



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

SANE Certification Application

**Please note that all information may be subject to disclosure under the
Texas Public Information Act.**

Type of Application (Check all that apply.)

☐ Adult SANE Certification (CA-SANE) ☐ Pediatric SANE Certification (CP-SANE)

Applicant's Information

Applicant Name (as it appears on RN License)		Work Phone Number	
Mailing Address		Alternate Phone Number (Optional)	
City	State	Zip Code	
RN License Number and Issuing State	Email Address		

Location of SANE Practice

Name of Primary Facility	Facility Phone Number		
Facility Mailing Address (if different from above)	County	City	State

SANE Coordinator Information

SANE Coordinator's Name	SANE Coordinator's Phone Number	SANE Coordinator's Email
-------------------------	---------------------------------	--------------------------

Medical Director Information

Medical Director's Name	Medical Director's Phone Number	Medical Director's Email
-------------------------	---------------------------------	--------------------------

Applicant Name _____



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

SANE Verification Form

Applicant Verification

I, _____ (*print name*), verify that all minimum requirements for SANE Certification have been completed as required by the OAG. I verify that I have a minimum of two years direct contact with patients (active practice) as an RN within the last five years at the time the application for Certification is submitted. I verify that all information provided in this application and other supporting documentation is true and correct to the best of my knowledge. I authorize any organization or individual who has information relating to my application to release it to the OAG as needed to process this application. I understand that the OAG or any agent or representative of the office, has the right to review, investigate and verify the information provided. I understand it is my own responsibility to maintain all documents (including copies of this application). It is not the responsibility of the OAG to maintain my documentation on my behalf. I must maintain my documentation as I may be subject to audit at any time. I understand and agree that if false, misleading, or intentionally incomplete information is provided my application may be denied, could result in the revocation of my SANE certification, or I may be subject to any other penalties authorized by law.

Applicant's Signature

Date

Applicant Name _____

Exam Type _____



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

SANE Clinical Requirement Form

Exam	Exam Date	Preceptor's License Type	Preceptor Name (Printed)	Preceptor Name (Signature) _____ I verify that I observed the applicant complete this exam.
	Exam Type ☐ Pelvic ☐ Well Child ☐ Medical Forensic ☐ Acute ☐ Non - Acute ☐ Adult Simulation ☐ Adult ☐ Adolescent ☐ Prepubescent			
Exam	Exam Date	Preceptor's License Type	Preceptor Name (Printed)	Preceptor Name (Signature) _____ I verify that I observed the applicant complete this exam.
	Exam Type ☐ Pelvic ☐ Well Child ☐ Medical Forensic ☐ Acute ☐ Non - Acute ☐ Adult Simulation ☐ Adult ☐ Adolescent ☐ Prepubescent			
Exam	Exam Date	Preceptor's License Type	Preceptor Name (Printed)	Preceptor Name (Signature) _____ I verify that I observed the applicant complete this exam.
	Exam Type ☐ Pelvic ☐ Well Child ☐ Medical Forensic ☐ Acute ☐ Non - Acute ☐ Adult Simulation ☐ Adult ☐ Adolescent ☐ Prepubescent			
Exam	Exam Date	Preceptor's License Type	Preceptor Name (Printed)	Preceptor Name (Signature) _____ I verify that I observed the applicant complete this exam.
	Exam Type ☐ Pelvic ☐ Well Child ☐ Medical Forensic ☐ Acute ☐ Non - Acute ☐ Adult Simulation ☐ Adult ☐ Adolescent ☐ Prepubescent			

Page ____ of ____

Applicant Name _____



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

SANE Courtroom Observation Form

Courtroom	Date _____ Hours _____	Courtroom Personnel Type / SANE Coordinator _____	Courtroom Personnel / SANE Coordinator Name (<i>Printed</i>) _____	Courtroom Personnel / SANE Coordinator Name (<i>Signature</i>) _____ I verify that I observed the applicant present during courtroom proceedings.
Courtroom	Date _____ Hours _____	Courtroom Personnel Type / SANE Coordinator _____	Courtroom Personnel / SANE Coordinator Name (<i>Printed</i>) _____	Courtroom Personnel / SANE Coordinator Name (<i>Signature</i>) _____ I verify that I observed the applicant present during courtroom proceedings.
Courtroom	Date _____ Hours _____	Courtroom Personnel Type / SANE Coordinator _____	Courtroom Personnel / SANE Coordinator Name (<i>Printed</i>) _____	Courtroom Personnel / SANE Coordinator Name (<i>Signature</i>) _____ I verify that I observed the applicant present during courtroom proceedings.
Courtroom	Date _____ Hours _____	Courtroom Personnel Type / SANE Coordinator _____	Courtroom Personnel / SANE Coordinator Name (<i>Printed</i>) _____	Courtroom Personnel / SANE Coordinator Name (<i>Signature</i>) _____ I verify that I observed the applicant present during courtroom proceedings.
Courtroom	Date _____ Hours _____	Courtroom Personnel Type / SANE Coordinator _____	Courtroom Personnel / SANE Coordinator Name (<i>Printed</i>) _____	Courtroom Personnel / SANE Coordinator Name (<i>Signature</i>) _____ I verify that I observed the applicant present during courtroom proceedings.
Courtroom	Date _____ Hours _____	Courtroom Personnel Type / SANE Coordinator _____	Courtroom Personnel / SANE Coordinator Name (<i>Printed</i>) _____	Courtroom Personnel / SANE Coordinator Name (<i>Signature</i>) _____ I verify that I observed the applicant present during courtroom proceedings.

Page ____ of ____