2015-2016 Offerings: SANE Course and Clinical Options

Updated 09-10-2015

Registration and fee payment are necessary to participate in this program.

Register by phone: (800) 677-1972, Ext. 11108, (918) 561-1108
Register by fax: (918) 561-5729
Mail to: Oklahoma State University Center for Health Sciences
        Forensic Sciences Department CE
        1111 W. 17th St.
        Tulsa, OK 74107-1898

NOTICE

• Online sessions are ongoing with total enrollment limited to 25 participants at any one time.
• The course consists of an introduction, 18 content units, and a final exam. Average time per unit is 2-4 hours, although some units may take longer. Most RNs working full time can complete one unit per week.
• Choose a clinical session (below) at least 15 weeks after registration. You must complete Unit 13 to attend.
• You have 24 weeks to finish the course once you have access. Contact the instructor if you need an extension.
• Stay active! Weekly participation and updates are expected. After 30 days of inactivity, you may be removed from the course with no reimbursement of tuition.
• Watch for an e-mail confirming your registration, which will include (a) an Affiliate Request Form to fax in with a copy of your Social Security card and (b) directions for setting up an OKEY account for online access.

Check and fill in options that apply:

☐ I practice in rural OK at ________________ in _______________. Please mail the grant-funded DVD.
☐ Online course without clinical session—ongoing (online course only)
☐ Self-paced online course with clinical session: (Session limit: 4)

Choose a clinical session that gives you time to complete Units 1-13 before the clinical starts:

☐ Session 50: Jan. 8-9, 2016 (Fr.-Sat.) (This session is full.)
☐ Session 51: Mar. 18-19, 2016 (Fr.-Sat.)
☐ Session 52: Apr. 8-9, 2016 (Fr.-Sat.)
☐ Session 53: May 20-21, 2016 (Fr.-Sat.)

Registration Fee is $525 for any option. Confirmation is required for the clinical session.

Name ___________________________________________ RN License No. _________________________
Address __________________________________________ City ____________________________
State______ Zip ________ Phone _________________ Fax _________________________________
E-mail address__________________________________________

Payment Method: Check # __________________ (payable to OSU-CHS) MasterCard ☐ VISA☐

By phone or mail: Account # ______________________________ Exp. Date __________

Signature____________________________________________________________________________________