



# 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