

**SEXUAL ASSAULT NURSE EXAMINER
EDUCATION & TRAINING
PRE-REQUISITES FORM**

Please Print Clearly or Type **Spring 2008 Course # NNUR 300 N01**

The cost of the SANE Training & Education is \$400.00 for the 48 hours of classroom education and curriculum

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 48 classroom hours
- 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 24, 25 and 26, 2008
 Pediatric/Courtroom: April 26, 27 and 28, 2008

Times: 8:00-5:30

Where: Beth El College of Nursing & Health Sciences-University Hall
 3955 Cragwood Drive Colorado Springs, CO

Payment should be mailed to:

**Beth-El College of Nursing & Health Sciences at UCCS
PO Box 7150 UH-1
Colorado Springs, CO, 80933-7150.
Attention: Deidre Green/SANE Education & Training**

Call Deidre Green (719)-262-4486 or Val Sievers (719)-262-3585 for questions.

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

(C3) NON-CREDIT COURSE REGISTRATION FORM *Bursar's Copy*

UNIVERSITY of COLORADO at COLORADO SPRINGS COLLEGE: Beth-El College of Nursing and Health Sciences
EXTENDED STUDIES
P.O. Box 7150, Colorado Springs, Colorado 80933-7150

_____ YEAR: 2008 TERM: SPRING
 Last Name First Name Middle Name Former Name, if applicable

_____ 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 Education & Training	NNUR 301	N01	4.8		\$400.00

*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** _____

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** _____

Rev 12/21/07 Recived/deposit made by: _____ DATE: _____ Bursar staff _____ DATE _____

(C3) NON-CREDIT COURSE REGISTRATION FORM

**UNIVERSITY of COLORADO at COLORADO SPRINGS
EXTENDED STUDIES
P.O. Box 7150, Colorado Springs, Colorado 80933-7150**

**COLLEGE: Beth-EI
COORDINATOR: Deidre Green
PHONE: Office 719-262-4486 Fax 719-262-4284**

YEAR: 2008 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	Sexaul Assault Nurse Examiner Education & Training	NNUR 300	N01	4.8		\$400.00

*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 _____