



Mock Exams for Clinical Competency- Eligibility Form



Purpose: *This form is designed to assess the eligibility for using mock exams in clinical competency requirements for SANE/SAE certification, ensuring a fair and equitable process for all candidates, irrespective of their geographical location.*

Checklist for Rural/Frontier Community Applicants

- I am located in a rural/frontier community.
- I have faced challenges in obtaining real (non-mock) exams due to my location.

Specify your county/region here: _____

Name: _____ **Date:** _____

Checklist for Urban Community Applicants Seeking Mock Exam Approval

- I am located in an urban community.
- I have encountered difficulties in completing real (non-mock) exams.

Specify your county/region here: _____

Summary of Challenges: *On an attached document, address the following:*

- Describe the specific challenges you have faced in obtaining real (non-mock) exams
- Detail the efforts you have made to complete exams
- Provide a rationale for why a mock exam is necessary in your case

Certification and Signature:

I hereby certify that the information provided in this form is accurate and truthful to the best of my knowledge. I understand that the eligibility for using mock exams will be assessed based on the information provided and that approval is not guaranteed.

Name: _____ Signature: _____

Date: _____



Mock Exams for Clinical Competency in SANE/SAE Certification- Documentation



Qualifications for Utilization of Official Mock Exams to Demonstrate Clinical Competency

1. **Approval:** Rural/Frontier Applicants do not require preapproval for mock exam use, up to 2 of the total required exams. Applicants that reside in an urban community require pre-approval.
 - a. **Required Form:** Mock Exam Clinical Competency Eligibility Form (p.1)

2. **Facilitation:** Mocks must be conducted and overseen by an individual trained or approved by the Oregon Sexual Assault Task Force (OR-SATF). Facilitators may include experienced SANEs, healthcare professionals trained in mock exams, or individuals recognized by OR-SATF.
 - a. **Required Form:** Mock Exam Facilitator Qualification Form

Process for Official Mock Exams

1. Complete Mock Exam Eligibility Form (p.1)
2. Ensure facilitator of mock exam has been qualified through the SATF, through completion and approval of the Mock Exam Facilitator Approval Form. (p.3)
3. Complete approved mock exam process.
4. Complete the following Attestation/Documentation Form below.

Official Mock Exam Attestation/Documentation Form Template:

Date of Exam	Simulation Modality	Facilitator Name and Qualification	Description of Simulation	Procedures Performed	Reflections on Experience
(Add more rows as needed)					



Mock Exams for Clinical Competency in SANE/SAE Certification- Facilitator Approval Form



This form initiates the process of becoming an SATF-approved site/SANE for conducting mock exams. It is the first step in ensuring that the facility and facilitators meet the high standards required for effective and standardized mock exam training in SANE/SAE certification.

The following information may be addressed in an attached document:

Part 1: Applicant Information

Site/SANE Details

- Name of Site
- Name of SANE Facilitator:
- Facilitator # if applicable:
- Location (Address):
- Contact Person:
- Phone Number:
- Email Address:

Part 2: Facility and Facilitator Eligibility

Facility Requirements

- Adequate space for conducting mock exams.
- Necessary equipment/supplies/setup available.
- Privacy and confidentiality measures in place.

Facilitator Qualifications (for SANEs)

- Years of Facilitator SANE practice (specify):
- Training in mock exam facilitation (details):

Part 3: Program Proposal

Mock Exam Protocols

- Describe the proposed mock exam scenarios and procedures:
- Explain the evaluation methods and feedback processes:

Part 4: Declaration and Signature

I/We hereby declare that the information provided in this form is accurate and truthful and agree to comply with all SATF requirements for conducting mock exams. I/We understand that approval is contingent upon meeting SATF standards and criteria.

Signature: _____ Date: _____