Oregon SANE Recertification Application

Registration: Complete all sections of this application and send with payment.
Include the CE/Practice Verification Log with this application.

Mail to: OR SANE Certification Commission c/o AG SATF, 93 Van Buren, Eugene, OR 97402

First Name _____ MI _____ Last Name _____

Home Street Address or PO Box _____

City _____ State _____ Zip Code _____ County of Employment _____

Home Phone _____ Work Phone _____

Email Address _____

Social Security # _____ OR RN License + SANE # _____ SANE Expiration date _____

Validation Commitment – This section is required in order to complete the SANE Recertification application process. By signing below, *I affirm that I presently hold a current unrestricted Registered Nurse License in Oregon and that I am actively practicing as a nurse with an average of 20 hours of direct patient contact per week.*

Applicant Signature _____ Date _____

SANE Recertification (please include CE/Practice Log)

☐ $75

All Recertification fees are non-refundable.

☐ Please send a Check or Money Order (Payable to the Oregon SANE Certification Commission)

Signature _____ Date _____