkbox"/> STI testing
<input type="checkbox"/> Crime Victim Compensation	<input type="checkbox"/> Labial traction	<input type="checkbox"/> Strangulation assessment
<input type="checkbox"/> DFSA	<input type="checkbox"/> Mandated reporting	<input type="checkbox"/> TB Dye
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Miscellaneous swabs collected	<input type="checkbox"/> Toxicology consent
<input type="checkbox"/> Evidence collected	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Voucher
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> Photography	<input type="checkbox"/> Wound care
<input type="checkbox"/> Follow-up instructions	<input type="checkbox"/> Pregnancy testing	

**Brief assault history:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

**Medical Forensic Examination #4:**  Mock Exam

Printed Name and Title: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time Since Assault: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_

**Place a check mark next to items completed during the medical forensic examination:**

<input type="checkbox"/> Advocate notified	<input type="checkbox"/> Fox Swab	<input type="checkbox"/> Radiology
<input type="checkbox"/> Alternative light source	<input type="checkbox"/> Head to Toe Exam	<input type="checkbox"/> Safety plan
<input type="checkbox"/> Chain of custody maintained	<input type="checkbox"/> HIV prophylaxis	<input type="checkbox"/> Speculum Insertion
<input type="checkbox"/> CheckPoint education	<input type="checkbox"/> Hospital billing notice	<input type="checkbox"/> STI prophylaxis
<input type="checkbox"/> Consent	<input type="checkbox"/> Labial separation	<input type="checkbox"/> STI testing
<input type="checkbox"/> Crime Victim Compensation	<input type="checkbox"/> Labial traction	<input type="checkbox"/> Strangulation assessment
<input type="checkbox"/> DFSA	<input type="checkbox"/> Mandated reporting	<input type="checkbox"/> TB Dye
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Miscellaneous swabs collected	<input type="checkbox"/> Toxicology consent
<input type="checkbox"/> Evidence collected	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Voucher
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> Photography	<input type="checkbox"/> Wound care
<input type="checkbox"/> Follow-up instructions	<input type="checkbox"/> Pregnancy testing	

**Brief assault history:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

**Medical Forensic Examination #5:**  Mock Exam

Printed Name and Title: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time Since Assault: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_

**Place a check mark next to items completed during the medical forensic examination:**

<input type="checkbox"/> Advocate notified	<input type="checkbox"/> Fox Swab	<input type="checkbox"/> Radiology
<input type="checkbox"/> Alternative light source	<input type="checkbox"/> Head to Toe Exam	<input type="checkbox"/> Safety plan
<input type="checkbox"/> Chain of custody maintained	<input type="checkbox"/> HIV prophylaxis	<input type="checkbox"/> Speculum Insertion
<input type="checkbox"/> CheckPoint education	<input type="checkbox"/> Hospital billing notice	<input type="checkbox"/> STI prophylaxis
<input type="checkbox"/> Consent	<input type="checkbox"/> Labial separation	<input type="checkbox"/> STI testing
<input type="checkbox"/> Crime Victim Compensation	<input type="checkbox"/> Labial traction	<input type="checkbox"/> Strangulation assessment
<input type="checkbox"/> DFSA	<input type="checkbox"/> Mandated reporting	<input type="checkbox"/> TB Dye
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Miscellaneous swabs collected	<input type="checkbox"/> Toxicology consent
<input type="checkbox"/> Evidence collected	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Voucher
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> Photography	<input type="checkbox"/> Wound care
<input type="checkbox"/> Follow-up instructions	<input type="checkbox"/> Pregnancy testing	

**Brief assault history:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

**Medical Forensic Examination #6:**  Mock Exam

Printed Name and Title: \_\_\_\_\_

Preceptor's Signature: \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time Since Assault: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Gender: \_\_\_\_\_

**Place a check mark next to items completed during the medical forensic examination:**

<input type="checkbox"/> Advocate notified	<input type="checkbox"/> Fox Swab	<input type="checkbox"/> Radiology
<input type="checkbox"/> Alternative light source	<input type="checkbox"/> Head to Toe Exam	<input type="checkbox"/> Safety plan
<input type="checkbox"/> Chain of custody maintained	<input type="checkbox"/> HIV prophylaxis	<input type="checkbox"/> Speculum Insertion
<input type="checkbox"/> CheckPoint education	<input type="checkbox"/> Hospital billing notice	<input type="checkbox"/> STI prophylaxis
<input type="checkbox"/> Consent	<input type="checkbox"/> Labial separation	<input type="checkbox"/> STI testing
<input type="checkbox"/> Crime Victim Compensation	<input type="checkbox"/> Labial traction	<input type="checkbox"/> Strangulation assessment
<input type="checkbox"/> DFSA	<input type="checkbox"/> Mandated reporting	<input type="checkbox"/> TB Dye
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Miscellaneous swabs collected	<input type="checkbox"/> Toxicology consent
<input type="checkbox"/> Evidence collected	<input type="checkbox"/> Pain medication	<input type="checkbox"/> Voucher
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> Photography	<input type="checkbox"/> Wound care
<input type="checkbox"/> Follow-up instructions	<input type="checkbox"/> Pregnancy testing	

**Brief assault history:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

## 7. Completion of the 2-day Clinical Training OR Completion of Mock Exam

- Attended the Illinois Attorney General 2-day Clinical SANE Training**

Month and year of attendance: \_\_\_\_\_

**OR**

- Completion of Mock Examination with a SANE-A**

**Mock Exam Documentation Form:** The list provided below is not inclusive of all requirements; however, the list includes the minimum criteria necessary to practice as an AA SANE. Please check the information covered/demonstrated during the mock exam.

- Explains/provides to the patient:

- Informed consent
- Procedures and equipment/techniques utilized.
- Rights to privacy and confidentiality

Obtains medical and forensic history using a trauma-informed approach and documents thoroughly according to agency standards

Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using a speculum (when appropriate) and other techniques and/or equipment.

- Identifies, interprets, and appropriately documents findings of:

- Injury/trauma
- Normal variations
- Disease process

Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence

Identifies and performs specimen collection for drug facilitated sexual assault, sexually transmitted infection, pregnancy, and HIV testing

Using proper techniques, performs forensic photography accurately

Performs psychosocial assessment that includes

- Crisis intervention
- Suicide and safety assessment and planning
- Referrals
- Culturally sensitive approach

Provides appropriate medication, discharge instructions and referrals based on needs.

Date Mock Exam Performed: \_\_\_\_\_

Printed Name of SANE-A: \_\_\_\_\_

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