

INSTRUCTIONS FOR THE SANE APPLICATION FOR CREDENTIAL

FAX COPIES OF APPLICATIONS WILL NOT BE ACCEPTED BY KBN

General Information PLEASE PRINT CLEARLY IN BLACK INK

- Licensure fees and regulatory requirements are subject to change. Fees are NON-REFUNDABLE:
Initial - \$120 Reinstatement - \$120
 - Send to the Kentucky State Police (KSP):
 - Appointments are available by scheduling on-line at <http://uenroll.identogo.com> or by calling 1-844-543-9714
 - Validation of name change(s) is required if the name on any document received at KBN is different from the name on the application for licensure. Acceptable validations include a copy of either a:
 1. Social security card,
 2. Marriage license, **OR**
 3. Court order or divorce decree showing the right to a name change.
- You are required to notify KBN within 30 days of an address change. The notification shall include:
1. Name
 2. Social security number or Kentucky nursing license number
 3. New address
- The application is valid for one year from the date received at KBN.
Practicing without a permanent Kentucky SANE credential may subject you to disciplinary action by KBN.
It is your responsibility to assure that all documents have been received **BEFORE** the application for SANE credential expires.

Section 1: Biographical Data

- All information shall be provided.
- KBN does not distribute/provide email addresses to third parties.

Section 2: Method of Application

- Mark the appropriate method of application:
 - **Initial:** You have never held a Kentucky SANE credential.
 - **Reinstatement:** Your Kentucky SANE credential lapsed, and you want an active SANE credential.
- Please indicate if you are applying as a SANE nurse with a focus in either Pediatric/Adolescent (P/A) or Adolescent/Adult (A/A)

Section 3: Registered Nurse Licensure Information

- Submit a copy of your current compact RN license.
Provide the state of your compact RN license.
Provide the expiration date of your compact RN license.

Section 4: SANE Educational Program Information

- List the name of the approved SANE program you attended.
Submit verification of completion of SANE program (copies of certificates of completion).

Section 5: Nursing Practice and Primary Residence

- Indicate your primary state of residence.
Indicate if you are practicing ONLY in a military/federal facility.
Select all jurisdictions in which you currently practice.
Evidence of primary residence includes:

- voter registration,
- driver's license,
- Federal income tax return and/or
- Military Form No. 2058.

DO NOT submit evidence of primary residence unless requested to do so.

Section 6: Disciplinary

- All questions shall be answered. If you answer "yes" to any of these questions, your application will not be processed until the following documents are received:
 1. A detailed letter of explanation for each action taken.
 2. A certified copy of the Board's or other licensing agency's action.

Failure to report any action pending or disciplinary action **EVER** taken on a nursing license or other professional license may subject you to disciplinary action.

Failure to report participation in an alternative to discipline/diversion program may subject you to disciplinary action.

Section 7: Criminal History

- All questions shall be answered. You **SHALL REPORT** the following and submit the required documents:
 1. All felony convictions ever received (submit Certified Court Documents & Detailed Letter of Explanation)
 2. All misdemeanor(s), including DUIs, received WITHIN 5 years of the date of application (submit Certified Court Documents & Detailed Letter of Explanation)
 3. All misdemeanor(s), including DUIs, received PRIOR TO 5 years of the date of application (SHALL REPORT, but no documents required)

NOTE: Traffic violations OTHER than DUIs do not need to be reported.

If you answered "**YES**" to any question(s), allow 3 months for all information to be reviewed by KBN.

Failure to report any criminal convictions **EVER** received may subject you to disciplinary action.

Section 8: Reinstatement of a SANE Credential

Return to KBN:

Completed application

Fee of \$120

State and federal background checks

Section 8: Reinstatement of a SANE Credential (Continued)

State and federal background checks:

Appointments are available by scheduling on-line at <http://uenroll.identogo.com> or by calling 1-844-543-9714

NOTE: If the SANE credential has been expired for more than four (4) consecutive license periods, you shall provide evidence of completion of a SANE educational program. The course shall be completed during the period your SANE credential lapsed.

Section 9: Responsibility & Accountability of KY Licensed Nurses

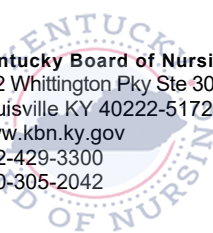
- Please read carefully before signing this application.

Falsification of any information contained herein may be cause for disciplinary action by KBN.

The portion of nursing law cited in this section relating to KRS 314.021 explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky.

All licensed nurses practicing in Kentucky shall adhere to the Kentucky Nursing Laws and regulations, which are available at <http://kbn.ky.gov/legalopinions/Pages/laws.aspx>.

It is a violation of Kentucky Nursing Law to practice as a Sexual Assault Nurse Examiner (SANE) nurse with an expired RN license, and/or SANE credential.



SEXUAL ASSAULT NURSE EXAMINER APPLICATION FOR CREDENTIAL

Office Use Only

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

Section 1: Biographical Data

Last Name (print clearly)

First Name (print clearly)

_____ Male Female

Middle Name (print clearly)

____ - ____ / ____ / ____ U.S. Citizen? Yes No

Social Security # (print clearly)

Date of Birth

Address (print clearly)

_____ - _____

City (print clearly)

State

Zip Code (print clearly)

County of Residence (print clearly)

International Country (not USA) (print clearly)

Ethnic Group:

- African American Native American
- Asian Pacific Islander
- Multiracial Caucasian
- Hispanic or Latino/a Other

International Postal Code (print clearly)

____ - ____ - ____ - ____ - ____

Daytime Phone Number (print clearly)

Home Phone Number (print clearly)

Email Address (print clearly)

Section 2: Method of Application

Please indicate if you are applying as a SANE nurse with a focus in either Pediatric/Adolescent (P/A) or Adolescent/Adult (A/A)

<u>If You Have Never Held a KY SANE Credential</u>	<u>Fee</u>	<u>Complete These Sections</u>	<u>Submit</u>
Initial (S1): <input type="checkbox"/> SANE P/A <input type="checkbox"/> SANE A/A	\$120 Fee	1, 2, 3, 4, 5, 6, 7, 9, 10	State and federal background checks
<u>If You Held a KY SANE Credential</u>	<u>Fee</u>	<u>Complete These Sections</u>	<u>Submit</u>
Reinstatement (S3): <input type="checkbox"/> SANE P/A <input type="checkbox"/> SANE A/A	\$120 Fee	1, 2, 3, 5, 6, 7, 8, 9, 10	State and federal background checks

Section 3: Registered Nurse Licensure Information

You shall hold a current RN license from Kentucky or a compact state before a SANE credential will be issued. Submit a copy of your current compact license with this application.

_____ / ____ / _____

State of Current Compact RN Licensure Compact RN License # (print clearly) Expiration Date (MM/DD/YYYY)

Section 4: SANE Educational Program Information

Please answer the following questions about the SANE program you attended.

Name (print clearly)

_____ / _____
City (print clearly)

_____ / _____
State Month & Year Completed

You shall include proof of completion of:

1) A KBN-approved SANE educational program, and 2) the required didactic instruction and clinical practice.

If the course you attended was not located in Kentucky, you shall also show proof of having completed continuing education hours specific to Kentucky legal, forensic, and rape crisis issues. Contact KBN for specific information on out of state programs.

Section 5: Nursing Practice and Primary Residence

Indicate Your Primary State of Residence: KY Other: _____ Do you practice nursing ONLY in a military/federal facility? Yes No

DO NOT SUBMIT EVIDENCE OF PRIMARY RESIDENCE UNLESS REQUESTED TO DO SO.

Check the box for EACH state in which you currently practice:

<input type="checkbox"/> AL	<input type="checkbox"/> AZ	<input type="checkbox"/> DC	<input type="checkbox"/> GU	<input type="checkbox"/> IL	<input type="checkbox"/> LA	<input type="checkbox"/> MI	<input type="checkbox"/> MT	<input type="checkbox"/> NH	<input type="checkbox"/> NY	<input type="checkbox"/> PA	<input type="checkbox"/> SD	<input type="checkbox"/> VA	<input type="checkbox"/> WI
<input type="checkbox"/> AK	<input type="checkbox"/> CA	<input type="checkbox"/> DE	<input type="checkbox"/> HI	<input type="checkbox"/> IN	<input type="checkbox"/> MA	<input type="checkbox"/> MN	<input type="checkbox"/> NC	<input type="checkbox"/> NJ	<input type="checkbox"/> OH	<input type="checkbox"/> PR	<input type="checkbox"/> TN	<input type="checkbox"/> VI	<input type="checkbox"/> WV
<input type="checkbox"/> AR	<input type="checkbox"/> CO	<input type="checkbox"/> FL	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> MD	<input type="checkbox"/> MO	<input type="checkbox"/> ND	<input type="checkbox"/> NM	<input type="checkbox"/> OK	<input type="checkbox"/> RI	<input type="checkbox"/> TX	<input type="checkbox"/> VT	<input type="checkbox"/> WY
<input type="checkbox"/> AS	<input type="checkbox"/> CT	<input type="checkbox"/> GA	<input type="checkbox"/> ID	<input type="checkbox"/> KY	<input type="checkbox"/> ME	<input type="checkbox"/> MS	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> OR	<input type="checkbox"/> SC	<input type="checkbox"/> UT	<input type="checkbox"/> WA	

Section 6: Disciplinary

If you answer "yes" to any of these questions, you **SHALL** provide the following documents as indicated below:

1. A detailed letter of explanation for each action taken.
2. A certified copy of the Board's or other licensing agency's action.
3. If you have more than two disciplinary events, please list the event and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Check the appropriate boxes and fill out information for each "yes" answer: If yes, list STATE and YEAR If yes, list STATE and YEAR

Have you ever been denied a nursing license in any state (for reasons other than failure to pass State Board Exam/NCLEX)? Yes No State: _____ Year: _____ State: _____ Year: _____

Do you have a current investigation, disciplinary action or a complaint pending on your nursing license, other professional license/certification or your privilege to practice in any state(s)? Yes No State: _____ Year: _____ State: _____ Year: _____

Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program? Yes No State: _____ Year: _____ State: _____ Year: _____

Has any licensing or regulatory authority in any U.S. state or jurisdiction EVER denied, limited, suspended, probated, revoked, or otherwise disciplined a nursing or other professional or occupational license, certificate or multi-state privilege to practice that you held? Yes No State: _____ Year: _____ State: _____ Year: _____
Yes, type of license(s)/certification(s): _____

Section 7: Criminal History Per KRS 314.011 (21) Convictions include conditional discharge, pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea.

You SHALL REPORT all felony convictions and provide certified court records and a detailed letter of explanation.

If you have more than two convictions, please list the conviction and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Have you ever been convicted of a felony? Yes No

Type of Conviction: _____

If yes, list STATE and YEAR If yes, list STATE and YEAR

State: _____ Year: _____ State: _____ Year: _____

If yes, has this conviction been previously reported to KBN? Yes No

You SHALL REPORT all misdemeanor convictions

If you have more than two convictions, please list the conviction and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Have you ever been convicted of a misdemeanor including DUI's? Yes No

- If the conviction* (including DUI's) is less than five years old, you shall provide certified court records and a detailed letter of explanation.
- If the conviction* (including DUI's) is more than five years old, no additional documentation is required unless requested by KBN..

Type of misdemeanor: _____

If yes, list STATE and YEAR If yes, list STATE and YEAR

State: _____ Year: _____ State: _____ Year: _____

If yes, has this conviction been previously reported to KBN? Yes No

Section 8: Reinstatement of a SANE Credential

Complete this section ONLY if you are reinstating a previously issued Kentucky SANE credential.

_____ / _____

SANE Credential # (print clearly)

Date Your Kentucky SANE Credential Lapsed (MM/YYYY)

1. You shall show proof of earning continuing competency requirement for the number of licensure periods since your SANE credential lapsed.
 2. If your SANE credential has been expired for more than four (4) consecutive license periods, you shall provide evidence of completion of a SANE educational program before the credential will be reinstated. The course shall be completed during the period your SANE credential lapsed.
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Section 9: Responsibility and Accountability of KY Licensed Nurses

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

All licensed nurses practicing in Kentucky shall adhere to the Kentucky Nursing Laws and regulations, which are available at <http://kbn.ky.gov/legalopinions/Pages/laws.aspx>.

KRS 314.031(1): It is "unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed or privileged under the provisions of this chapter.

Section 10: Attestation Statement

I certify that I am the person referred to in the foregoing application for Sexual Assault Nurse Examiner in Kentucky; that I am not in default of a student loan or I am in repayment status of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA), that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN, that all statements contained herein and on all attachments are true and correct in every respect; and that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I declare my primary state of residence to be the state as indicated in Section 5 of this application.

Applicant's Signature

_____ / _____ / _____

Date