



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

Name: _____

Email Address: _____

Phone Number: _____

1. How long have you been a practicing RN or APRN? Yrs. _____ Are you currently working full time as an RN or APRN? Yes, or No
2. Employed at _____ Specialty _____ Parish _____
3. Name 3 reasons why you have an interest in the SANE program:
 - a. _____
 - b. _____
 - c. _____
4. Do you have availability in your schedule for on-call hours after completing the didactic and clinical components of the training? Yes or No 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? Yes or No If yes, how many sexual assault exams have you performed? _____
6. Please circle the certification that you plan to pursue after completion of training.

SANE-A

SANE-P

Both SANE-A & SANE-P