

**Sexual Assault Evidentiary Exam Competency Checklist and Critique – Form B  
(Complete and submit with 3 de-identified\* charts for Certification)**

<b>Name</b>		<b>OSBN License Number</b>		
<b>Skill Scale: 1 = Demonstrates Competence 2 = Needs More Practice</b>				
	<b>Skill</b>	<b>1. Observing (self report)</b>	<b>2. Being Observed</b>	<b>3. Independent (self report)</b>
Introduce self & explain the service provided by SANE				
Explain parameters of confidentiality & obtain consent				
Complete interview				
Discharge plan and instructions given				
Speculum exam				
Forensic evidence collection				
Overall rapport with patient				
<b>Evaluator/Observer Name</b>		<b>Title</b>		<b>Medical Facility</b>
Comments:				
<b>Self Reflection and critique for each exam</b>				

**1. Observing (please comment on and give specific examples of what you observed about the quality and elements of the Sexual Assault Evidentiary Exam you observed – use back of page if needed):**

**2. Being Observed (please comment on and give specific examples about the quality and elements of the Sexual Assault Evidentiary Exam you were observed performing – use back of page if needed):**

**3. Independent (please comment on and give specific examples about the quality and elements of the Sexual Assault Evidentiary Exam you performed – use back of page if needed):**

\* “de-identified” means without any identifying information (i.e. no addresses, name of patient or family members, alleged perpetrator, social security numbers, references to employment, etc.). *Records that are not properly de-identified will be shredded and will no longer be accepted for review.*