

Sexual Assault Forensic Excellence (SAFE) Agency Designation

Any agency interested in Sexual Assault Forensic Excellence (SAFE) Designation must complete the following application. Designation will be reassessed two years after date of initial award. Please submit completed application to Amanda Brown at amandabrown@scvan.org.

Facility Information					
Permanent Facility Identifier:			Operating Certificate Number:		
Street Address:					
City:	State:	_ Zip Code:	County:	Phone Number:	
Agency Contact Name:		Title	Title:		
Email:			Phone Number:		
Certification of Information					
I,				,	
Print Director's Name and Title					
do hereby attest tha	at the information	on included in and at	ttached to this application	is true and accurate.	
-		Dina et a u Oissa			
		Director Signa		Date	
Application Submission Information					
Please select the primary discipline of the agency:					
□ Emergency Medical Services/First Responder					
☐ Law Enforc	cement				
□ Advocacy					
□ Other:	·····				
Section I: Service	e Data				
Please complete the following section using the 2021 calendar year data available.					
Estimated number	of sexual assau	ılt patients having di	rect contact with agency:		

Section II: SAFE Designated Service Model

- Agencies required to participate in sexual assault evidence collection kit tracking will appoint a designated contact person for kit tracking.
- Each agency will establish a process for competency and continuing education to maintain designation.
- The SAFE Program is integrated into the policies/procedures of agency.

Section III: Training Requirements

Upon submission of application, the agency has one calendar year to complete required training. 75% of staff having direct contact with sexual assault patients will attend a two-hour training provided, free of charge, by SCVAN. This training includes sexual assault victim care, evidence preservation, and trauma informed care.