

<b><u>OBJECTIVE</u></b>	<b><u>DATE COMPLETED</u></b>	<b><u>PROGRAM MANAGER INITIALS</u></b>
Completed hospital's orientation requirements (if applicable)		
Completed credentialing paperwork (if applicable)		
Completed review of Policy and Procedure Manual		
Understands scheduling system		
Received pager and demonstrated knowledge of operation		
Provided a copy of current malpractice insurance		
Provided proof of current BLS certification		
Provided proof of current immunizations		
Contract signed (if applicable)		
Provided nursing license and appropriate certifications		
Medication administration and access reviewed		
Demonstrated knowledge of sexual assault evidence collection kit contents and proper collection techniques for each envelope		
Demonstrated proper room set up for patient care		
Demonstrated physical exam assessment skills		
Demonstrated proper speculum insertion and removal technique		
Demonstrated proper anoscope insertion technique (if applicable)		
Demonstrated application and removal of toluidine blue dye		
Demonstrated proper foley catheter insertion and removal for hymenal assessment in the pubescent female sexual assault patient		
Demonstrated knowledge of basic camera skills, including turning the camera on/off; short-, mid- and long-range photos; inserting and ejecting the memory card and downloading images from the memory card (if applicable), and troubleshooting		
Demonstrated basic knowledge of colposcope		

use, including turning it on/off, capturing clear images with the attached camera (if applicable), obtaining clear images at all magnification levels and troubleshooting		
Demonstrates proper packaging techniques for physical and biological evidence		
Demonstrates competent phlebotomy skills		
Demonstrated pregnancy testing procedure and appropriate documentation		
Demonstrates proper collection and packaging of samples for suspected alcohol/drug facilitated sexual assaults		
Describes components of comprehensive discharge instructions for sexual assault patients		
Describes STI and EC prophylaxis options for sexual assault patients, including HIV nPEP		
Describes situations that necessitate physician consultation or ED transfer (if applicable)		
Documents a comprehensive sexual assault medical-forensic examination from presentation through discharge		
Observes a minimum of _____ sexual assault medical-forensic exams  Date _____ Initials of Preceptor _____ Date _____ Initials of Preceptor _____ Date _____ Initials of Preceptor _____  (add more if necessary)		
Completes a minimum of _____ precepted sexual assault exams  Date _____ Initials of Preceptor _____ Date _____ Initials of Preceptor _____ Date _____ Initials of Preceptor _____  (add more if necessary)		