



SANE Recertification CE/Clinical Practice Verification Log

Name _____ RN + SANE Cert # _____

REQUIREMENTS

Renewal Period: From _____ To _____

Certified Oregon SANEs seeking recertification must complete 3 sexual assault exams (1 full mock exam may substitute for an actual exam), 15 speculum exams (can include the 3 sexual assault exams if speculum exams were completed), and 25 relevant continuing education hours with in the three-year period prior to the certification expiration date in order to maintain active certification status.

DIRECTIONS

1. Print or type all information legibly. This form may be photocopied. Keep a copy of this completed log for your records and submit a copy with your Recertification Application. Keep detailed records of dates of exams, speculum exams and certificates from Continuing Education activities to submit if you are audited.
2. **If you are selected for an audit**, please attach all documents verifying continuing education and practice activities, in the order listed, to a copy of this completed form. Do not submit originals.
3. Submit all documentation and fees to: **The Oregon SANE Certification Commission, c/o The Attorney General's Sexual Assault Task Force, 93 Van Buren Street, Eugene, Oregon 97402.**

Continuing Education Courses, Trainings or Conferences

| Program/Course Title | Date(s) of Program/Course | Sponsoring Organization or School | CE Equivalent* |
|----------------------|---------------------------|-----------------------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| TOTAL | | | |

Teaching/Presentation

| Conference/Class Name | Presentation Title | Date Provided | CE Equivalent* |
|-----------------------|--------------------|---------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| TOTAL | | | |

Publications

| Title/Name of Publication | Publish Date | Type of Publication | Author or Editor | CE Equivalent* |
|---------------------------|--------------|---------------------|------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| TOTAL | | | | |

Professional Activities

| Type of Activity (SART, MDT, Trial, Case Review, etc.) | Typical length of activity (hours) | Frequency (monthly, one-time, etc.) | CE Equivalent* |
|--|------------------------------------|-------------------------------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| TOTAL | | | |

* For Continuing Education Equivalent see the “Measurement of Continuing Education Hours” section in the SANE Recertification Requirements Document.

Professional Memberships

Organization/Group

- 1.
- 2.
- 3.
- 4.
- 5.

Sexual Assault Exams (Including Mock Exam if applicable)

| Location of Exam (Hospital/Clinic) | Date of exam | Age of Patient | Supervisor/Preceptor Name |
|------------------------------------|--------------|----------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Speculum Exams

- ___ I conduct speculum exams on female patients as a regular part of my job, or
___ I have completed at least 15 speculum exams within the last three years through the following arrangement (explain):

Contact person(2) for verification of speculum exams:

| Name | Title | Organization | Contact Phone Number |
|------|-------|--------------|----------------------|
| | | | |
| | | | |
| | | | |

Total Continuing Education Credits: _____

Total Sexual Assault Exams: _____

Total Mock Exams: _____

Total Speculum Exams: _____

I confirm that all the information I have submitted is accurate and true.

Signature

Date