

West Virginia Foundation for Rape Information and Services 112 Braddock Street Fairmont, WV 26554

## APPLICATION TO PRACTICE AS A SEXUAL ASSAULT NURSE EXAMINER (SANE) FOR ADOLESCENTS/ADULTS IN WEST VIRGINIA

## PLEASE TYPE OR PRINT

Name	
Address	
Home Phone	
Medical Facility	
Work Address	
	Email Address
WV RN License #	_
	epartments, psychiatric nursing, women's health and any exual assault. Please list most recent experience first.

EDUCATION School/Degree/Certificate/Dates Attended	
PROFESSIONAL LIABILITY INFORMATION Within the past three years:  1. Have any professional liability suits been filed against you which are pending adjudication?  □ NO □ YES*	
2. Have any judgments or settlements been made against you in a professional liability suit case within the past 10 years? $\Box$ NO $\Box$ YES*	
PROFESSIONAL LICENSURE  1. Has your nursing license ever been limited, suspended, revoked, denied or subjected to any probationary conditions in any jurisdiction? □ NO □ YES*	
2. Have your privileges at any hospital ever been suspended, diminished, revoked or denied renewal? □ NO □ YES* * If the answer to any of the above questions is YES, please explain on a separate page.	
PLEASE ATTACH THESE ITEMS TO THIS APPLICATION: Current professional resume	
Copy of current West Virginia RN license	
Copies of the certificates that document completion of PART 1 and PART 2 of the SANE training course work	
Copies of all signed documents to indicate completion of the clinical course requirements	
I affirm that the information submitted in this application is true to the best of my knowledge and belief and is furnished in good faith.	
Print Name: Date: Signature:	
Please return this application to: WV SANE Project Coordinator FRIS 112 Braddock Street Fairmont, WV 26554	