

New York Sexual Assault Forensic Examiner (NYSAFE): Certification Application Attachment for DOH-Approved Training Course Exemption

This attestation is for New York Sexual Assault Forensic Examiner (NYSAFE) applicants who received at least 40 hours of didactic and clinical training related to the care of sexual assault patients at a training program that has not been reviewed and approved by the Department. This attestation must be signed, dated, and submitted as an attachment to the NYSAFE certification application.

Training Course Exemption Attestation

I attest, under penalty of perjury, that I have received at least 40 hours of didactic and clinical training related to the care of sexual assault patients at an accredited college or university, a school of nursing or medicine, a hospital continuing education program, or another institution able to provide continuing education credits, course credits, or contact hours. The training I received was conducted by an instructor who demonstrated training experience and expertise in the field of forensic science and sexual assault. The training was consistent with:

- ‘A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents’ by the U.S. Department of Justice.
- International Association of Forensic Nurses (IAFN) educational and practice standards.

At a minimum, the following topics were discussed:

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| • 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 it is my responsibility to provide patient care consistent with New York State laws and regulations promulgated in relation to the treatment of sexual assault, including but not limited to, Public Health Law 2805-i, Public Health Law 2805-p, 10 NYCRR 405.19, and 10 NYCRR 405.9. I understand that it is my responsibility to provide all supporting documentation necessary for the verification of the training, should it be requested by the Department. I understand that failure to comply with the aforementioned may result in revocation of my NYS SAFE Examiner certification.

Training Program Name: _____ Date Completed: _____

Applicant Name: _____

Applicant Signature: _____ Date: _____