

**APPLICATION FOR APPROVAL/RE-APPROVAL OF EDUCATION PROGRAM(S)
SEXUAL ASSAULT NURSE EXAMINER (SANE)**

Attach the following to this application:

- A) Description of education program, including:
 - * outcomes and how shared with the learner
 - * content of education program
 - * teaching methodologies
 - * time allotted for didactic content and hours for clinical learning experiences
 - * location and description of space for didactic experiences
 - * equipment available for presentation of program
 - * plan for evaluation by:
 - the provider to assess the participant's achievement of program outcomes and content and will be documented;
 - the learner to assess the program and resources
 - B) Name and location of resource(s) for clinical learning experiences.
 - *describe how clinical experience(s) obtained.
 - C) Educational Design Form
 - D) Non-nurse faculty CVs or bios
 - E) Copy of certificate of completion to be awarded to participants.
 - F) Marketing materials
 - G) Copy of content evaluation
 - H) Copy of student evaluation of the course
 - I) List of RNs who successfully completed the program (if this is a reapproval)
- *Please refer to 21 NCAC 36.0223 Continuing Education Programs (attached) and the International Association of Forensic Nurses' Sexual Assault Nurse Examiner Education Guidelines, Adult and Pediatric located at www.forensicnurses.org.

IMPORTANT NOTE RE: INFORMATION TO FILE AND SEND

A list of RNs who successfully complete the program and their certificate number shall be kept on file in your agency. (Note: If RN is not licensed in North Carolina, include state of licensure and license/certificate number for each.) A copy of the list of RNs who successfully completed the program shall be sent to the North Carolina Board of Nursing with the two-year renewal information for this education program or when the education program is no longer offered.

WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION, INCLUDING ATTACHMENTS, REPRESENTS OUR AGENCY-SPONSORED EDUCATION PROGRAM, FOR WHICH NORTH CAROLINA BOARD OF NURSING APPROVAL IS BEING REQUESTED.

Approval/Re-approval is not official until your agency receives the NCBON SANE initial/re-approval letter.

Signature of Director (Coordinator of Program)

Date



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Signature of Director of Agency

Date