

Sexual Assault Forensic Examiner (SAFE) Training Program Sample Preceptor or Supervising Preceptor Agreement

I, _____, agree to serve as a clinical preceptor or supervising clinical preceptor for _____, a New York State Department of Health Certified SAFE Training Program. By signing this agreement, I am attesting to the fact that I meet all SAFE preceptor qualifications and (if a supervising preceptor, that all preceptors under my supervision are qualified to perform SAFE preceptor responsibilities) I will fully carry out all responsibilities as a SAFE preceptor including:

- Either directly observing (or if a supervising clinical preceptor, supervising the direct, on-site observation of) SAFE trainees conducting a sexual assault forensic exam in accordance with OVAW's 'A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents'.
- Providing the SAFE trainee with the opportunity to refine skills in performing pelvic exams, identifying injuries, using specialized equipment, collecting evidence and documenting injuries. In addition, during the preceptorship, provide opportunities for the trainee to understand the roles and responsibilities of the other professionals that interact with sexual assault survivors (e.g., representatives of the rape crisis program, law enforcement agencies, including the crime lab, the district attorney's office and court officials).
- Verifying the clinical competency of the SAFE trainee through completion of the NYSDOH 'Guidelines for Assessment of Key Competencies checklist' or equivalent form and submitting it to the SAFE Training Program when the preceptor is satisfied that the individual can independently and competently conduct a forensic exam in accordance with the National Protocol.
- Communicating any issues or concerns regarding the student to the SAFE Training Program.
- Maintaining written records of the preceptor's experience, including copies of the key competencies form.

Attach the following:

- Copy of current New York State registration.
- Copy of a letter signed by the CEO or Emergency Department Director from the preceptor's institution attesting to the fact that the preceptor or supervising clinical preceptor is appropriately skilled and qualified to serve as a SAFE preceptor/supervising preceptor and the institution agrees to allow the individual to serve in this capacity.

(Printed Name)

(Title)

(License Number)

(Signature of preceptor/supervising preceptor)

(Date)

Note:

- In programs where a SAFE Medical Director supervises several SAFE preceptors the SAFE Medical Director must at a minimum complete and sign this agreement and submit a current list of qualified preceptors to the SAFE training program and this list must be updated at least annually, or more frequently if significant changes have been made.
- Individual preceptors must submit the documentation specified in this section