

GNESA Basic SANE/SAFE Training Program
2013 Sexual Assault Nurse/Forensic Examiner Training Program
Application Form

Date of Training you are registering to attend: _____

Location of Training you are registering to attend: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Work Phone: _____

E-Mail: _____ Fax: _____

Organization: _____

Please Make Sure To Include The Following Enclosures With Your Application Form:

- SIGNED APPLICATION AND COMMITMENT FORM (**SIGNED AND WITNESSED**)
- COPY OF CURRENT GEORGIA RN LICENSE*
**Or other licensure as required*
- DEPOSIT, Money Order made payable to GNESEA – if not paid via PayPal* at time of online registration (*PayPal fee may apply). No personal checks will be accepted at this time.
Registration fee is \$200 for GA residents or those practicing in the state of Georgia and \$300 for all others.
*The \$200 fee (minus any PayPal fees if applicable) will be refunded to GA residents or those practicing in the state of Georgia **after** completion of the didactic and clinical portions of the training as scheduled. The \$300 fee for all others is non-refundable.*

Have you registered online at www.gnesa.org for this training? ___ No ___ Yes
You will not be eligible to attend training until you have registered online and all documents are received by GNESEA.

Please make sure all documents are completed, do not leave any portions blank. Thank You!

GNESA – SANE PROGRAM
155 Westridge Parkway, Suite 102
McDonough, GA 30253
404.815.5261 FAX 404.815.5265

***GNESA RESERVES THE RIGHT TO RESCHEDULE A PROGRAM IN THE EVENT A MINIMUM NUMBER OF PARTICIPANTS HAVE NOT REGISTERED OR SUBMITTED ALL REQUIRED PAPERWORK.**

****ALL REQUIRED DOCUMENTS AND DEPOSITS ARE DUE TO GNESEA PRIOR TO THE BEGINNING OF THE TRAINING. DOUCMENTS WILL NOT BE ACCEPTED THE DAY OF OR AT THE TRAINING SITE.**

**GNESA Basic & Advanced SANE/SAFE Training Program
FORM OF COMMITMENT**

**2013 GEORGIA SEXUAL ASSAULT NURSE EXAMINER TRAINING PROGRAM AGREEMENT FOR
STANDARDS OF PROFESSIONAL PERFORMANCE**

I, _____, acknowledge and warrant that I am a registered nurse* licensed to practice in the State of Georgia. I agree to meet the Standards of Nursing Practice for a Sexual Assault Nurse Examiner as set forth by the International Association of Forensic Nurses (IAFN). I agree to perform all duties and responsibilities associated with providing a safe and thorough examination during the collection of evidence from a victim of sexual assault.

I will be responsible for attending SANE/SAFE training update sessions and statewide meetings; acquiring any necessary information to remain current in forensic nursing/exams; and acquiring an understanding and working relationship with my community rape crisis center.

In addition to the above requirements, I understand that I must meet minimum observation and supervised performance requirements before I receive advanced SANE/SAFE status. It is my full intent to practice advanced SANE/SAFE forensic nursing in the state of Georgia; to be available for the Sexual Assault Response Team (SART) that includes the medical community, sexual assault victim advocates, law enforcement, prosecution, and most importantly the victims of sexual assault; and to be available to testify in the proper court forum regarding my findings on examinations.

I agree to complete both the 40 hr. Didactic and Clinical portions of the training and will not receive advanced SANE/SAFE status until both portions of the training have been completed. Additionally, I understand that if I do not complete both portions and comply with all requirements of the training, within the required timeframe, GNESA will not refund my \$200 registration fee (refund applies to Georgia residents only). I also understand that it is my responsibility to initiate, schedule and complete all portions of the clinical training within my community. If I encounter obstacles, it is my responsibility to contact GNESA for assistance prior to the expiration of the required timeframe.

Further, I recognize and acknowledge that I will have access to certain confidential information regarding victims of sexual assault. I agree that I will not disclose any such confidential information regarding victims of sexual assault to any person, firm, corporation, association, or other entity for any reason or purpose whatsoever, unless ordered to do so by a court of competent jurisdiction.

This agreement shall in no way be construed to confer employment between the SANE/SAFE and GNESA programs, nor any of the GNESA member rape crisis centers or associated programs.

Signature of Participant

Witness Signature

Date

Date

PLEASE PRINT LEGIBLY

Participant Name: _____ Phone: _____