



Louisiana State University Health New Orleans
School of Nursing SANE Program
Application Form

Thank you for showing interest in the LSU Health SON SANE Program. Please answer the following question within this word document and submit answers to LSUSANEProgram@lsuhsc.edu

1. Why are you interested in becoming a SANE?
2. At what institution (include parish) are you working and in what specialty?
3. Are you currently working full time as an RN or APRN?
4. Do you have availability in your schedule for on-call hours after completing the didactic and clinical components of the training? If so, how many hours per month do you plan to work as a SANE?
5. Do you have any previous experience with conducting sexual assault examinations or prior SANE training? If yes, how many sexual assault exams have you performed?

6. Please check the box by the certification that you plan to pursue after completion of training.

SANE-A

SANE-P

Both SANE-A & SANE-P

Name:

Email Address:

Phone Number: