



Attorney General's  
Sexual Assault Task Force



## SANE/SAE Preceptorship Speculum Exam Exemption Waiver Request

If you are a RN, NP, PA, MD or DO who conducts speculum exams as part of your routine medical practice, please fill out this form to request a waiver exempting you from the 10 speculum exams required for certification.

Name: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

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

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

Approximately how many exams do you conduct in a year? \_\_\_\_\_

By signing the below, I am verifying that I conduct speculum exams as part of my routine medical practice.

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

By signing below I am verifying that the above trainee conducts speculum exams as part of their routine medical practice and that I have personally observed and can attest to their competency.

\_\_\_\_\_  
Supervisor's Signature:

\_\_\_\_\_  
Date