

Medical Supervisor Attestation Form

I attest that I will be the medical supervisor of (referred to hereafter as the student) after they complete the Midwest Regional Children's Advocacy Center (MRCAC) child abuse medical preceptorship. I understand that upon completion of the program, the student will be enrolled in the [myCasereview](#) program, an anonymous online peer review program where they can submit all of their child sexual abuse cases for review by an expert board-certified child abuse pediatrician. MRCAC requires that the student upload at least 25 cases for review and/or participate for at least two years (the first year will be at no charge) in this program **OR** that they have an *advanced medical consultant* (see text box below) review their first 25 cases. If the student has access to an advanced medical consultant, they can opt out of participation in the myCasereview program.

Advanced Medical Consultant Qualifications

According to the National Children's Alliance (NCA) medical standard for accreditation, an advanced medical consultant is a child abuse, physician, or advanced practice nurse who:

- Meets the minimum training standards for a CAC medical provider (a child abuse pediatrics sub-board eligible individual or certification; physicians without board certification or board eligibility in the field of child abuse pediatrics, advanced practice nurses, physician assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse; SANEs without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency based clinical preceptorship).
- Has performed at least 100 child sexual abuse examinations.
- Is current in continuing quality improvement (continuing education and participation in expert review on their own cases).

I meet the qualifications of an advanced medical consultant. The student will opt out of the myCasereview program, and I will serve as the advanced medical consultant for no fewer than 25 of their cases.

The student does not have access to an advanced medical consultant and will participate in the myCasereview program.

Signature, Medical Supervisor

Print Name

Organization

Date: _____

When complete, the preceptorship applicant should return the form via email to Kim Martinez, Medical Academy Program Manager, at kim.martinez@childrensmn.org.