

**SEXUAL ASSAULT NURSE EXAMINER
EDUCATION & TRAINING
PREREQUISITES FORM**

Please Print Clearly or Type spring 2010 Course # NNUR 300 N01

The cost of the SANE Training & Education is \$450.00 for the 64 hours of classroom education and training; 40 hours for the Adult/Adolescent (8-10 hours on-line) and 24 hours for the Pediatric Education

Full Name: _____

Phone: _____ Email: _____

Home Address: _____

* if you are attending due to being hired as part of an existing SANE team, please list:

SANE Program: _____

SANE Coordinator: _____

To attend SANE Education & Training, you must meet the following requirements:

- A licensed, registered nurse or advanced practice nurse currently working in a clinical setting
- At least 3 years of clinical experience in direct patient care in an acute care area such as: emergency nursing, pediatrics, labor & delivery or women's health
- Attend all 54 classroom hours, plus 8-10 hours of online study
- Complete the 90 clinical hours within 6 months of classroom training

Please list your credentials and briefly describe your nursing experience:

When: Adult/Adolescent: March 22-25

 Pediatric: April 23, 24 and 25

Times: 8:00-5:00

Where: Beth-El College of Nursing & Health Sciences at UCCS

Room: UH 140

Make checks payable to: Beth-El College of Nursing & Health Sciences
Payment must be received before the training dates to reserve a space in the class.

Mail Payment to:

Beth-El College of Nursing & Health Sciences
University of Colorado at Colorado Springs
ATTN: Deidre Green/SANE Education & Training
1420 Austin Bluffs Parkway
Colorado Springs, CO, 80918

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

(C3) NON-CREDIT COURSE REGISTRATION FORM

**UNIVERSITY of COLORADO at COLORADO SPRINGS
EXTENDED STUDIES/Beth-EI
1420 Austin Bluffs Parkway , Colorado Springs, Colorado 80918-3733**

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

YEAR: 2010 TERM: Spring

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	Sexual Assault Nurse Examiner Education & Training	NNUR 300	N01			\$450.00

*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 _____

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:719-255-4284

 Last Name First Name Middle Name Former Name, if applicable YEAR: 2010 TERM: Spring

 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	Sexual Assault Nurse Examiner	NNUR 300	N01			\$450.00

*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** _____