



### 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 \_\_\_\_\_

<input type="checkbox"/> I have completed a 40-hour didactic course and I have met the course requirements by: <ul style="list-style-type: none"> <li>a. Oregon SANE/SAE Training – <b>(attach copy of certificate)</b></li> <li>b. Other 40-hour SANE/SAE Training <b>(attach copy of certificate)</b></li> </ul>
<input type="checkbox"/> I have completed all preceptorship requirements as required by the SANE/SAE Certification Commission <b>(attach all required documentation)</b>
<input type="checkbox"/> I am affiliated with a hospital/clinic, which supports my SANE/SAE Practice. <b>Hospital/Clinic:</b> _____ <b>Medical Director:</b> _____ Phone: _____
<input type="checkbox"/> Identify a prosecutor, law enforcement officer and an advocate who has agreed to be your community contact: <b>Prosecutor:</b> _____ Phone: _____ <b>Law Enforcement:</b> _____ Phone: _____ <b>Advocate:</b> _____ Phone: _____
<input type="checkbox"/> I have included my \$100, non-refundable application fee. <b>Please send check or money order, payable to the Oregon SANE Certification Commission.</b>

**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 \_\_\_\_\_  
Revision April 2011