PEDIATRIC SEXUAL ASSAULT
NURSE EXAMINERS TRAINING
April 18-21, 2006
United Hospital Center
Clarksburg, WV

Course Description
The purpose of this seminar is to provide nurses who have attended and completed the requirements of a basic Sexual Assault Nurse Examiner Training Course with knowledge specific to the pediatric sexual assault examination. This intense four-day seminar will include 32 hours of specialized training April 18-21, 2006.

This training does not “certify” the nurse to perform pediatric sexual assault exams. Satisfactory completion indicates that the nurse has attended the training. Post clinical requirements will be recommended and that will become the responsibility of the nurse to arrange after the didactic course.

Registration Requirements
- Current licensure to practice as a RN
- Completion of an Adult SANE Training
- Submission of a preceptor letter with registration

Select a preceptor - (Each participant must submit a letter from a preceptor who agrees to supervise the pediatric forensic evaluation clinical component of the training. The preceptor may be a physician, advanced practice nurse, or pediatric trained SANE. The preceptor letter must include the preceptor’s title, place of employment, contact phone number, area of practice and experience in performing pediatric examinations.)
Continuing Education
This training is approved for 32 contact hours by The WV Board of Examiners for Registered Professional Nurses, WVBRN Provider Registration # WV2000-0309RN.

Location
All sessions will be held at United Hospital Center, Clarksburg, WV. Classes begin at 8:00 a.m. and end at 5:00 p.m. each day.

Registration Information
Registration must include full payment to be accepted. Completed registration form, preceptor letter and payment must be received by Friday, April 7, 2006. Class size is limited and will fill on a first paid and first registered basis. Tuition fee is nonrefundable.

Tuition
4 Day Program $200.00 (In-State Fee)
$300.00 (Out-of-State Fee)

Mail check, registration information, and preceptor letter to
WV FRIS
112 Braddock Street
Fairmont, WV 26554

Lodging Information
All are located near I-79 and are centrally located to many restaurants and shopping opportunities. UHC is within a 15 minute drive from all motels.
*Hampton Inn (304)842-9300
*Days Inn (304)842-7371

Questions?
Call Debra Lopez- Bonasso (304)366-9508 or Email dlbonso@aol.com

PRESENTER
Colleen O’Brien, RN, MS, SANE-A is president of Shamrock Healthcare in Madison, Wisconsin. She has been involved in the medical evaluation of sexual assault victims since 1988. She has served as the Forensic Educator for the SANE Program in Meritier Hospital and as the Clinical Director for the YWCA/SANE Program and the Shamrock Healthcare Associates, Inc. She works as a forensic nurse consultant and trains across the country.

Ms. O’Brien has published articles for the Journal of Emergency Nursing in the field of child sexual abuse and improved forensic documentation of genital injuries with a colposcope. She is a member of the International Association of Forensic Nurses (IAFN) and received the Virginia Lynch Pioneer Award in Forensic Nursing in 2003.

Agenda
• Role of the Pediatric SANE
• Pediatric Growth and Development
• Why Kids Tell
• Normal Genital Development of Children
• Medical Finds Confused with Trauma
• Anal Injuries
• Case Reviews
• Physical Finds Related to Trauma
• Forensic Documentation
• Expert Witness/Testifying in Court Testimony
• STD Recognition and Treatment in Pediatric Populations
• Profiling Sex Offenders
• Photography and the Pediatric Population
• Forensic Interviewing
• Child Protective Services

REGISTRATION FORM
(Complete and return with full payment)
Registration Deadline-April 7, 2006
PEDIATRIC SEXUAL ASSAULT NURSE EXAMINERS TRAINING
April 18-21, 2006
8:00 a.m. - 5:00 p.m.
United Hospital Center
Clarksburg, WV

NAME__________________________
POSITION_____________________
HOSPITAL/AGENCY__________________
RN LICENSE NO.___________________
ADDRESS________________________
CITY____________________________
STATE/ZIP_______________________
COUNTY_________________________
PHONE__________________________
FAX____________________________
E-MAIL_________________________

Make check payable to WV FRIS.

Mail check and registration to:
WV FRIS
%Debra Lopez- Bonasso
112 Braddock Street
Fairmont, WV 26554