

# APPLICATION FOR INITIAL OR CONTINUED SANE COURSE APPROVAL

PRINT USING BLACK INK OR TYPE THE INFORMATION REQUESTED AND  
SUBMIT TO THE KENTUCKY BOARD OF NURSING

---

## *SANE Program Administrator*

---

\_\_\_\_\_  
Name (print clearly)

\_\_\_\_\_  
Phone Number (print clearly)

\_\_\_\_\_  
Fax Number (print clearly)

\_\_\_\_\_  
Email Address (print clearly)

---

## *SANE-Approved Program*

---

\_\_\_\_\_  
Program Name (print clearly)

\_\_\_\_\_  
Address 1 (print clearly)

\_\_\_\_\_  
Address 2 (print clearly)

\_\_\_\_\_  
City (print clearly)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code (print clearly)

\_\_\_\_\_  
Fax Number (print clearly)

---

## *Attach the Following Documentation*

---

Please attach documentation of the following information and submit it to the Kentucky Board of Nursing at least 3 months prior to the anticipated offering date of the course:

1. Position description and qualifications of SANE course nurse administrator
2. Qualifications/description of faculty
3. Course syllabus [see 201 KAR 20:411, Subsection 2(3)]
4. Program completion requirements
5. Tentative course presentation dates
6. Records maintenance policy
7. Copy of the course completion certificate

---

## *Certification Statement*

---

By signing this application, I hereby agree to comply with the specified requirements regarding the continued approval of the above SANE Program, as required in Kentucky Administrative Regulation 201 KAR 20:411.

\_\_\_\_\_  
Signature of SANE Program Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date