

**Application for New York State Department of Health  
Certification for Sexual Assault Forensic Examiner (SAFE)**

**Applicant Information**

**Name**    **Date of Birth**  /  /   
 Last First M.I. Mo. Day Year

**Address**       
 Street Apt. # City State Zip

**Telephone #**  ( ) -  **E-mail**

**Fax #**  ( ) -  **County(ies) of Practice**

**Applicant Type:** (check only one)  Registered Nurse  Physician  
 Nurse Practitioner  Physician Assistant

**License Number:**

**IAFN SANE-A certified**  check if yes

**Application Information**

**Type of Certification Requested:**

Initial  Re-certification

**Applications will be accepted only if the application and ALL required documentation is complete.**

For DOH use only:

- All checklist documentation provided
- Documentation missing: \_\_\_\_\_
- Qualifications reviewed. Comments: \_\_\_\_\_
- Status: \_\_\_\_\_
- Certification granted. Effective dates: \_\_\_\_\_ to \_\_\_\_\_
- Entered into database: Date \_\_\_\_\_

## CHECKLIST OF ATTACHED DOCUMENTATION

### Initial Certification

- Copy of current registration.
- Proof of a minimum of one year, full-time clinical experience in license area post-graduate
- A signed letter (of agreement) from the SAFE Program Medical Director or other physician who will provide qualified medical oversight. **The name of the program is:**  
\_\_\_\_\_

- Proof of successful completion of at least a 40 hour didactic and clinical training program conducted by a Department of Health-approved Sexual Assault Forensic Examiner training program, including documentation by the training program that completion of all key didactic and clinical competencies has been demonstrated
- Proof of successful completion of a competency-based preceptorship.

OR

- IAFN Certification (attach certificate) and has a signed letter (of agreement) from the SAFE Program or other provider or institution that will provide qualified medical oversight. **The name of the program is:**  
\_\_\_\_\_

(See page 42 for further explanation of Safe examiner certification qualifications.)

### For Re-certification Only

- Documentation of successful completion of 15 hours of continuing education in forensic science during the previous three years
- Proof that competency in providing sexual assault examinations has been maintained.
- A signed letter (of agreement) from the Medical Director or other physician of an approved health service facility or sexual assault forensic examiner program, as appropriate, affirming that qualified clinical oversight will continue to be provided.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send Complete Application to:  
NYS Department of Health  
Rape Crisis Program  
ESP, Corning Tower Room 1805  
Albany, NY 12237-0621