



KEN PAXTON  
ATTORNEY GENERAL OF TEXAS

## SANE Certification Renewal Application

**Please note that all information may be subject to disclosure under the Texas Public Information Act.**

### Type of Application (Check all that apply)

<input type="checkbox"/> Adult SANE Certification (CA-SANE) <input type="checkbox"/> Pediatric SANE Certification (CP-SANE)
---

### Applicant's Information

Applicant Name (as it appears on RN license)		Work Phone Number	
Mailing Address		Alternate Phone Number (Optional)	
City	State	Zip Code	
RN License Number and Issuing State	SANE Certification Number	Email Address	

### Location of SANE Practice

Name of Primary Facility		Facility Phone Number		
Facility Mailing Address (if different from above)		County	City	State

### SANE Coordinator Information

SANE Coordinator's Name	SANE Coordinator's Phone Number	SANE Coordinator's Email
-------------------------	---------------------------------	--------------------------

### Medical Director Information

Medical Director's Name	Medical Director's Phone Number	Medical Director's Email
-------------------------	---------------------------------	--------------------------

Applicant Name \_\_\_\_\_



**KEN PAXTON**  
ATTORNEY GENERAL OF TEXAS

## **SANE Renewal Verification Form**

### *Applicant Verification*

I, \_\_\_\_\_ (print name), verify that all minimum requirements for SANE Certification have been completed as required by the OAG. I verify that all information provided in this application and other supporting documentation is true and correct to the best of my knowledge. I authorize any organization or individual who has information relating to my application to release it to the OAG as needed to process this application. I understand that the OAG or any agent or representative of the office, has the right to review, investigate and verify the information provided. I understand it is my own responsibility to maintain all documents (including copies of this application). It is not the responsibility of the OAG to maintain my documentation on my behalf. I must maintain my documentation as I may be subject to audit at any time. I understand and agree that if false, misleading, or intentionally incomplete information is provided my application may be denied, could result in the revocation of my SANE certification, or I may be subject to any other penalties authorized by law.

---

**Applicant's Signature**

**Date**



**KEN PAXTON**  
ATTORNEY GENERAL OF TEXAS

**SANE Continuing Education Activities Form**

Applicants selected for audit must be able to provide proof of continuing education activities such as training certificates, agendas, and objectives. If these documents are not available when requested, the submitted hours may be denied.

**Please list all presentations separately.**

<b>Activity</b>	Activity Name			
	Date	Activity Provider	Location	Number of Hours
<b>Activity</b>	Activity Name			
	Date	Activity Provider	Location	Number of Hours
<b>Activity</b>	Activity Name			
	Date	Activity Provider	Location	Number of Hours
<b>Activity</b>	Activity Name			
	Date	Activity Provider	Location	Number of Hours
<b>Activity</b>	Activity Name			
	Date	Activity Provider	Location	Number of Hours

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

Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours
Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours
Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours
Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours
Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours
Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours
Activity	Activity Name			
	Date	Activity Provider	Location	Number of Hours



**KEN PAXTON**  
ATTORNEY GENERAL OF TEXAS

**SANE Case Review Form**

Applicants selected for audit must be able to provide proof of case review activities such as certificates of attendance or other proof of attendance. If these documents are not available when requested, the submitted hours may be denied.

<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent

<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent
<b>Case Review</b>	Case Review Provider			
	Date and Location	Time Spent on Adult	Time spent on Adolescent	Time spent on Prepubescent



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

**KEN PAXTON**  
ATTORNEY GENERAL OF TEXAS

## **SANE Renewal Clinical Requirement Form**

I, \_\_\_\_\_ (*print name*), have completed the following number of medical forensic sexual assault examinations within the time frame of my current certification period of \_\_\_\_\_:

- \_\_\_\_\_ prepubescent patient
- \_\_\_\_\_ adolescent patient
- \_\_\_\_\_ adult patient (young, middle-aged, or elder)

I understand that the Office of the Attorney General may request additional information from me. I understand and agree that providing false, misleading, or intentionally incomplete information can result in the denial of my application or the revocation of my SANE certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date