



KENTUCKY BOARD OF NURSING
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
800-305-2042 or 502-429-3300
Fax: 502-429-3311
kbn.ky.gov

SEXUAL ASSAULT NURSE EXAMINER (SANE) DATA ROSTER DOWNLOAD REQUEST FORM

Recently you inquired about the names and addresses of Sexual Assault Nurse Examiners (SANEs) in Kentucky. Names and addresses will be released per your written request, if possible. Please review the information below and complete the KBN form as precisely as possible.

1. The base fee is a flat fee of \$120. This includes records for all active SANEs in Kentucky.
2. A SANE Data Roster Download consists of Last Name, First Name, Address, City, State, Zip Code, Issue Date.
3. Data will be provided in semicolon-delimited format, which can easily be imported into a spreadsheet program such as Microsoft Excel.
4. Additional information requires a custom request. Custom requests require a programming fee. The programming fee is \$75 per hour **with a minimum of one hour**. If you require a custom request, please contact Eric Velazquez at 502-429-3343 or ericw.velazquez@ky.gov for a separate form and an estimate.
5. **ALL FEES (INCLUDING PROGRAMMING FEES) MUST BE PAID IN ADVANCE.**
6. **PLEASE ALLOW 4 TO 6 WEEKS FOR YOUR REQUEST TO BE PROCESSED.**
7. **PLEASE NOTE:** The names and addresses supplied by this agency reflect the most current information available. However, as licensees are responsible for updating information, the accuracy of data on file cannot be guaranteed by this agency.

Please complete the enclosed form and return it with the appropriate fee payable to the Kentucky Board of Nursing or fill out the credit card information (address listed above). Orders will be sent via email unless otherwise indicated. If you prefer another method of shipment, you must indicate which method on the bottom of the order form.

If you have additional questions, please contact Eric Velazquez at 502-429-3343 or ericw.velazquez@ky.gov.

OFFICE USE ONLY

SANE DATA ROSTER DOWNLOAD REQUEST FORM (Sexual Assault Nurse Examiners)

ORGANIZATION NAME: _____ PHONE: _____

ADDRESS: _____

_____ STREET _____ CITY _____ STATE _____ ZIP _____

CONTACT NAME: _____ SIGNATURE: _____

EMAIL ADDRESS: _____ **Note: Email is the preferred method of shipment**

CARD TYPE: American Express Discover MasterCard Visa

CARD NUMBER: _____ SECURITY CODE: _____
(On Back of Card)

NAME ON CARD: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

_____ CITY _____ STATE _____ ZIP _____

The \$120 FEE MUST ACCOMPANY THIS FORM – CHECK OR CREDIT CARD. Allow up to 6 weeks for processing.

1. Data will be provided in semicolon-delimited format
2. Cost for the listing is \$120.00
3. Active SANEs (Sexual Assault Nurse Examiners) will be included
4. Records will be sorted by Last Name
5. Anticipated completion date: Allow 4-6 weeks for delivery
6. **Shipment: ORDERS WILL BE SENT VIA EMAIL UNLESS OTHERWISE INDICATED. IF YOU NEED THE ORDER SHIPPED BY A METHOD OTHER THAN EMAIL, PLEASE INDICATE WHICH METHOD BELOW.**

Ship to Address Below <input type="checkbox"/>	Customer Pickup <input type="checkbox"/>
Address:	

