



Qualified Medical Provider
Continuing Education & Competency Attestation (2026 Cycle)
Illinois Attorney General Sexual Assault Nurse Examiner Program

Applicable to: Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs) practicing as a Qualified Medical Providers (QMP) in Illinois **as of January 1, 2026**

Cycle covered by this attestation: January 1, 2026 - December 31, 2026

Attestation submission deadline: April 30, 2027

Submit attestation documentation to: SANE@ilag.gov

Provider Information

- Name: _____
- Title: _____ Professional License Number _____
- Email: _____

Continuing Education (CE) Requirement for 2026 (Startup Cycle)

To remain on the Qualified Medical Provider List, SANEs and SAFEs must meet one of the following **continuing education requirements**:

1. Hold a valid International Association of Forensic Nurses (IAFN) SANE-A or SANE-P certification, which may be accepted in place of CE hours.

OR

2. Complete a total of 10 CE hours during the 2026 cycle, with 3 CE hours focused on Annual Priority Topics and the remaining 7 CE hours completed through additional education relevant to caring for individuals impacted by sexual violence.

Annual Priority Topics include:

- Trauma-informed care & communication skills
- Vicarious trauma & professional wellness
- Mandatory reporting requirements

CE Defined

Continuing education may consist of accredited or non-accredited training. Submission of CE certificates is not required. However, documentation may be requested if needed.

QMP Attestation of CE Requirement

I have met the CE requirement by:

- ☐ Holding a valid IAFN SANE-A or SANE-P certification
- ☐ Completing 10 CE hours

I certify and attest that:

I have completed 10 CE hours **or** hold a valid IAFN SANE-A or SANE-P certification.

Qualified Medical Provider Signature: _____ Date: _____

Coordinator/Director Attestation

I attest that this QMP has met the CE requirement to remain on the Qualified Medical Provider List.

SANE Coordinator/Director Signature: _____ Date: _____



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Annual Competency Requirement (Startup Cycle)

To remain on the Qualified Medical Provider List, SANEs and SAFEs must meet the **annual competency requirement**. This requirement may be met by completing one of the following:

1. A Medical Forensic Examination within the past 12 consecutive months.

OR

2. A mock Medical Forensic Examination for skill verification with a SANE-A or SANE-P preceptor if more than one year has passed since last performing a Medical Forensic Examination.

NOTE: A valid IAFN SANE-A or SANE-P certification **does not** meet the annual competency requirement.

QMP Attestation

I have met the annual competency requirement by:

- ☐ Completing a Medical Forensic Examination within the past 12 consecutive months.
- ☐ Completing a mock Medical Forensic Examination for skill verification with a SANE-A or SANE-P preceptor (complete below)

Mock Medical Forensic Examination Date: _____

Preceptor's Name: _____

Preceptor's Signature: _____

I certify and attest that:

I have met the annual competency requirement through either completing a Medical Forensic Examination **or** a mock Medical Forensic Examination for skill verification with a SANE-A or SANE-P preceptor.

Qualified Medical Provider Signature: _____ Date: _____

Coordinator/Director Attestation

I attest that this QMP has met the annual competency requirement to remain on the Qualified Medical Provider List

SANE Coordinator/Director Signature: _____ Date: _____