

SEXUAL ASSAULT NURSE EXAMINER
EDUCATION & TRAINING
PREREQUISITES FORM

Please Print Clearly or Type

Summer 2009 **Course # NTOP N01**

The cost of the Advanced Forensic Nurse Examiner is \$300.00

Full Name: _____

Phone: _____ Email: _____

Home Address: _____

To attend Advanced Forensic Nurse Examiner, you must meet the following requirements:

This class is available to nurses practicing as Forensic Nurse Examiners/Sexual Assault Nurse Examiners who have completed a SANE education & training course and have documentation of clinical competency. Signature of the SANE Program Coordinator or Clinical Supervisor as validation of current competency in forensic practice is required below.

*Signature required of applicant

SANE Program: _____

Print SANE Coordinator or Clinical Supervisor name:

date _____
*SANE Program Coordinator or Clinical Supervisor signature and date required

Contact Number _____

Date: June 23, 24 and 25

Times: 8:00-5:00

Where: Beth-EI College of Nursing and Health Sciences
3955 Cragwood Dr.
University Hall 165
Colorado Springs, CO 80918

Mail Payment to:

Beth-EI College of Nursing & Health Sciences

UCCS

1420 Austin Bluffs Parkway

Colorado Springs, CO, 80918.

Attention: Deidre Green, Extended Studies

Make checks payable to: Beth-EI College of Nursing & Health Sciences

Check must be received before the training dates to reserve a space in the class.

Call Deidre Green (719)-255-4486 or Val Sievers (719)-255-3585 for questions.

(C3) NON-CREDIT COURSE REGISTRATION FORM

UNIVERSITY of COLORADO at COLORADO SPRINGS
EXTENDED STUDIES/Beth-EI
1420 Austin Bluffs Parkway, Colorado Springs, Colorado 80918

COLLEGE: Beth-EI
COORDINATOR: Deidre Green
PHONE: Office 719-255-4486 Fax 719-255-4284

YEAR: 2009 TERM: Summer June 23,24 & 25

 Last Name First Name Middle Name Former Name, if applicable

 Student #/Social Security # Date of Birth Day Time Phone Home Phone

 Home Address City State Zip Code EMAIL address

Gender: **Ethnic Origin (Optional)**

Male American Indian or Alaskan Native Asian or Pacific Islander

Female African American, not of Hispanic origin White, not of Hispanic origin

Hispanic Other _____

*Add or NC	TITLE OF COURSE	COURSE NUMBER	SECTION NUMBER	CEU HOURS	INSTRUCTOR SIGNATURE (For Space Available or Late Add)	TUITION
P/F	Advanced Forensic Nurse Examiner Course	NTOP100	N01			\$300.00

*Indicate (P/F) to Add the course for CEUs (indicate CEU hours). Indicate (NC) to add the course for no credit.

Full amount due at time of registration. Attach all payment information to Bursar's copy only.

Third Party Billing Check MasterCard/VISA

Complete payment information on Bursar's copy only

YOU WILL NOT BE AUTOMATICALLY DROPPED FROM THESE COURSES FOR NON-PAYMENT OR NON-ATTENDANCE.

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that I am responsible for payment of all tuition and fees.

APPLICANT'S SIGNATURE: _____ **DATE** _____

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 EXTENDED STUDIES COORDINATOR SIGNATURE: _____ DATE: _____ Rev 12/21/07 (For Office Use): Date Enrolled _____ By A&R staff _____

(C3) NON-CREDIT COURSE REGISTRATION FORM

UNIVERSITY of COLORADO at COLORADO SPRINGS COLLEGE: Beth-El College of Nursing and Health Sciences
EXTENDED STUDIES

1420 Austin Bluffs Parkway, Colorado Springs, Colorado 80918

Office:719-255-4486 Fax:719-255-4255

 Last Name First Name Middle Name Former Name, if applicable YEAR: 2009 TERM: Summer June 23,24 &25

 Date of Birth Day Time Phone Home Phone

 Home Address City State Zip Code EMAIL address

- Gender:** Male Female
Ethnic Origin (Optional)
 American Indian or Alaskan Native Asian or Pacific Islander
 African American, not of Hispanic origin White, not of Hispanic origin
 Hispanic Other _____

*Pass fail or NC	TITLE OF COURSE	COURSE NUMBER	SECTION NUMBER	CEU HOURS	INSTRUCTOR SIGNATURE (For Space Available or Late Add)	TUITION
P/F	Advanced Forensic Nurse Examiner Course	NTOP100	N01			\$300.00

*Indicate (P/F) to Add the course for CEUs (indicate CEU hours). Indicate (NC) to add the course for no credit.

Amount Paid \$ _____ (full amount due at time of registration) Third Party Billing _____ Company Name _____
 Address _____
 Contact Person Name _____ Phone Number _____

Check # _____ MasterCard/VISA # _____ Expiration Date _____

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I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that I am responsible for payment of all tuition and fees.

APPLICANT'S SIGNATURE: _____ **DATE** _____