

## MA Sexual Assault Nurse Examiner (SANE) Program - Reference Form

You have been identified as a reference, by an applicant who is applying to attend the MA Sexual Assault Nurse Examiner (SANE) Certification training. After certification, a MA SANE is expected to independently to assess sexual assault patients, conduct forensic examinations, including evidence collection. MA SANEs work collaboratively with ED physicians and staff, rape crisis advocates, and law enforcement personnel. Please evaluate the candidate, based on your knowledge of the areas on the form, and expectations for SANE practice as outlined above. All responses will be kept confidential.

<b>Name of Applicant</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 95%;" type="text"/>
<b>Name of person providing reference</b>	<input style="width: 95%;" type="text"/>		
<b>What is your profession?</b>	<input style="width: 95%;" type="text"/>		
<b>Current title and employer</b>	<input style="width: 95%;" type="text"/>		
<b>How long have you known the applicant?</b>	<input style="width: 95%;" type="text"/>		
<b>In what capacity have you worked with the applicant?</b>	<input style="width: 95%;" type="text"/>		
<b>Have you served as a supervisor to the applicant?</b>	<input style="width: 95%;" type="text"/>		
<b>Phone Number</b>	<input style="width: 95%;" type="text"/>		
<b>Email</b>	<input style="width: 95%;" type="text"/>		

**Please evaluate the applicant on the following criteria (select one for each)**

	Superior	Good	Fair	Poor	N/A
Clinical competence					
Professional judgement					
Critical thinking					
Ability to work independently					
Demonstrated initiative					
Quality of documentation					
Collaborative team member					
Communication and relations with other employees					
Ability to work with diverse patient populations					
Flexibility/Multi-tasking					
Integrity and ethical practice					

**Recommend this applicant without reservation**     **YES**     **NO**

**Recommend this applicant with the following reservation:**

**Do not recommend**

Please PRINT completed Reference Form and MAIL it to the address below:

**MA Department of Public Health  
SANE PROGRAM  
MA SANE Application c/o LaToya Brown  
250 Washington St 4th Floor  
Boston, MA 02108**