



## Adult/Adolescent Sexual Assault Nurse Examiner (SANE) Clinical Training

December 2-3, 2025

Application Deadline: November 4, 2025

Training: 8:00 a.m. – 5:30 p.m.

The Illinois Attorney General's Office is pleased to offer training on sexual assault patient care designed to improve the response to sexual assault patients.

The Adult/Adolescent **Sexual Assault Nurse Examiner (SANE) Clinical Training** is a two-day training for medical professionals who have previously completed a 40-hour Adult/Adolescent SANE didactic training and are currently working to complete their Illinois Adult/Adolescent Clinical Training Log. The training will provide clinicians with hands-on experiences involving the use of standardized patients. SANE-A preceptors will demonstrate techniques and direct clinicians throughout the hands-on training.

This training has a maximum capacity of 32 participants. The Office of the Illinois Attorney General will select participants in the Adult/Adolescent SANE Clinical Training based on clinical training log completion status and geographic representation. To maximize the number of hospitals and geographical areas, the Attorney General's Office may limit the number of attendees from a hospital or geographical area. **Written communication detailing acceptance or non-acceptance will be sent via email to all applicants on or by November 7, 2025.** For questions about the status of an application, please contact the Conference Registration Line at 1-866-376-7215 or email [sane@ilag.gov](mailto:sane@ilag.gov).

To apply to attend this free training, please complete this application and return to: [sane@ilag.gov](mailto:sane@ilag.gov)

### **Springfield Training — Application Deadline November 4, 2025**

#### **Adult/Adolescent SANE Clinical Training**

**December 2-3, 2025**

**Training: 8:00 a.m. — 5:30 p.m.**

**Registration: 7:45 a.m.**

SIU School of Medicine

801 N Rutledge Street

Springfield, IL 62702

Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

Date of SANE Didactic Training: \_\_\_\_\_ ☐ ILOAG Other\*: \_\_\_\_\_

\*Individuals who completed a SANE didactic training that was not hosted by the Illinois Attorney General's SANE Program must submit a certificate of completion with their application.

Application continued on next page

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Name of treatment facility/hospital(s) where practicing: \_\_\_\_\_

Do you currently work in a direct patient care role in this facility's Emergency Room? ☐ Yes ☐ No  
OR

Do you currently work as an On-Call SANE at this facility? ☐ Yes ☐ No

\*If no, please include below the clinical plan you established for completing clinical training requirements. Medical forensic exams must be completed at an approved treatment facility. Clinical plans should include arrangements made with a SANE Coordinator or qualified mentor to complete the medical forensic exams.

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Do you have a Mentor? ☐ Yes ☐ No

Mentor's Name\* \_\_\_\_\_ Credentials: ☐ AA SAFE ☐ SANE-A ☐ AA SANE

\*Mentors must be a AA SAFE, SANE-A, or AA SANE

Have you completed the following clinical training requirements:

Entry Level Adolescent and Adult Assessment Workbook Summary? ☐ Yes ☐ No

Speculum Placements? ☐ Yes ☐ No

Anatomy and Technique Competency? ☐ Yes ☐ No

Specialized Equipment Proficiency Training? ☐ Yes ☐ No

Minimum of three Additional Training Opportunities? ☐ Yes ☐ No

Minimum of three Medical Forensic Examinations? ☐ Yes ☐ No

**Number of MFE Completed \_\_\_\_\_ (if you have yet to complete a MFE, please indicate 0)**

Can we share information about your training participation with your mentor/employer? ☐ Yes ☐ No

### **Disclaimers and Signature**

*I certify that the information submitted in this application is true to the best of my knowledge and belief and is furnished in good faith. I understand that all images and photographs shared during the training are for training purposes only and may be graphic in nature. I understand and acknowledge that I am not permitted to record, photograph, take screenshots or videos, or otherwise reproduce or copy in any manner, any images or photographs used during the training, for any purpose whatsoever. I agree to follow SIU School of Medicine's COVID-19 policies, including wearing a face mask when indoors in the school if required.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please call 1-866-376-7215 (voice) or email [sane@ilag.gov](mailto:sane@ilag.gov) with questions or reasonable accommodation requests.

SIU School of Medicine is preapproved as a continuing nursing education provider pursuant to Section 1300.130, subsection c), 1), B) and P) of the Illinois Department of Financial and Professional Regulation Nurse Practice Act. Nurses may receive a maximum of 16 contact hours for completing this activity.

Criteria for successful completion of the SANE Clinical training include attendance at the entire event and submission of a completed evaluation form. Nurse planners and faculty have declared no conflict of interest.

Late or incomplete applications will only be considered if space is available.