



Sexual Assault Forensic Examiner (SAFE) Training Program

Any entity interested in accreditation as a Department of Health Sexual Assault Forensic Examiner (SAFE) training program must complete this application.

| Applicant Information | | |
|--|--|-----------------|
| Permanent Facility Identifier: _____ <i>(If applicable)</i> | Operating Certificate Number: _____ <i>(If applicable)</i> | |
| Facility Name: _____ | | |
| Address: _____ <i>No. and Street</i> | | |
| _____ | _____ | _____ |
| <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| Phone Number: _____ | | County: _____ |
| Training Program Contact: _____ | | |
| <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| If not an academic institution, academic affiliation (if any): _____ | | |
| Applicant Type | | |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Hospital Continuing Education Program | |
| <input type="checkbox"/> School of Nursing or Medicine | <input type="checkbox"/> Other: _____ <i>(Specify)</i> | |

Return application to:

rcprpt@health.ny.gov

Or

NYS Department of Health
BWIAH – SAFE Program
Corning Tower, Rm. 821
Empire State Plaza
Albany, NY 12237

Questions? -- Call (518) 474 – 3368

Section A. Training Program Staffing

Number of SAFE training program staff: _____

For each SAFE training program faculty, including the Director, submit the following where appropriate:

1. Name and title of SAFE training program faculty member.
2. Degrees and licenses/certifications held, and awarding institutions.
3. Percent of time or number of hours per week that will be devoted to SAFE training program.
4. Proposed role in training program.
5. Number of years of training experience.
6. Number of years of experience as a sexual assault forensic examiner (if no experience, indicate **NONE**).
7. Number of SAFE exams completed.
8. Year in which last active as a SAFE examiner.

Submit an organizational chart that will show the SAFE training program staff and their relationship to the overall agency.

Any training program must be able to provide continuing education credits, course credits or contact hours. Provide proof of ability to provide credit hours in the form of a letter from the institution that will provide these credit hours.

If your facility provides training in cooperation with other institutions, make sure that the roles and responsibilities of each institution are clearly delineated.

Section B. Indications of Need for Training Program

In a narrative, not to exceed one page, describe:

1. The basis on which you judge there to be a need for an additional SAFE training program.
2. Evidence of any community support for this program.
3. A description of the intended area from which applicants to the program will be drawn.

Section C. Training Curriculum

Total curriculum hours: _____ Clinical hours: _____

Submit a copy of your training curriculum, course schedule and related materials. Insure that all the following components are covered in the curriculum:

- Comprehensive training in the dynamics of sexual assault, types of sexual assaults, myths and facts about sexual assault, post-traumatic stress and rape trauma syndrome, reactions of survivors and significant others, and the importance of a victim-centered, cooperative, interdisciplinary approach in the treatment of sexual assault survivors.
- The roles and responsibilities of the sexual assault forensic examiner.
- Identifying the components of crisis intervention and supportive techniques to be used with sexual assault survivors.
- Cultural/community considerations.
- Providing services to individuals with disabilities.
- Injury detection and documentation.
- Identifying the elements of physical assessment and evaluation of the patient reporting sexual assault.

- The collection and handling of forensic evidence.
- Documentation procedures.
- Testing for and treatment of sexually transmitted infections (syphilis, gonorrhea, chlamydia).
- Testing for and treatment of blood-borne diseases (e.g. HIV, hepatitis B, hepatitis C).
- Pregnancy risk assessment, pregnancy testing, and provision of emergency contraception.
- Use of specialized equipment (colposcope, camera, imaging, photography).
- Observing and practicing the clinical skills in completing the exam.
- Relevant laws, regulations and NYS standards.
- Judicial processes and providing courtroom testimony.
- Adolescents: parental rights/patient rights.
- Confidentiality and consent
- Drug facilitated sexual assault.
- Interviewing skills.
- Ethical issues.
- Long term effects of sexual assault.
- Follow-up, referral.

In a narrative, not to exceed 3 pages, describe:

1. The course goals and objectives.
2. Testing requirements and pass/fail criteria.
3. Attendance requirements and make-up procedure.
4. The course schedule and teaching strategies that are employed in the training program.
5. The didactic materials that are used.
6. The frequency and methods used to update the curriculum to conform to the latest forensic and medical standards.
7. Course evaluation methods.
8. Pre- and post-testing of students.
9. If not already included in the curriculum, provide:
 - a. the number of clinical forensic exams to be observed.
 - b. the number conducted under close supervision.
 - c. the number of forensic exams conducted by each student under general preceptorship.

Describe how the agency will ensure initial and ongoing competency and credentialing of SAFE program training staff, including standards for assessing ongoing competency of staff in providing SAFE services.

Section D. Program Resources

In a narrative, not to exceed three pages, describe the following:

1. Classrooms, laboratories, administrative offices, and how these spaces are sufficient to accommodate the number of proposed students.
2. Equipment and supplies sufficient to accommodate the number of proposed students.
3. Library resources related to the curriculum as needed, and readily accessible to the students.
4. Clinical field experiences and supervised preceptorship opportunities, objectives, evaluation methods, including:
 - a. All clinical sites to be used.
 - b. Indications of signed clinical affiliation agreements, as appropriate.
 - c. List of clinical preceptors, qualifications, and contact telephone numbers.

- d. Description of method of selection/orientation/supervision of preceptors.

Section E. Attestations

Check the following boxes if you attest to each of the statements below:

- The proposed training program will assume responsibility for assessing that each student has mastered all key didactic and clinical competencies and can perform a sexual assault exam per New York State guidelines and current standards of practice, and will issue documentation to the student attesting to this. A duplicate of this document will be sent to the Department of Health. A copy of this document will be submitted by students along with their application as a NYSDOH Certified Sexual Assault Forensic Examiner.
- The proposed training program will keep an accurate record of attendance for each segment of the course, and have regular course evaluation and pre- and post-testing of recipients.
- Student files will be available for examination by the State as needed, and will be kept for a minimum of five years, inclusive of attendance records, interim examination results, practical skills examination results, clinical experience documentation, preceptorship notes, counseling notes, and any student correspondence.
- Students will be asked during the application process to this program to attest to the fact that he or she is not currently charged with a crime and has no criminal conviction of any type. Students with charges pending or previous convictions will not be accepted into the training program. This attestation form will be kept in the student's file for a period of five years.

| Assurances | |
|---|--------------------------------|
| I, _____, | _____ , _____ |
| <i>Name (print)</i> | <i>Title</i> |
| as the authorized signatory for | _____ |
| | <i>Name of training agency</i> |
| Located at _____, | |
| <i>Address</i> | |
| the applicant for certification as a New York State DOH certified SAFE training facility, do hereby attest that the information submitted on this form and attached hereto is complete and correct. | |
| Signature Date: _____ | |
| Signature (Authorized Signatory of Training Agency): _____ | |