



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: _____

Do you conduct more than 10 speculum exams in a year? _____

By signing the below, I am verifying that I conduct more than 10 speculum exams in a year, as part of my routine medical practice.

Signature of Trainee

Date

By signing below I am verifying that the above trainee conducts more than 10 speculum exams in a year as part of their routine medical practice and that I have personally observed and can attest to their competency.

Supervisor's Signature:

Date