

New York Sexual Assault Forensic Examiner (NYSAFE): Recertification Application

Recertifications may be processed using this form for all NYSAFEs who are in the final five months of their current certification period, or no more than four months past the expiration of their last valid certification period.

Applications will only be accepted if the information marked with an asterisk is complete and all required signatures are provided. If the application cannot be processed for any reason, you will be notified. Upon approval, you will receive a letter via email to serve as proof of valid certification for a period of three years. You may be subsequently audited for more information. We will email you an application to renew your certification approximately four months before your next registration expires. It is your responsibility to notify this office of any application information changes. Complete applications or questions can be submitted to SVPvention@health.ny.gov.

Applicant Information						
*Full Name:	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;"><i>Last</i></td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;"><i>First</i></td> </tr> </table>	<i>Last</i>	<i>First</i>			
<i>Last</i>	<i>First</i>					
*Home Address:	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 70%; text-align: center;"><i>Street Address</i></td> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;"><i>Apartment/Unit #</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 33%; text-align: center;"><i>City</i></td> <td style="border-bottom: 1px solid black; width: 33%; text-align: center;"><i>State</i></td> <td style="border-bottom: 1px solid black; width: 34%; text-align: center;"><i>ZIP Code</i></td> </tr> </table>	<i>Street Address</i>	<i>Apartment/Unit #</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<i>Street Address</i>	<i>Apartment/Unit #</i>					
<i>City</i>	<i>State</i>	<i>ZIP Code</i>				
*Primary Phone:	*Primary E-mail:					
Secondary Phone:	Secondary E-mail:					
*Affiliated Hospitals or other institutions: _____						
<p style="font-size: small; text-align: center;"><i>The 'Sexual Assault Examiners' listserv is a peer-support group for sharing information and advertising upcoming meeting and training opportunities across the State. If you are interested in joining, please contact dcjsvawa@dcjs.ny.gov.</i></p>						
Applicant Type						
<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician						
*License No.: _____						
International Association of Forensic Nurses (IAFN) Certification						
<input type="checkbox"/> IAFN SANE-A Date: _____ <input type="checkbox"/> IAFN SANE-P Date: _____						
Professional Licensure Attestation						
<p>I attest, under penalty of perjury, that I am currently qualified, and registered and licensed, to practice in the State of New York within the statutory scope of the professional licensure designated above. I understand that it is my responsibility to provide all supporting documentation necessary for the verification of my New York State (NYS) professional license, should it be requested by the Department. I understand I am solely responsible for ensuring that any change in status to my NYS professional license is reported to the Department and any appropriate governing body pursuant to current NYS Statute and Regulation. I understand that failure to comply with the aforementioned may result in revocation of my NYSAFE certification.</p>						
Applicant Signature: _____	Date: _____					

Continuing Education Attestation

I attest, under penalty of perjury, that I have successfully completed at least 15 hours of education related to the field of forensic science, in accordance acceptable topics, within the past three years.

Acceptable topics include:

- | | | |
|---------------------------------------|--|--|
| • Dynamics of sexual assault | • Physical assessment and evaluation | • Judicial processes and courtroom testimony |
| • Trauma informed care | • Collection and handling forensic evidence | • Patient and parental rights |
| • Sexual assault response teams | • Documentation procedures | • Confidentiality and consent |
| • Examiner roles and responsibilities | • Post-exposure care for sexually transmitted diseases | • Laws, regulations, and standards |
| • Crisis intervention | • Post-exposure care for blood-borne diseases | • Drug facilitated sexual assault |
| • Cultural competency | • Post-exposure care for pregnancy | • Ethical issues |
| • Injury detection and documentation | • Use of specialized equipment | • Follow-up and referral |

I understand that it is my responsibility to provide all supporting documentation necessary for the verification of my education, should it be requested by the Department. I understand that failure to comply with the aforementioned may result in revocation of my NYSAFE certification.

Applicant Signature: _____ Date: _____

Medical Director Attestation

I attest, under penalty of perjury, that the applicant has maintained competency in providing sexual assault medical forensic exams. I understand that if the applicant has had more than a one-year lapse in service during the three-year certification period, I must explain how competency was maintained or updated, i.e., by means of repeating training or by other means, in an attached letter.

Physician Name and Title: _____

Physician Signature: _____ Date: _____

Physician Providing Medical Oversight Attestation

I attest, under penalty of perjury, that I will provide qualified medical oversight to the above-named applicant.

Physician Name and Title: _____

Physician Signature: _____ Date: _____

Applicants who are licensed to practice as a nurse practitioner or physician are exempt from this requirement.