



Sexual Assault Patient Care Trainings DeKalb, Illinois

The Illinois Attorney General’s Office is pleased to offer a series of trainings on sexual assault patient care designed to improve the response to sexual assault patients.

The **Foundation to Provide Sexual Assault Patient Care in the Emergency Room** training is a one-day training for law enforcement, advocates, first responders, emergency room nurses, mid-level providers and physicians who would like to learn best practice guidelines for the multidisciplinary approach to the care of sexual assault patients.

The **Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Training** is for registered nurses, mid-level providers and physicians who provide medical-forensic examinations to sexual assault patients. Applicants must have a license in good standing, have a minimum of one year of clinical experience, acknowledge the requirements of the training and complete 16 hours of online training prior to the first class.

The Office of the Illinois Attorney General reserves the right to select participants for the training based upon specific selection criteria. To maximize the number of agencies and geographical areas represented at the training, the Attorney General’s Office may limit the number of attendees that an agency or geographical area may send. Written communication detailing acceptance or non-acceptance will be sent via post or email to all applicants.

To apply to attend one of these free trainings, please complete this application and return it along with a copy of your resume (if indicated) to: Eileen Baumstark-Pratt, Special Events Coordinator
Fax: 312-814-7105 or Email: sane@atg.state.il.us

Urbana Trainings

Please choose one of the following trainings:

Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Training
May 1-3, 2019
Training: 8 a.m. – 5 p.m.
Registration: 7:30 a.m.
Application Deadline: March 26, 2019
Northwestern Medicine Kishwaukee Health and Wellness Center
626 Bethany Road
DeKalb, IL 60115

OR

Foundation to Provide Sexual Assault Patient Care in the Emergency Room
May 14, 2019
Training: 8:30 a.m. – 5:30 p.m.
Registration: 8:00 a.m.
Application Deadline: May 8, 2019
Northwestern Medicine Kishwaukee Health and Wellness Center
626 Bethany Road
DeKalb, IL 60115

Applicant Contact Information (Must be completed for all applicants)

First Name _____ Last Name _____

Title _____ Employer _____

Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Best Contact Information: Phone _____ Email _____

DeKalb Sexual Assault Patient Care Trainings

Application – Page 2

Has your professional license ever been limited, suspended, revoked, denied or subjected to probationary conditions in any jurisdiction? YES NO N/A*

Have your privileges at any hospital ever been suspended, diminished, revoked or denied renewal? YES NO N/A*

What is the highest level of education you have completed? _____

Have you taken this class previously? YES* NO

*If yes, please state when and explain why you would like to attend the class again: _____

THIS SECTION REQUIRED ONLY FOR SANE TRAINING APPLICANTS

Acknowledgement of Requirements

I have at least one year of professional (nursing, mid-level, physician) experience. YES NO

*If no, register for the “**Foundation to Provide Sexual Assault Patient Care in the Emergency Room**” training.

I acknowledge that to practice as a SANE in the State of Illinois, I must complete the 40-hour didactic training **and** clinical log **and** receive certificates of completion for both. YES NO

I have reviewed the clinical training log (see attached), and I intend to complete all requirements before the one-year anniversary of completing the didactic training. YES NO

I have attached a recent copy of my resume. A resume must be included with your application to be considered to attend the Adult/Adolescent SANE Training.

I know a practicing SANE who can act as a mentor for me. YES* NO

*If yes, who? _____

I have discussed a mentor/mentee relationship with this individual. YES NO

Disclaimer and Signature (Must be completed for all applicants)

I certify that the information submitted in this application is true to the best of my knowledge and belief and is furnished in good faith.

Signature: _____ Date: _____

Printed Name: _____

Please call 1-866-376-7215 (voice) or 1-800-964-3013 (TTY) with questions or reasonable accommodation requests. If you must cancel your attendance, please notify the office by calling 1-866-376-7215 (voice) or 1-800-964-3013 (TTY).

Adult/Adolescent SANE Training only: The SIU School of Medicine is preapproved as a continuing education provider pursuant to Section 1300.130, subsection (c), (1), (B) and (P) of the Illinois Department of Financial and Professional Regulation Nurse Practice Act. Approval valid through September 30, 2019.

Criteria for successful completion of the Adult/Adolescent SANE Training include completion of the online training, attendance at the entire event and submission of a completed evaluation form. Criteria for successful completion of the Foundation to Provide Sexual Assault Patient Care in the Emergency Room training includes attendance at the entire event and submission of a completed evaluation form. Nurse planners and faculty have declared no conflict of interest.

This project was supported by Grant #2018-V3-GX-0089, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice, through the Illinois Criminal Justice Information Authority. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice, or the Illinois Criminal Justice Information Authority.