

ATTACHMENT VIII

**Application for New York State Department of Health
Certification for Sexual Assault Forensic Examiner (SAFE)**

Applicant Information

Name

Last First M.I.

Date of Birth

 / /

Mo. Day Year

Address

Street Apt. # City State Zip

Telephone #

 () -

E-mail

Fax #

 () -

**County(ies)
of Practice**

Applicant Type:
(check only one)

Registered Nurse

Physician

Nurse Practitioner

Physician Assistant

License Number:

IAFN SANE-A certified

check if yes

Application Information

Type of Certification Requested:

Initial

Re-certification

For DOH use only:

All checklist documentation provided

Documentation missing: _____

Qualifications reviewed. Comments: _____

Status: _____

Certification granted. Effective dates: _____ to _____

Entered into database: Date _____

CHECKLIST OF ATTACHED DOCUMENTATION

Initial Certification

- Copy of current license
- Proof of a minimum of one year, full-time clinical experience post-graduate
- A signed letter (of agreement) from the SAFE Program or other provider or institution that will provide qualified medical oversight. The name of the program is:

- Proof of successful completion of at least a 40 hour didactic and clinical training program conducted by a Department of Health-approved Sexual Assault Forensic Examiner training program, including documentation by the training program that mastery of all key didactic and clinical competencies has been demonstrated

- Proof of successful completion of a competency-based preceptorship.

OR

- IAFN Certification (attach certificate) and has a signed letter (of agreement) from the SAFE Program or other provider or institution that will provide qualified medical oversight. The name of the program is:

(See page 42 for further explanation of Safe examiner certification qualifications.)

For Re-certification Only

- Documentation of successful completion of 15 hours of continuing education in forensic science during the previous three years
- Proof that competency in providing sexual assault examinations has been maintained.
- A signed letter (of agreement) from the approved health service facilities or sexual assault forensic examiner program, as appropriate, affirming that qualified clinical oversight will continue to be provided.

Signature of Applicant _____ Date _____