



IOWA DEPARTMENT OF JUSTICE
Sexual Assault Nurse Examiner and Qualified Provider Commitment Agreement

Please type or write legibly. Any questions should be directed to the Iowa Sexual Assault Response Coordinator at the Iowa Attorney General's Victim Assistance Section at 515-281-5044 or SAEProvider@ag.iowa.gov.

Being recognized as a Sexual Assault Nurse Examiner or Qualified Provider in the State of Iowa is an honor earned and a critical need to our citizens who experience sexual assault. We are committed to providing the best services to patients who needs the service of a sexual assault medical/forensic exam.

I agree to serve as a Sexual Assault Nurse Examiner or Qualified Provider in Iowa. As part of that agreement, my signature below represents a commitment to the following:

- Successful completion of an approved 40-hr adult/adolescent sexual assault nurse examiner course, 40-hr pediatric sexual assault nurse examiner course OR completion of an approved 30-hr course for Medical Doctors or Doctors of Osteopathy.
- I will complete my preceptorship within six months of successfully completing the appropriate course.
- I will be available to perform sexual assault exams for patients in my community/facility (specific requirements of availability will be determined by your employer or sexual assault response coordinator).
- I will perform medical/forensic exams for patients who experience sexual assault in accordance with protocols and standards established for best care.
- I will comply with the Iowa administrative rules regarding sexual assault nurse examiners.
- I will notify the Sexual Assault Response Forensic Response Coordinator of any change in my nursing license or criminal status immediately.
- I will make myself available to testify in judicial court proceedings if requested.
- I will not defer patient sexual assault care to another provider or facility when I am designated to be available in the capacity of a sexual assault nurse examiner.

I further understand that failure to fulfill the commitment may result in requiring me to reimburse the appropriate party for SANE training expenses including initial course reimbursement and preceptorship fees. By agreeing to this commitment, I understand that I am eligible to submit for compensation for the sexual assault nurse examiner fee to Victim Assistance Section. I agree to be honest and forthright when completing the invoice seeking reimbursement and will select the appropriate box whether I or my employer should receive the payment.

Printed Name and Title: _____

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

AG Staff Only:

Date received: _____ Initials: _____