New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Forensic Nurse-Certified Sexual Assault

Application Instruction Sheet

Enclosed is an application packet for the New Jersey Board of Nursing's Forensic Nurse-Certified Sexual Assault Certification. Please read all of the directions carefully and return to the Board the completed Official Application for Forensic Nurse - Certified Sexual Assault.

Return completed materials to:
New Jersey Board of Nursing
P.O. Box 45010
Newark, NJ 07101

Initial Application

For the initial applicant, the following requirements must be fulfilled. Send directly to the Board:

- The $100.00 nonrefundable application fee and the $100.00 certification fee. (See fees.)
- The New Jersey Board of Nursing's Official Application for Forensic Nurse-Certified Sexual Assault.
- The Certification and Authorization form for the criminal history background check.
- A letter or certificate of completion of a SANE program in the U.S., or a transcript which must include the official school seal.
- A letter or certificate of completion of SANE clinical education.
- A letter or certificate of completion of the New Jersey specific course which covers the information required by N.J.A.C. 13:37-9.5(c) 2i, 4, 9i, 14i and 14ii.
- Proof of sucessfully completing the clinical requirements (N.J.A.C. 13:37-9.6).

Endorsement Application

For the endorsement applicant, the following requirements must be fulfilled. Send directly to the Board:

- The $100.00 nonrefundable application fee and the $100.00 certification fee.
- The New Jersey Board of Nursing's Official Application for Forensic Nurse - Certified Sexual Assault.
- The Certification and Authorization form for the criminal history background check.
- A letter or certificate of completion of a SANE program in the U.S., or a transcript which must include the official school seal.
- A letter or certificate of completion of SANE clinical education.
- A copy of the current statutes and regulations from the state or jurisdiction in which the candidate for certification is currently licensed or certified.
- Verification of certification as a SANE in another state.
- A letter or certificate of completion of the New Jersey specific course which covers the information required by N.J.A.C. 13:37-9.5(c) 2i, 4, 9i, 14i and 14ii. (This information can be found on the Board's Web site at: www.njconsumeraffairs.gov/medical/nursing.htm.)
- The applicant must certifiy that she/he has worked full-time for at least two years as a registered professional nurse (N.J.A.C. 13:37-9.3(a) - (d)).

Citizenship/Immigration Status

If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

Fees

Initial Application and Endorsement Application

Please enclose a nonrefundable application filing fee of $100.00 and a license certificate fee of $100.00 (Note: The certificate fee is $100.00 if paid during the first year of the biennial renewal period for your R.N. license, or $50.00 if paid during the second year of the biennial renewal period for your R.N. license.) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.)

Criminal History Background Check

(N.J.S.A. 45:1-28 et seq.) All applicants for certification as a Forensic Nurse - Certified Sexual Assault shall complete the Certification and Authorization form for a criminal history background check and shall return it with the completed New Jersey Board of Nursing's application packet.

Upon the Board's receipt of the Certification and Authorization form for a criminal history background check, the applicant will receive instructions on the fingerprinting process.

The applicant will not be certified as a Forensic Nurse - Certified Sexual Assault in the State of New Jersey until the completed application has been submitted, the criminal history background check has been completed, and the results have been received by the Board of Nursing.

If the criminal history background check shows a criminal conviction, the application will need to be reviewed by the Board of Nursing.

Questions

Address questions to Ms. Leslie Burgos-Bonilla at (973) 504-6457.

Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

Date received: _____

New Jersey Office of the Attorney General
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New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Official Application for Forensic Nurse - Certified Sexual Assault

Please put a check in the box next to the category of certification you are seeking:

☐ **Initial** ☐ **Endorsement**

Date:_____

Please enclose a nonrefundable application filing fee of $100.00 and a license certificate fee of $100.00 (Note: The certificate fee is $100.00 if paid during the first year of the biennial renewal period for your R.N. license, or $50.00 if paid during the second year of the biennial renewal period for your R.N. license.) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ -_____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support **(You must answer a, b, c and d.)**

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a forensic nurse-certified sexual assault" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a forensic nurse-certified sexual assault, and to learn and keep abreast of professional developments; and

b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform the duties of a forensic nurse-certified sexual assault, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

_____ Signature of applicant

_____ Date

8. Have you ever changed your name? ☐ Yes ☐ No
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____
Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

15. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A through D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of years attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
High School or Primary School Name of school City / State/Country Name of school City / State/Country		Month / Year Month / Year	Month / Year Month / Year	**Check appropriate type:** ☐ Graduate diploma ☐ Graduate equivalency diploma
Postsecondary school(s) including basic nursing education and sexual assault nurse examiner (SANE) programs Name of school / Program major City / State/Country Name of school / Program major City / State/Country Name of school / Program major City / State/Country	*** Note: If your professional school was located outside the U.S., and you have a copy of your degree or diploma in the original language, attach a copy to this form.**	Month / Year Month / Year Month / Year	Month / Year Month / Year Month / Year	

Important Information

1. Below you will find important instructions regarding the submission of the documents needed in order to complete the application.

Initial Applicant

- The applicant must complete and send directly to the New Jersey Board of Nursing:

  - ☐ The $100.00 nonrefundable application fee and the $100.00 license certificate fee.
  - ☐ The New Jersey Board of Nursing's Official Application for Forensic Nurse-Certified Sexual Assault.
  - ☐ The Certification and Authorization form for the criminal history background check.
  - ☐ A letter or certificate of completion of a SANE program in the U.S., or a transcript which must include the official school seal.
  - ☐ A letter or certificate of completion of SANE clinical education.
  - ☐ A letter or certificate of completion of the New Jersey specific course which covers the information required by N.J.A.C. 13:37-9.5(c) 2i, 4, 9i, 14i and 14ii. (This information can be found at the Board's Web site at: www.njconsumeraffairs.gov/medical/nursing.htm.)

Endorsement Applicant

- The applicant must complete and send directly to the New Jersey Board of Nursing:

  - ☐ The $100.00 nonrefundable application fee and the $100.00 license certificate fee.
  - ☐ The New Jersey Board of Nursing's Official Application for Forensic Nurse-Certified Sexual Assault.
  - ☐ The Certification and Authorization form for the criminal history background check.
  - ☐ A letter or certificate of completion of a SANE program in the U.S., or a transcript which must include the official school seal.
  - ☐ A letter or certificate of completion of SANE clinical education.
  - ☐ A copy of the current statutes and regulations from the state or jurisdiction in which the candidate for certification is currently licensed or certified.
  - ☐ Verification of certification as a SANE in another state.
  - ☐ A letter or certificate of completion of the New Jersey specific course which covers the information required by N.J.A.C. 13:37-9.5(c) 2i, 4, 9i, 14i and 14ii. (This information can be found at the Board's Web site at: www.njconsumeraffairs.gov/medical/nursing.htm.)

Nursing Work Experience

Do not include a curriculum vitae or resume. Neither will meet the regulatory requirements for completing this application. If you are applying for certification as a forensic nurse-certified sexual assault by endorsement, indicate the places you have worked as a sexual assault nurse examiner.

1. List the nursing experience you have acquired as a registered professional nurse and as a sexual assault nurse examiner. Provide the information about your current employment first. Use additional sheets of paper if necessary.

(a) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

I, _____ , in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

THE GREAT SEAL OF THE STATE OF NEW JERSEY

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name
2. Address _____
   Street or P.O. Box City State ZIP code
3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year
4. Social Security number _____/ _____ / _____
5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.
6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➨

Certification

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ Signature of applicant

_____ Date

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

The New Jersey Board of Nursing
Forensic Nurse-Certified Sexual Assault Program
Certification for Completion of
Simulated Sexual Assault Medical Forensic Examination

Name of licensee: _____ License number of R.N.: _____

Number of Simulated Examinations	Date	Name of Educational Institution or Agency Supervising Examinations	*Signature of Instructor

*The instructor's signature indicates that the nurse seeking certification has satisfactorily completed simulated sexual assault medical forensic examinations under supervision or an actual sexual medical forensic examination.

Five (5) simulated sexual assault medical forensic examinations must be completed for certification as a Forensic Nurse-Certified Sexual Assault. Simulated sexual assault medical forensic examinations must be completed under the auspices of an educational institution for nursing education or the New Jersey Division of Criminal Justice. Each supervised sexual assault medical forensic examination of an actual victim of sexual assault performed as part of a county SANE program counts toward the simulated examination requirement. Observations do not count toward the simulated examination requirement. The supervising Forensic Nurse-Certified Sexual Assault will sign as the instructor.

_____ Signature of Nurse

_____ Date

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

The New Jersey Board of Nursing
Forensic Nurse-Certified Sexual Assault Program
Certification for Completion of
Routine Gynecological Genital Inspections

Name of licensee: _____ License number of R.N.: _____

Number of Inspections	Location/Date	Name of Supervising A.P.N. or R.N.	*Signature of Supervising A.P.N. or M.D. - or - Attach proof of completion*

Ten (10) routine gynecological genital inspections with speculum examinations are required for certification. Routine gynecological inspections conducted as part of employment as a women's health nurse will be accepted as meeting the requirements for certification. The supervising A.P.N. or M.D. from the medical facility must sign this form.

*Proof of completion may be a letter from the facility with the signature of the supervising A.P.N. or M.D., a form utilized by the county SANE program to verify an applicant's proficiency signed by a supervising A.P.N. or M.D., or a certificate of attendance and completion of a program that was sponsored by the Division of Criminal Justice.

_____ Signature of Nurse or M.D.

_____ Date

New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Forensic Nurse-Certified Sexual Assault License/Certification Verification Request

Direction: Complete only the top portion of this license/certification form and forward it to the license/certification agency in the state in which you are licensed/certified. The agency should complete the form and return it to the New Jersey Board of Nursing, Forensic Nurse-Certified Sexual Assault. Note: Be advised that the agency completing the form may charge a fee for license/certification verification. Please call the agency to check on fees for license/certification verification prior to submitting this form.

Name: _____
First Name Middle Name Last Name Maiden Name, if applicable

Name on original license/certification: _____ Telephone number: _____
(include area code)

Current address: _____
Street City State ZIP code

License/Certification number: _____ Year issued: _____

This section is to be completed by the state licensing/certification agency.

1. License/Certification number: _____ Date issued: _____
2. When was the license/certificate last renewed? _____
3. Is the license/certificate in good standing? ☐ Yes ☐ No
4. Has this license/certification ever been revoked, suspended or voluntarily surrendered or has any action been taken by your agency against this licensee? ☐ Yes ☐ No
   If "Yes," please provide a description of the reason and/or charge(s) and any action(s) taken and provide a copy of any complaint, order or relevant document.

   _____

   _____

   _____

   _____

Official Seal

I certify that the statements contained herein are true based upon official records that I reviewed.

Print Name _____
Signature _____
Title _____
State _____ *Date* _____