



IOWA DEPARTMENT OF JUSTICE
Training Log for Sexual Assault Nurse Examiners and Qualified Providers

Please type or write legibly. Any questions should be directed to the Sexual Assault Forensic Response Coordinator at the Iowa Attorney General's Office at 515-281-5044 or SAEProvider@ag.iowa.gov. These are minimum standards for Iowa. Your institution may require additional clinical experiences to validate your competency. The Sexual Assault Forensic Response Coordinator may follow up with the preceptors listed on your clinical log to verify the information provided, as necessary.

Training Log for (check one):

Adult/Adolescent SANE Pediatric SANE M.D. / D.O.

Date of didactic course completion: _____

First Name: _____ Last Name: _____ Date: _____

Name of SANE Coordinator or Facility Supervisor: _____

Email Address of Coordinator or Supervisor: _____

Training Log Due Date: _____

The recommendation is to proceed in the following order:

- Complete the approved Sexual Assault Nurse Examiner or MD/DO Course
- Observe a *minimum* of one examination* conducted by an experienced examiner
- Perform a *minimum* of two examinations* with an approved preceptor

*Examinations may be actual or mock patients

Confirmation of Adult/Adolescent Sexual Assault Nurse Examiner Clinical Training Completion:

I, _____, the SANE Coordinator or Facility Supervisor for
_____(name of applicant) hereby certify that, to the best of my knowledge, the provided information
is true and accurate. I certify _____ has completed the mandatory requirements for clinical
training documented in the clinical training log.

Printed Name and Title: _____

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

A *minimum* of two examinations are required; however, sexual assault examinations shall be completed with a preceptor until the clinician has received appropriate approval by the Iowa Sexual Assault Forensic Response Coordinator. The medical forensic examinations must include use of the Iowa Division of Criminal Investigation Assault Evidence Collection Kit.

AG Staff Only:

Date received: _____ Date Approved: _____ Date Denied: _____ Initials: _____



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Observed Medical Forensic Examination: Mock Patient Actual Patient

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Preceptor's Email: _____

Exam Date: _____ Exam Location/Facility: _____

Patient's Age: _____ Patient's Gender: _____

Applicant Comments:

Preceptor Comments:

Medical Forensic Examination #1: Mock Patient Actual Patient

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Preceptor's Email: _____

Exam Date: _____ Exam Location/Facility: _____

Patient's Age: _____ Patient's Gender: _____

Skills utilized/observed during this examination (may include, but not limited to):

- Multidisciplinary Team Collaboration (i.e. Advocacy, Law Enforcement, DHS, etc.) Mandated reporting
- Medical Forensic Exam Consent Evidence Reporting Options
- Head to Toe Exam Speculum Insertion Genital anatomy identification Strangulation assessment
- Documentation Colposcopy/Photography Alternative light source
- Emergency contraception STI prophylaxis HIV prophylaxis
- Evidence kit collected DFSA Miscellaneous evidence collected Chain of custody maintained
- Sexual Assault Examination Payment Program/Hospital billing Crime Victim Compensation
- Follow-up instructions Safety plan Track Kit Medical Referrals
- Other _____

Applicant Comments:

Preceptor Comments:

AG Staff Only:

Date received: _____ Date Approved: _____ Date Denied: _____ Initials: _____



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Medical Forensic Examination #2: Mock Patient Actual Patient

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Preceptor's Email: _____

Exam Date: _____ Exam Location/Facility: _____

Patient's Age: _____ Patient's Gender: _____

Skills utilized/observed during this examination (may include, but not limited to):

- Multidisciplinary Team Collaboration (i.e. Advocacy, Law Enforcement, DHS, etc.) Mandated reporting
- Medical Forensic Exam Consent Evidence Reporting Options
- Head to Toe Exam Speculum Insertion Genital anatomy identification Strangulation assessment
- Documentation Colposcopy/Photography Alternative light source
- Emergency contraception STI prophylaxis HIV prophylaxis
- Evidence kit collected DFSA Miscellaneous evidence collected Chain of custody maintained
- Sexual Assault Examination Payment Program/Hospital billing Crime Victim Compensation
- Follow-up instructions Safety plan Track Kit Medical Referrals
- Other _____

Applicant Comments:

Preceptor Comments:

Medical Forensic Examination #3: Mock Patient Actual Patient

Preceptor's Printed Name and Title: _____

Preceptor's Signature: _____

Preceptor's Email: _____

Exam Date: _____ Exam Location/Facility: _____

Patient's Age: _____ Patient's Gender: _____

Skills utilized/observed during this examination (may include, but not limited to):

- Multidisciplinary Team Collaboration (i.e. Advocacy, Law Enforcement, DHS, etc.) Mandated reporting
- Medical Forensic Exam Consent Evidence Reporting Options
- Head to Toe Exam Speculum Insertion Genital anatomy identification Strangulation assessment
- Documentation Colposcopy/Photography Alternative light source
- Emergency contraception STI prophylaxis HIV prophylaxis
- Evidence kit collected DFSA Miscellaneous evidence collected Chain of custody maintained
- Sexual Assault Examination Payment Program/Hospital billing Crime Victim Compensation
- Follow-up instructions Safety plan Track Kit Medical Referrals
- Other _____

AG Staff Only:

Date received: _____ Date Approved: _____ Date Denied: _____ Initials: _____



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Applicant Comments:

Preceptor Comments:

AG Staff Only:

Date received: _____ Date Approved: _____ Date Denied: _____ Initials: _____