2024 SANE DNP PROGRAM APPLICATION

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| **Personal Information** |

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| **First Name:**  | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Email**: | Click or tap here to enter text. | **Phone**: | Click or tap here to enter text. |
| **UA Student ID:** | Click or tap here to enter text. |

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| **DNP Program and Status Information** |

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| **DNP Advisor:** | Click or tap here to enter text. |
| **Expected date of graduation:** | Click or tap here to enter text. |

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| **Are you currently in your clinical year in the DNP program?** ………………………………………………. | [ ] Yes[ ] No |
| **Please indicate if you are participating in the Rural Health Professions,** **Telehealth, ANIE or ANCATS, or other relevant program or certificate** ………………………………. | [ ] Yes[ ] No |
| **If yes, please list program:** | Click or tap here to enter text. |

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| **Community where you plan to practice after graduation:**  | Click or tap here to enter text. |
| **Please indicate what DNP specialty you are enrolled in:** | Click or tap here to enter text. |
| **Please indicate if you have received any training in trauma-informed care** ……………………. | [ ] Yes[ ] No |
| **Will you be providing healthcare services to individuals from rural or medically underserved areas (MUA)? (Check all that apply)** | [ ] Rural[ ] Medically Underserved[ ] Neither |

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| **Time Commitment and Responsibilities** |
| **Complete a 41-hour online SANE course by the second week of July (expenses paid)**  | [ ] Yes[ ] No |
| **Commit to attend an in-person 2 ½ day clinical skills training in July (stipend provided)**  | [ ] Yes[ ] No |
| **Investigate the SANE resources available in your community prior to submitting this application** | [ ] Yes[ ] No |
| **Contact any SANE nurses, programs, or hospital in your community upon completion of the didactic and clinical courses to discuss how your training can be of support to your community** | [ ] Yes[ ] No |
| **Participate in three, one-hour online group discussions during the training period** | [ ] Yes[ ] No |

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|  **Personal Advocacy Statements** |

***Please complete your brief personal advocacy statements, below (Please limit your response to 100 words for each statement).***

1. **Please comment on what in your background uniquely positions you to gain from this learning experience?**
2. **How do you see this opportunity enriching your practice as a nurse practitioner?**
3. **Please include a short discussion of what SANE resources (if any) are currently in the community where you intend to practice.**
4. **How can you apply your SANE education to the benefit of your community?**

*If more applicants apply than can be accommodated in this educational opportunity, applicants will be selected by advocacy statements and faculty evaluation of prior learning engagement and teamwork, with a potential waitlist in case a selected student withdraws. The DNP Specialty Coordinators will be responsible for making the final student selections after initial review by the application committee.*

*This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T96HP32508, “Advanced Nurse Education Sexual Nurse Assault Examiner program.” The grant objectives and additional information can be found on our website at* [*https://wrphtc.arizona.edu/sane-program*](https://wrphtc.arizona.edu/sane-program)*.*