APPLICATION FOR INITIAL OR CONTINUED
SANE COURSE APPROVAL
Print using black ink or type the information requested

SANE Program Administrator

Name (print clearly)

Phone Number (print clearly)   RN License   State   Exp. Date

SANE Approved Program

Program Name (print clearly)

Address 1 (print clearly)

Address 2 (print clearly)

City (print clearly)   State   Zip Code (print clearly)

Email Address (print clearly)

Phone 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. Completion requirements
5. Tentative course presentation policy
6. Records maintenance policy
7. Copy of certificate of course completion form

Attestation Statement

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

Signature of SANE Program Administrator

_____ / _____ / _____

Date

10/2018