



Oregon SANE/SAE Certification Application

Please type or print clearly.

 First Name _____ MI _____ Last Name _____

 Home Street Address or PO Box

 City _____ State _____ Zip Code _____ Home Phone or Cell Phone # _____

 Email Address

 Employer _____ Work Phone # _____

 Work Address

 City _____ State _____ Zip Code _____ County of Employment _____

I have completed a 40-hour didactic course and I have met the course requirements by:

a. Oregon SANE/SAE Training – **(attach copy of certificate)**

b. Other 40-hour SANE/SAE Training **(attach copy of certificate)**

I have completed all preceptorship requirements as required by the SANE/SAE Certification Commission **(attach all required documentation)**

I am affiliated with a hospital/clinic, which supports my SANE/SAE Practice.

Hospital/Clinic: _____

Medical Director: _____ Phone: _____

Identify a prosecutor, law enforcement officer and an advocate who has agreed to be your community contact:

Prosecutor: _____ Phone: _____

Law Enforcement: _____ Phone: _____

Advocate: _____ Phone: _____

I have included my \$100, non-refundable application fee. **Please send check or money order, payable to the Oregon SANE Certification Commission.**

Active Practice Verification: this section is required in order to complete the SANE/SAE Certification application process. By signing below, *I affirm that I presently hold a current unrestricted License in Oregon and that I am actively practicing in a clinical practice with an average of 40 hours of direct patient contact per month.*

 Applicant Signature

 Date