



ACIPC Credentialling Package

Credentialled Infection Control Professional (Primary, Advanced, Expert)

ACIPC CREDENTIALLING APPLICATION PACKAGE

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Part 1: Instructions to Applicants

INTRODUCTION TO CREDENTIALLING

Congratulations on applying to become an ACIPC Credentialled Infection Control Professional – CICP. This action demonstrates your commitment and dedication to your professional development.

Credentialling is the establishment of a self-regulatory process instituted by the appropriate professional body to determine and acknowledge that an individual has demonstrated the prescribed competence for specialist practice. Credentialling will:

- Designate specialist or advanced expertise
- Inform consumers
- Establish a national standard
- Promote career advancement
- Identify a community of experts
- Contribute to qualifications for independent practice
- Enhance the quality of care provided
- Assist employers to manage risk.

For infection control professionals, credentialling provides a clear industry-recognised pathway whereby you can demonstrate the necessary knowledge, skills and attributes to be recognised by your peers as a Primary, Advanced or Expert Credentialled Infection Control Professional. All applications are reviewed by a panel of infection control professionals who have a wealth of knowledge and experience in a range of practice contexts. As a credentialled ICP, you are professionally committed to excellence in practice as evidenced by your willingness to undergo peer review. When awarded, the credential carries the imprimatur of the College as the peak professional body for infection prevention and control in Australasia.

For employers, credentialling helps you to meet current health regulations and health consumers' demand that the care provided by health professionals in your organisation is safe, effective and efficient. Inherent in establishing this culture of patient safety is the requirement to minimise the risk of healthcare-associated infection. The primary tenet underpinning all healthcare provision is that health professionals "first do no harm". The discipline of infection prevention and control comprises health professionals who are able to assess each practice context and healthcare interaction for potential infection risks, and apply evidence-based principles to recommend strategies to mitigate these risks. Furthermore, these professionals undertake a range of activities to evaluate the outcomes of these strategies and refine them as required.

As employers, you can and should expect that individuals seeking employment in infection prevention and control programs, or in roles that have a significant infection control component, have been credentialled by the peak professional body in infection prevention and control. Inclusion of an ACIPC credential as a requirement for employment will provide you with the confidence that your infection control professionals have a commitment to maintaining the necessary knowledge, experience and attributes to meet the challenges of contemporary healthcare. The requirement for re-credentialling every three years will ensure that staff maintain currency through ongoing professional development and peer review.

For health consumers, you have the right to expect and receive high quality and safe health care. You also have the right to be advised on the foreseeable risks of healthcare-associated infection and to be informed of, and consent to, strategies to mitigate these risks. As a consumer, you can have confidence that this is the case when receiving care from a facility or service where the infection control program is led and staffed by ICP who are credentialled by the Australasian College for Infection Prevention and Control.

LEVELS OF CREDENTIALLING

There are 3 levels of ACIPC Credentialling available to infection control professionals:

| PRIMARY CICP

The Primary CICP demonstrates the knowledge, attributes and behaviours in infection control at a basic level. They have participatory responsibility for infection control in their setting. They defer to the expertise of an Advanced or Expert ICP and/or fulfil some infection control responsibility in accordance with specific legislation and standards of practice. This may include hand hygiene auditing, acting as a link nurse, or a person who is involved in reprocessing reusable equipment. It is expected that they will routinely practice in accordance with relevant guidelines and the best available evidence, and actively seek the advice of Advanced and Expert CICPs in applying core principles to new, unfamiliar or challenging circumstances.

ADVANCED CICP

The Advanced CICP demonstrates the knowledge, attributes and behaviours in infection control at an advanced level. They have leadership responsibility for one or more elements of an infection control program in their setting. They would defer to an Expert ICP for guidance and oversight in co-ordinating an entire program. It is expected that they will act as role models to Primary ICPs and practise in accordance with relevant guidelines and the best available evidence, and actively seek the advice of Expert CICPs in applying core principles to new, unfamiliar or challenging circumstances.

| EXPERT CICP

The Expert CICP demonstrates the knowledge, attributes and behaviours at an expert level. They plan, implement, review and evaluate comprehensive infection control programs. They take a leadership role in terms of research and knowledge generation and contribute to the evolution of the discipline of infection control. They act as role model and mentor to Primary and Advanced ICPs and in accordance with relevant guidelines and the best available evidence, and work collaboratively with other Expert CICPs in applying core principles to challenging circumstances and generating new evidence for practice.

ELIGIBILITY

Applicants should consider the various requirements for each level in order to determine the level of credential that is most applicable to their individual situation.

To **apply** for and **maintain** ACIPC credentialling you will need to meet relevant criteria across 5 prescribed domains. These are detailed in Table 1:

- Relevant Vocation: Applicants must identify as belonging to an eligible vocation for the particular level of credentialling. Based on the specific level of credentialing for which you are applying and if you practice as a registered clinician you may be required to hold an unrestricted licence as Registered Nurse or Registered Medical Practitioner with the Australian Health Practitioner Regulatory Authority, the Medical Council of New Zealand or the Nursing Council of New Zealand or the relevant agency in the country in which you practice.
- Prerequisites: Applicants must be a current financial member of ACIPC and be working within their Relevant Vocation based on the level of credentialling. Applicants must meet the experience requirements

of the relevant level of credential for which you are applying by being currently employed (full or parttime) or self-employed in a role that is designated as an infection prevention and control role or includes a specific element of infection control such as hand hygiene auditing, infection control link nurse or reprocessing reusable equipment part-time. This should be demonstrated in your curriculum vitae.

- 3. Knowledge Requirements: There are specific formal educational requirements for all levels of credentialling. Primary CICPs must complete the ACIPC Foundations of Infection Prevention and Control Course or equivalent as approved by ACIPC, and the Advanced CICP and Expert CICP credentials include requirements for formal specialist tertiary qualifications in infection control. Tertiary qualifications achieved at international institutions will be considered to meet these requirements if they are named and are consistent with the relevant Australian Qualification Framework (AQF) level.
- Attitudinal Requirements: Applicants are required to undergo Peer Review and tender a Critical Reflective Narrative Submission in accordance with requirements of the level of credentialling.
- 5. Practice Requirements. Applicants are required to submit a curriculum vitae that provides a comprehensive summary of specific information as set out in this guide and submit a Professional Portfolio Submission in accordance with requirements of the level of credentialling. In doing so applicants must demonstrate to the satisfaction of the ACIPC Credentialling and Professional Standards (CAPS) Committee that you have achieved competency in prescribed areas of practice, engage in reflective practice and demonstrate commitment to ongoing professional development. This will be demonstrated in the reflective narrative(s) you provide.

If the application is successful the credential is awarded for three years after which the individual must either apply for recredentialling at the same level, or apply to be credentialed at a higher level assuming that they have completed the necessary education and experience to meet the requirements of the next credentialling level.

RELEVANT VOCATIONS

PREREQUISITES

Primary Credentialled Infection Control Professional (CICP – P) Nurses, Doctors, Scientists, Dentists, Epidemiologists, Veterinarians, Allied Health Professionals, Public Health and Environmental Health Professionals, Child Care Workers, Pharmacists, Occupational Health Industry Representatives, Midwives, Ambulance Paramedics, Defence Health Workers, Personal Care Professionals (tattooists, hairdressers, piercers etc.), Funeral Attendants, others on a case-by-case basis. Current financial membership of ACIPC
 Working >12 months part time in infection prevention and control where an aspect of infection control was an explicit focus of your role.

Advanced Credentialled Infection Control Professional

(CICP - A)

Registered Nurses, Doctors, Scientists, Epidemiologists, Dentists, Veterinarians, Pharmacists, Midwives, Ambulance Paramedics, others on a case-by-case basis. Current financial membership of ACIPC
 Working >3 years part time in infection prevention and control where infection control was a major focus of

your role.

Expert Credentialled Infection Control Professional (CICP – E) Registered Nurses, Doctors, Midwive Ambulance Paramedics, others on a case-by-case basis.

- Current financial membership of ACIPC
- and control where infection control was the primary purpose of your role.

KNOWLEDGE ATTITUDINAL PRACTICE REQUIREMENTS REQUIREMENTS REQUIREMENTS Complete ACIPC Foundations of Infection • Peer review Curriculum vitae Prevention and Control Course, or equivalent Critical Reflective Narrative submission on · Portfolio submission describing one of the as approved by ACIPC your role over the last twelve (12) months of Complete ACSQHC Infection Control modules your work and your professional development a) A specific outbreak situation, or • Complete one of the Hand Hygiene plan for the next three (3) years. b) Infection control quality Australia modules. c) Infection control policy/procedure d) Based on your role in infection prevention and control including a critical reflective narrative on your perceptions of the skills and knowledge a person at an advanced and what you would need to do to develop the same level of knowledge and skills. Complete AQF 8 Graduate Certificate in Peer review Curriculum vitae Infection Prevention and Control as approved by Critical Reflective Narrative submission • Giving Back Portfolio – Describe how you the ACIPC. comprising three (3) narratives: one on your contribute to the profession (eg sitting role including how it relates to, or supports, on a committee, research, presenting at your local infection control program; and two conferences), including a reflection identifying from the following: where your expertise lies. · A specific outbreak situation, or · Infection control quality improvement activity, or Infection control policy/procedure development/implementation/review, or · Education project.

ASSESSMENT PROCEDURES

- The ACIPC Credentialling and Professional Standards Committee (CAPS) will be responsible for assessing applications. The applicant will be identified to the Committee during the credentialling process.
- The ACIPC CAPS Committee formally assesses all applications in accordance with the criteria outlined in this document and makes a recommendation to the ACIPC Board of Directors as to whether the applicant meets the requirements for credentialing. The credential can only be awarded on the basis of the evidence supplied by the applicant. Should any CAPS Committee members require clarification of a point from the applicant's peer reviewer they will notify the Committee Chair so that all points requiring clarification are addressed during one contact with the peer reviewer.
- The final decision to award the credential will be made by the ACIPC Board of Directors based on the recommendations from the Chair of the CAPS Committee.
- The credential is awarded for a period of three years after which the individual must either apply for recredentialling or apply to be credentialled at a higher level.

APPLICATION ADVICE

- When compiling your submission please refer to the information given in Part 2 – Application Forms to ensure all criteria are met for each section.
- A checklist is provided in Part 2 Form 6 to ensure you have included all the required information, including the signed declaration form.
- Ensure that you observe the maximum word counts for relevant sections.
- All applications must be submitted electronically to the ACIPC secretariat via email to: admin@acipc.org.au
- Certified copies of qualifications and current practising certificate (as relevant) must be mailed to ACIPC, 228 Liverpool Street, Hobart, TAS 7000. Certified copies can be provided as a photocopy of the original documents sighted and signed by a Justice of the Peace, Commissioner of Declarations, Notary Public or other authorised official. Please note that the certification must be placed on the printed side of the documents, not the reverse side.

APPLICATION FEES AND PAYMENTS

The ACIPC Board of Directors sets the costs associated with applications for credentialling.

For information regarding the current application fees and payment schedule please refer to the Credentialling Section of the ACIPC website: **www.acipc.org.au**

SUCCESSFUL APPLICATIONS

- A certificate will be mailed to you and you will be entitled to use the post-nominal associated with the credential awarded: CICP-P, CICP-A, or CICP-E for three (3) years.
- A public database of Credentialled Infection Control professionals (CICP) is maintained by ACIPC on the website. Credentialled Infection Control professionals will be profiled in various ACIPC communications. Names are removed from the database at the end of the three year period of the credential unless the individual has been recredentialled or credentialled at a higher level.

UNSUCCESSFUL APPLICATIONS

An initial application for credentialing may be unsuccessful for two reasons:

- (a) The application requires clarification and resubmission or the revised application is not submitted within a specified time frame. The ACIPC CAPS Committee may seek clarification from you regarding one or more aspects of your application. The CAPS Committee Chair will notify you in writing if components of your application require clarification. The correspondence will provide feedback detailing the areas of deficit and suggestions for how the application can be improved. You will be required to submit a response and/or revisions within a stated timeframe. If a revised application is not submitted within this timeframe the application will formally lapse and be deemed unsuccessful.
- (b) The application is deemed unsuccessful. If the CAPS Committee has assessed that the application has not met the requirements for credentialing, the Chair will notify the applicant in writing. The correspondence will provide constructive feedback detailing the areas of deficit. If you wish to resubmit a full application within twelve (12) months there will be a resubmission cost. If you wish to appeal the decision, follow the appeal process outlined below.

PROCEDURES FOR APPEAL

Unsuccessful applicants are encouraged to review and reflect on the comments provided by the ACIPC CAPS Committee along with their application before commencing an appeal.

Applicants may initiate discussion with the CAPS Committee Chair, or their delegate, to seek clarification which may aid in understanding why the application was unsuccessful. Such discussions usually provide answers to any questions and resolution to any concerns an applicant may have.

Applicants have grounds for appealing the decision of ACIPC to not award a credential if he/she can demonstrate that:

- (a) the process for reviewing the application (as outlined in the marking guidelines) was not correctly followed, or
- (b) the applicant is able to provide information indicating that not all the evidence was in line with the application guidelines was considered in the marking process.

In the event that an unsuccessful applicant disagrees with ACIPC's decision not to credential, the following process must be followed:

- An appeal must be lodged with supporting evidence to the ACIPC President via the ACIPC Secretariat within fourteen (14) working days of receiving written feedback from ACIPC outlining why the credential was not awarded provided by the ACIPC CAPS Committee Chairperson.
- The ACIPC President shall acknowledge receipt of the appeal in writing, and request relevant documentation from the Chairperson of the ACIPC CAPS Committee including the original (unmarked) copy of the application, and any other documents or correspondence with the applicant.
- The ACIPC President shall convene an Appeal Tribunal comprising four (4) members of the ACIPC Board and the members of the CAPS Committee to hear the appeal. This meeting (by teleconference) shall be convened as soon as possible.
- If the tribunal finds that the appeal does not meet the grounds for appeal the applicant's objection will be denied and the earlier decision will be upheld.
- If the tribunal finds that the applicant's appeal is in accordance with the grounds for appeal the objection will be upheld and the applicant will be invited to resubmit his/her application to ACIPC at no additional cost.
- If the applicant is again unsuccessful the applicant and the ACIPC Board will be notified of the decision in writing.
- 7. The decision of the Appeals Tribunal is final.
- 8. The applicant will have only one opportunity for appeal.

If the applicant is unsuccessful following appeal, the credential will not be awarded and the applicant will be excluded from submitting a new application for a period of twelve (12) months.

RECREDENTIALLING

The credential is valid for three (3) years. Towards the end of the third year of your credential you will be sent an invitation to apply for recredentialling. A recredentialling application package will be provided and the fees associated with the process available on the College website. Credentials that lapse more than six (6) months past the due date and the holder will be required to undertake a new credentialing application process. Please refer to the ACIPC Recredentialling Application Package.

CICPs originally credentialled at Primary or Advanced level may choose to apply for a higher level of credential when the terms of their original credential expires. These CICPs should use the ACIPC Credentialling Application Package to apply for the higher level credential.

SUBMISSION GUIDELINES

The following information provides advice regarding evidence that is required for the various prescribed domains of the credentialling standard.

| RELEVANT VOCATION

Applicants must provide documentary evidence of their professional standing within an eligible Relevant Vocation for the particular level of credentialling. Based on the specific level of credentialing for which you are applying and if you practice as a registered clinician you may be required to hold an unrestricted licence as Registered Nurse or Registered Medical Practitioner with the Australian Health Practitioner Regulatory Authority, the Medical Council of New Zealand or the Nursing Council of New Zealand or the relevant agency in the country in which you practice. For more information, please contact the CAPS Committee.

| PREREQUISITES

- Applicants must be currently financial members of ACIPC to be eligible to apply. The College Secretariat will provide evidence on this to the CAP Committee on receipt of your application.
- Applicants must provide documentary evidence of their employment and experience requirements of the relevant level of credential for which they are applying by being currently employed (full or part-time) or selfemployed in a role that is designated as an infection

and prevention role or includes a specific element of infection control such as hand hygiene auditing, infection control link nurse or reprocessing reusable equipment part-time. Suitable documentation includes statements of service, official letters from supervisors or employers and other similar documentation attesting to this requirement. This information should be consistent with the curriculum vitae.

| KNOWLEDGE REQUIREMENTS

Applicants must provide evidence of completion of the prescribed education relevant to the specific credentialing level for which they are applying as outlined in Table 1. Certified copies of certificates and qualifications must be submitted.

ATTITUDINAL REQUIREMENTS – PEER REVIEW

The purpose of this peer review is to provide support for your application to be credentialed. Specifically the peer reviewer will be asked to provide comment on your professional and ethical practice and interpersonal skills by addressing a number of points relevant to the credential for which you are applying.

The applicant must identify a suitable peer reviewer as per the essential criteria described below, and request a confidential peer review be provided directly to the ACIPC CAPS Committee via the ACIPC Secretariat.

- The peer reviewer is a professional colleague who meets the following criteria:
- Has known the applicant in a professional capacity for a minimum period of six (6) months;
- Has worked closely with the applicant as a peer or as a supervisor, or in the case of the self-employed ICP, the reviewer may be a client who has contracted the services of the ICP;
- Agrees to handle all information associated with this application in confidence; and,
- Is willing to be contacted by the ACIPC CAPS Committee should clarification be necessary in relation to any information provided in the application.

| ATTITUDINAL REQUIREMENTS – CRITICAL REFLECTIVE NARRATIVE SUBMISSION

Reflective practice allows the individual to process their professional experiences and explore their understanding of what they are doing, why they are doing it and the impact it has on themselves and others. It is a crucial professional activity intrinsic to learning¹, will stimulate self-awareness and personal growth² and is a critical skill for effective functioning in complex practice situations³. For these reasons the ACIPC credentialling process places significant

emphasis on reflection as part of the assessment criteria.

How to write a critical reflective narrative

As a general guide each reflective narrative must:

- Be between 500-1500 words long
- Be written in the first person

In your narrative, answer the following key questions:

- What was the situation?
- What happened in the situation?
- How did you go about it?
- Why did you go about it that way?
- What was the outcome?
- What did you do well?
- What could you have done better?
- What would you do differently next time?
- What other steps would you take as a result of this reflection?

Describe your actions, thoughts, feelings and observations experienced during the episode. The narrative should include a description of what went well during the episode and why you thought so; a description of what did not go well (i.e. the challenges and barriers you encountered), and why you thought the strategies you had put into place were not successful. Review behaviours, interactions, feelings and thoughts that you identified throughout the event/ activity and consider strategies that may have altered the outcomes. Identify your strengths and limitations. Outline learning objectives from your limitations that identify a skill to be practiced or knowledge to be gained and how you plan to achieve this. Support your narrative with evidence relevant to the chosen activity (copies of peer reviewed publications, conference presentations, education activities, committee activity, other activities).

There are specific reflective submission requirements for each level of credential and they are described below.

CICP-Primary

The applicant must provide a reflective review of their infection control role over the past twelve (12) months and address the following:

- Describe the greatest challenge(s) you have faced in your role in this time.
- 2. What did you learn about yourself while responding to the challenge(s)?
- 3. In terms of your response what do you think you did well?
- 4. What would you do differently in similar circumstances?
- 5. Outline your professional development plan for the next

three years and identify how your experience over the last twelve (12) months has influenced your plan.

CICP-Advanced

- The applicant must provide three (3) reflective submissions in total. Each should contain a maximum of 1500 words. The first critical reflection is prescribed as follows:
- 2. A description of your infection control role and how it relates to and/or supports the rest of the program. Include in this reflection your perception about the way you interact with other members of the IP&C team and other members of the organisation outside the team. Identify the skills, knowledge and attributes critical to success in your role and your strengths and weaknesses in relation to them. What professional development activities have you planned to address your weaknesses?
- 3. The remaining two (2) must be chosen from the following options:
- 4. A detailed description of a specific outbreak situation you have managed or been involved in managing including: a critical review of the scientific literature; the process used for data collection; measures taken to contain the outbreak; actual or potential legal and/or ethical issues associated with the outbreak; a reflective commentary on your professional development and learning progress as a result of your role in this event.
- 5. A detailed report on a quality improvement activity you have implemented in your infection prevention and control capacity. The report should include: the aim of the quality improvement activity; how the activity was identified as necessary; the methods used to develop and implement the activity; the results/outcome of the project; an evaluation of the activity including any feedback received, and a reflective commentary on the lessons you learned through conducting this activity.
- 6. A detailed description of an IC policy/procedure you have developed and implemented within your workplace including: the scope and intent of the policy/procedure; the literature review/evidence base underpinning the policy/procedure; how you set about implementing the policy/procedure; how you evaluated the success/compliance with the policy/procedure; and a commentary on the lessons you learned through the process.
- 7. A detailed account of an educational program/project (e.g. health promotion or staff/patient teaching) you have implemented including: the background to the program/project; the objectives; the design of the program including intended audience, relevance of topic, learning principles; implementation and teaching methods; how the program was evaluated and the results of the evaluation. Include any examples

of education materials/teaching aids developed in conjunction with the project; and a commentary on the lessons you learned through the process.

CICP-Expert

- The applicant must provide three (3) reflective submissions as prescribed below. Each should contain a maximum of 1500 words.
- 2. A critical review of your role in infection prevention and control over the past three (3) years, the major challenges you have faced in the role in that time, the professional strengths and weaknesses identified as you responded to the challenges, the steps you have taken to address your weaknesses, and the lessons you would take from this experience and use when mentoring ICP with less experience.
- 3. A critical narrative review of your activities over the past three (3) years in relation to infection prevention and control knowledge generation. Include the reason you identified this specific area of need, what you hoped to achieve by undertaking the activities and how you evaluated your success. In retrospect what would you do differently and why?
- 4. A detailed account of how your infection prevention and control program has evolved over the past three (3) years including the role of political, economic and cultural imperatives on this evolution. To what extent do you feel you planned and directed the evolution? Identify your perception of the next major challenge for IP&C programs and what action you have taken or are taking to prepare.

| PRACTICE REQUIREMENTS – CURRICULUM VITAE

The prescribed format for your curriculum vitae is provided below. Please ensure any documents pertaining to qualifications and/or professional registration are certified as true copies by a Justice of the Peace, Commissioner of Declarations, Notary Public or other authorised official. Please note that the certification must be placed on the printed side of the documents, not the reverse side.

Professional Qualifications:

List in reverse chronological order (most recent first) all relevant qualifications, including tertiary courses and certificates. Include current studies and planned year of completion. Use the marking guide in Part 2 of this package to assist in identifying the information required.

Awards:

List any awards or grants you have received and include certified copies of the awards/grants.

Employment History:

List in reverse chronological order, all relevant professional

experience commencing with your current employer and referees to enable verification by ACIPC. Use the marking guide in Part 2 of this package to identify the amount of experience required for the specific credential level and ensure this is demonstrated in this section of your CV.

Continuing Education:

List all relevant continuing education programs you have attended over the past three (3) years e.g. short courses, workshops, seminars and conferences.

Professional Activities:

Provide a description of all professional activities in which you have been involved over the past three (3) years. Your description should include your level of involvement and the duration of your involvement at this level. The ACIPC Infection Control Practice will assist you in ensuring you include relevant professional activities.

Education and Research:

List and provide a brief description of your participation in any significant/ relevant education and/or research endeavours over the past three (3) years. List all publications using a standard referencing format.

Quality Improvement Activities:

Provide a brief description of any quality improvement activities you have implemented in your infection prevention and control role in the past three (3) years.

Other Activities:

List any other activities or achievements over the past three (3) years that you believe will support your application.

| PRACTICE REQUIREMENTS – PORTFOLIO

There are specific practice requirements for each level of credential and they are described below.

CICP-Primary

Prepare a reflective narrative on one of the topics listed and provide a detailed description of the event including your role and reflect on a colleague/supervisor working at a more advanced level and identify the skills and/or knowledge they demonstrated when managing the issue. Compare and contrast these attributes with your own and identify what specific skill or knowledge you would most like to develop and what strategies you can implement to develop the skill/knowledge. Identify whether and to what extent the colleague you identified previously would be able and/or willing to assist/support you in this endeavour. Topic options include:

- (a) A specific outbreak situation, or
- (b) Infection control quality improvement activity, or
- (c) Infection control policy/procedure development/ implementation/review, or

(d) Based on your role in infection prevention and control including a critical reflective narrative on your perceptions of the skills and knowledge a person at an advanced level would demonstrate in the situation and what you would need to do to develop the same level of knowledge and skills.

CICP-Advanced

Giving Back Portfolio – The portfolio submission required for this level of credential relates to contributing to the profession of infection prevention and control. Describe how you contribute to the profession (e.g committee membership, research, presenting at conferences), including a reflection identifying where your expertise lies. The account should include reflection that specifically identifies your emerging areas(s) of expertise.

CICP – Expert

Giving Back Portfolio – The portfolio submission for the expert CICP also relates to contributing to the profession of infection prevention and control. Describe how you contribute to the profession (eg sitting on a committee, research, presenting at conferences), including a reflection on maintaining yourself as an expert.

- ² Canniford, L.J., Fox-Young, S. (2015). Learning and assessing competence in reflective practice: Student evaluation of the relative value of aspects of an integrated, interactive reflective practice syllabus. Collegian, 22(3): 291-297
- ³ Freshwater, D., Stickley, T. (2004). The heart of the art: emotional intelligence in nurse education. Nursing Inquiry, 11(2): 91-98.

¹ Levett-Jones, T.L. (2007). Facilitating reflective practice and self-assessment of competence through the use of narratives. Nurse Education in Practice, 7(2): 112-119

Part 2: Applicants Forms

The forms that follow are for illustrative purposes only. When making an application please download the relevant respective PDF writable forms from the College website at: **www.acipc.org.au**





			P
	PART 2		
	Application Form	ns	
	FORM 1: APPLICATION FOR	M AND DECLARATION	
	Please indicate the level of credential	for which you are applying.	
	O CICP-P (Primary)	Personal Details E PURPOSES Mobile Phone:	
	O CICP-A (Advanced)		- 11
	O CICP-E (Expert)		N L
		Personal Details	
	Name:	OSES	
		- DOU	
	Preferred Postal Address:	nin	
		EFU	
	Home Phone:	Mobile Phone:	
	Personal Im il rddress		
	GTH	Work Details	
	Place of Employment:		
	Work Address:		
T			
	Work Phone:		
	Work Email Address:		
		Declaration	
	l,		
	state that the details documented in this application		
		Itstanding legal or disciplinary actions associated with my professional practice.	
	credentialling process.	in this application may be verified by ACIPC and may be used to evaluate the	
	I agree that my name (as a CICP) and professional	profile will be posted to the ACIPC website and profiled in ACIPC communications.	
	Signed:	Date:	
			_
Ve	rsion: 1-2016	ACIPC - Credentialled Infection Control Professional (CICP) Applicati	on Package I

	ARY PEER REVIEW SUBMISSION F	OIIM	_
The reviewer must send this form direc	tly to ACIPC, 228 Liverpool Street, Hobart 7000 Tasmania (OR email to admin@acipc.org.	au
Peer Reviewer's Name:			
Position and Organisation:			
Credentialling Applicant's Na	ame:		
What is your professional rel	ationship to the applicant?		
O Applicant's supervisor	O Applicant's client		
O Professional colleague	O Other (Specify):		
How long have you known th	he applicant in a professional capacity?	(years)	
In what capacity have you w	rorked closely with the applicant?	-5	ON
O Vog			
O Yes No Please describe the oblicant's	berformance in relation to their infection prevention	n and control role.	
O No Please descrate ne applicants	. Role Performance	n and control role.	
No Please describe the applicants	Role Performance performance in relation to their infection prevention 2. Ethical Behaviour unt has demonstrated ethical practice in this role. (f



	CICP-Primary			-
	Curriculum Vita			i
			d control is an amplicit forme of	
	Demonstrates current employment in a position where infectio at least one aspect of the role for a minimum of 12 months par O Met O Not Met		to control is an explicit locus of	
	Demonstrates completion of the following education (certified	copies provided):	
	ACIPC Foundations in IP&C Course	O Met	O Not Met	
	ACSQHC IP&C modules	O Met	O Not Met	
	HHA learning package	O Met	O Not Met	
	Peer Review			5NI
	Peer review confirms:			
	Appropriate role performance.	O Met	O Mot Met	
	Ethical behaviour.		O Not Met	
	Commitment to ongoing professional development.	D Vet	Not Met	
	Appropriate interpersonal skills.	O Met	O Not Met	
. 1	Applicant descripes the shattenges of the role in this time.	O Met O Met	O Not Met O Not Met	
	Applcant identifies what he/she did well.	O Met	O Not Met	
	Applicant identifies what he/she would do differently in future			
	O Met O Not Met			
	Applicant outlines PD plan for next 12 months and identifies he	ow the past 12 i	months has influenced the plan.	
	O Met O Not Met			·
	Portfolio Submis			
	Applicant provides a reflective narrative on ONE of the topics is activity, IC policy/procedure development and implementation implementation] addressing the following elements:			
	Applicant provides a detailed description of the event including O Met O Not Met	g his/her role.		/
	Applicant reflects on the role of an advanced colleague/superv knowledge demonstrated when managing the issue.	isor involved in	the event and the skills/	
	O Met O Not Met			
	Based on a comparison of their own role with that of the collect developmental needs and strategies to facilitate development is			
	O Met O Not Met			

	The reviewer must send this form direc	NCED PEER REVIEW SUBMI		.au
	Peer Reviewer's Name:			
	Position and Organisation:			
	Credentialling Applicant's Name	:		
	What is your professional relation			
	O Applicant's supervisor	O Applicant's client		
	O Professional colleague	O Other (Specify):		
	How long have you known the	applicant in a professional capacity?	(years)	
	In what capacity have you work	ted closely with the applicant?	2ES	ONL
		gness to handle all information associated	with this application in confiden	
	O Yes			
	O No	E PU'		_
		1. committee Participation	e committee?	_
	i. How has the application with		e committee?	
L	USTRA			
L	ii. Describe the interpersonal sk	uled to the functioning and outcomes of the	other members of the committee	
	ii. Describe the interpersonal sk	nue d to the functioning and outcomes of the second	other members of the committee	
	ii. Describe the interpersonal sk	nue d to the functioning and outcomes of the second	other members of the committee	
	ii. Describe the interpersonal sk	nue d to the functioning and outcomes of the second	other members of the committee	
	ii. Describe the interpersonal sk	nue d to the functioning and outcomes of the second	other members of the committee	



CICD_A	
0101 -A	lvanced
	Curriculum Vitae
	rates current employment in an infection prevention and control position for a minimum of three or ars part-time.
O Met	O Not Met
	rates completion of a Graduate Certificate Infection Control or AQF level 8 equivalent as approved by ertified copies provided):
O Met	O Not Met
	Peer Review iew confirms: at demonstrates effective committee participation and ethical practice. OSES O
Peer rev	iew confirms:
Applicar	at demonstrates effective committee participation and ethical practice.
O Met	O Not Met
-	tt demonstrates appropriate knowledge of craft health usins and ethical practice .
O Met Applicar	
O Met Applicar	O Not Met at demonstrates appropriate for wildling interpersonal skills and ethical behaviour in the management preak or critical incident.
O Met Applicar	O Not Met at demonstrates appropriate for whether, interpersonal skills and ethical behaviour in the management preak or critical incident. O Not me at demonstrates appropriate knowledge and management of an infection control project.
O Met Applicar of a outh O Mer Order Order Order	 Not Met at demonstrates appropriate on whether, interpersonal skills and ethical behaviour in the management or critical nector. Not met Not Met
O Met Applicar of a outh O Met Original O Met Original O Met	Not Met at demonstrates appropriate to which we interpersonal skills and ethical behaviour in the management oreak or critical nector. Not met Reflective Submission(s) licant has provided three reflective narratives – one prescribed and the other two from the options
O Met Applicar of a out O Met Originar The app provided Prescrib Applicar program	Not Met A demonstrates appropriate to two before interpersonal skills and ethical behaviour in the management treak or critical nectors. Not met Reflective Submission(s) Licant has provided three reflective narratives – one prescribed and the other two from the options 1 - addressing each element identified. ed: Applicant's infection control role. It describes his/her infection control role and how it relates to and/or supports the rest of the
O Met Applican of a out O Met O Met	 Not Met At demonstrates an appropriate and whether, interpersonal skills and ethical behaviour in the management treak or critic function. Worket Worket Reflective Submission(s) Iticant has provided three reflective narratives – one prescribed and the other two from the options 1 - addressing each element identified. ed: Applicant's infection control role. It describes his/her infection control role and how it relates to and/or supports the rest of the O Not Met
O Met Applican of a out O Met Applican Prescrib Applican program O Met Applican of Met	 Not Met At demonstrates appropriate to twikeline, interpersonal skills and ethical behaviour in the management treak or critical nation. Not met Reflective Submission(s) Material and the other two from the options and the other two from the options and the other single each element identified. Applicant's infection control role. Applicant's infection control role and how it relates to and/or supports the rest of the treates to the treat
O Met Applican of a out Original Original Applican program O Met Applican of the on O Met	 Not Met A demonstrates an appropriate and whether interpersonal skills and ethical behaviour in the management treak or critical netion to an infection control project. A volume A not Met Reflective Submission(s) Licant has provided three reflective narratives – one prescribed and the other two from the options (- addressing each element identified. Licant has provided three reflective narratives – one prescribed and the other two from the options (- addressing each element identified. Licant has provided three reflective narratives – one prescribed and the other two from the options (- addressing each element identified. Licant shifter infection control role. Lit describes his/her infection control role and how it relates to and/or supports the rest of the infection control role and how it relates to and/or supports the rest of the infection of the infection control team and other members ganisation beyond the infection control team. Not Met
O Met Applican of a out O Met Applican Prescrib Applican of the ou O Met Applican of the ou O Met	Not Met A Not Met A Not Met A Not Met A Not Met Reflective Submission(s) Iteresting each element identified. Iteresting each element each element element element element elementersting eac
O Met Applican of a out Construction O Met Applican of the ou O Met Applican strength O Met	 Not Met the demonstrates appropriate to the label of the interpersonal skills and ethical behaviour in the management treak or critical nation. Not met Reflective Submission(s) ticant has provided three reflective narratives – one prescribed and the other two from the options 1 - addressing each element identified. ticant has provided three reflective narratives – one prescribed and the other two from the options 1 - addressing each element identified. ticant has provided three reflective narratives – one prescribed and the other two from the options 1 - addressing each element identified. ticant is infection control role. the describes his/her infection control role and how it relates to and/or supports the rest of the treflects on his/her infection control team. Not Met the reflects on his/her infection control team. Not Met the treflects on his/her infection control team. Not Met the the skills, knowledge and attributes critical to success in his/her role and his/her

		Ontion 1.0	Specific Outbreak Situ	ation	
	Applicant p	provides a detailed description of a	-		lucd
	O Met	O Not Met	specific outbreak situat	ion ni winch ne/she nas been nivo	iveu.
		provides a critical review of the scie	entific literature around	the tonic	
	O Met	O Not Met			
	-	lescribes the processes used for dat	ta collection.		
	O Met	O Not Met			
	Applicant d	lescribes the measures taken to cor	ntain the outbreak.		
	O Met	🔘 Not Met			
	Applicant d	lescribes actual/potential legal and,	/or ethical consideration	ns associated with the issue.	
	O Met	🔘 Not Met			11
	Applicant p result of his	O Not Met orovides a reflective commentary on s/her role in the event. O Not Met	n his/her professional d	evelopment and learning progress	
	O Met	O Not Met		DOSES	
		Option 2: Q	uality Improven ent		
	Applicant p	provides a detailed report on a qua	lity inpovenent activi	y he/she has implemented includi	ng:
	The aim of	the activity	O Met	O Not Met	
. 1	Methods us	stivity was identified as howessary out of develop any implement the a Mot Met		O Not Met	
		comes of the project	O Met	O Not Met	
	_	of the activity including any feedba	ack		
	O Met	O Not Met			
	A reflective	commentary on lessons learned th	irougn conducting the a	letivity	
	U Met	O Not Met	au/Dragadura Davala	nmont and Implomentation	
		Option 3: Infection Control Poli	-		
	implemente	provides a detailed description of ar ed including:	_		and
	-	intent of the policy/procedure	O Met	O Not Met	
	_	eview or evidence based underpin	ning the policy/procedu	ire	
	O Met	O Not Met		0	
	-	blicy/procedure was implemented	O Met	O Not Met	
	-	ss/compliance with the policy/proc	edure was evaluated		
	O Met	O Not Met			
\mathbb{A}	O Met	Commentary on lessons learned th	rougn the process		
	\				

	Qualitari	A. T. J time D		
	· · · · ·		rogram/Project	
	Applicant provides a detailed account of an	-		uding:
	Background to the program/project	O Met	Not Met	
	Program objectives	O Met	O Not Met	
	Program design including target audience, to O Met O Not Met	opic relevance	and learning principles	
	Implementation and teaching methods	O Met	O Not Met	
	Program evaluation means and results	O Met	O Not Met	
	Examples of teaching materials provided	O Met	O Not Met	
	A reflective commentary on lessons learned			
	O Met O Not Met	anougn alo pr		
		Portfolio Subr	nission	ONI
	The line of the second s			lection
	Applicant provides a reflective narrative de prevention and control in the past three (3)		e/she has contributed to the profession of i	liection
	Applicant describes a range of appropriate		strating contribution to the projession	
	O Met O Not Met			
	Applicant uses these activities to demonstra	ite his/her spec	fic area s) of infection prevention and cont	rol
	expertise			
	onportabo.			
	O Met O Not Met			
	O Met O Not Met			
	O Met O Not Met			
	O Met O Not Met	E		
	O Met O Not Met	E		
• •	O Met O Not Met	E		
	O Met O Not Met	E		
	O Met O Not Met	E		
	Applicant uses these activities to demonstrate expertise.	51		
L	O Met O Not Met			
L	O Met O Not Met	E		
L	O Met O Not Met	E		
L	O Met O Not Met			
L	O Met O Not Met			
L	O Met O Not Met			
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	O Met O Not Met			

	FORM 6: CIPC-EXPERT PEER REVIEW SUBMISSION FORM	
	The reviewer must send this form directly to ACIPC, 228 Liverpool Street, Hobart 7000 Tasmania OR email to admin@acipc.org.au	
	Peer Reviewer's Name:	
	Position and Organisation:	
	Credentialling Applicant's Name:	
	What is your professional relationship to the applicant?	
	O Applicant's supervisor O Applicant's client	
	O Professional colleague O Other (Specify):	
	How long have you known the applicant in a professional capacity? (years)	
	In what capacity have you worked closely with the applicant?	NI
	Please acknowledge your willingness to handle all information associated with the architection in confidence.	
	O Yes	
	O No	
	i. How has the applicant contributed to the functioning and outcomes of the committee?	
LĽ	i. How has the applicant contributed to the functioning and outcomes of the committee?	
LĽ	i. How has the applicant contributed to the functioning and outcomes of the committee?	
	i. How has the applicant contributed to the functioning and outcomes of the committee?	
	 i. How has the applicant countributed to the functioning and outcomes of the committee? ii. Describe the interpersonal skills demonstrated by the applicant towards other members of the committee. 	
	 i. How has the applicant countributed to the functioning and outcomes of the committee? ii. Describe the interpersonal skills demonstrated by the applicant towards other members of the committee. iii. How has the applicant demonstrated an understanding of, and personal commitment to, ethical practice 	

2. Staff Health
i. How has the applicant demonstrated his/her knowledge of staff health issues?
ii. Describe the applicant's level of involvement in the management of staff health issues.
3. Outbreak or Critical Incident Management i. How has the applicant demonstrated his/her knowledge within the context of the incident SON ii. Describe the applicant's level of involvement in the management of the outbreak/critical incident.
i. How has the applicant demonstrated his/her knowledge within the context of the incident
IIRPUS
ii. Describe the applicant's level of involvement in the management of the outbreak/critical incident.
Describe the interpersonal skills and ethical practice demonstrated by the applicant in the management of
Conserve the interpersonal skills and ethical practice demonstrated by the applicant in the management of issue that arose from the incident.
Enscribe the applicant's experience and demonstrated skills in managing a specific infection prevention and

	Curriculum Vitae
	tes current employment in an infection prevention and control position for a minimum of five or s full-time equivalent.
O Met	O Not Met
	tes completion of a Masters Infection Control or AQF level 9 equivalent or PhD as approved by tified copies provided):
O Met	O Not Met
	Peer Review
Peer review	v confirms:
Applicant of	demonstrates effective committee participation and ethical practice.
O Met	O Not Met
Applicant o	lemonstrates appropriate knowledge of staff health issues and enhual practice.
O Met	O Not Met
Applicant of a outbre	Peer Review v confirms: lemonstrates effective committee participation and ethical practice. O Not Met lemonstrates appropriate knowledge of staff health issues and ethical practice. O Not Met lemonstrates appropriate knowledge, interference shows and ethical behaviour in the management ak or critical incident. O Not Met
O Met Applicant o Me	
0	Reflective Submission(s)
	has provided three reflective narratives as prescribed and addressed each of the elements as clow.
detailed be	
	Narrative 1: A Critical Review of your Role
	Narrative 1: A Critical Review of your Role
Applicant 1	-
Applicant I (3) years O Met	has provided a critical review of his/her role in infection prevention and control over the past three
Applicant I (3) years O Met	has provided a critical review of his/her role in infection prevention and control over the past three O Not Met
Applicant h (3) years O Met Applicant o O Met	An provided a critical review of his/her role in infection prevention and control over the past three O Not Met describes the major challenge(s) of the role
Applicant h (3) years O Met Applicant o O Met	An as provided a critical review of his/her role in infection prevention and control over the past three O Not Met describes the major challenge(s) of the role O Not Met
Applicant I (3) years O Met Applicant o O Met Applicant i O Met	has provided a critical review of his/her role in infection prevention and control over the past three O Not Met describes the major challenge(s) of the role O Not Met dentifies his/her professional strengths and weaknesses identified through the challenge(s) O Not Met dentifies the lessons from this experience that could be used as instructive when mentoring less

	Narrative 2: Description of Activities Relating to Knowledge Generation
	Applicant provides a detailed description of activities relating to infection prevention and control knowledge generation in past three (3) years.
	O Met O Not Met
	Applicant identifies how the specific area of need was identified
	O Met O Not Met
	Applicant identifies what he/she hoped to achieved as a result of the activities.
	O Met O Not Met
	Applicant identifies how the success was evaluated.
	O Met O Not Met
	Applicant identifies what he/she would do differently and why.
	O Met O Not Met
	Applicant identifies what he/she would do differently and why. O Met O Not Met Narrative 3: Evolution of the Infection Prevention and Control Program
	Applicant provides a detailed account of how the infection prevention and control program havevolute over the past three (3) years including the role of political, economic and cultural imperatives.
	O Met O Not Met
	Applicant describes the extent to which he/she directed the evolution.
	O Met O Not Met
	Applicant identifies his/her perception of the cost major challenge for infection prevention and control programs including a non taken a programe for the challenge.
	Portfolio Submission
	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection
	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years.
	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years. Applicant describes a range of appropriate activities demonstrating contribution to the profession
L	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years. Applicant describes a range of appropriate activities demonstrating contribution to the profession O Met O Not Met
	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years. Applicant describes a range of appropriate activities demonstrating contribution to the profession O Met O Not Met Applicant discusses how these activities have assisted him/her to maintain their skills at expert level.
	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years. Applicant describes a range of appropriate activities demonstrating contribution to the profession O Met O Not Met
L	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years. Applicant describes a range of appropriate activities demonstrating contribution to the profession O Met O Not Met Applicant discusses how these activities have assisted him/her to maintain their skills at expert level.
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	Applicant provides a reflective narrative describing how he/she has contributed to the profession of infection prevention and control in the past three (3) years. Applicant describes a range of appropriate activities demonstrating contribution to the profession O Met O Not Met Applicant discusses how these activities have assisted him/her to maintain their skills at expert level.



Complete the following checklist before submitting your application to ensure it is complete.
CICP – ADVANCED
1. Current <i>curriculum vitae</i> (CV) including certified copies of qualifications and registration (where applicable) have been provided.
2. CV reflects that you have practised in infection control for the prescribed period associated with the level of credential.
a) CV reflects you have completed the educational requirements associated with the level of credential.
 b) Peer Reviewer has been: supplied with the peer review submission form relevant to the credential advised of the due date for submission.
• supplied with the peer review submission form relevant to the credential
advised that he/she may be contacted by the Chair of the CAPS Committee for additional
3. Declaration form has been completed, signed and dated.
4. Your application includes three (3) reflective sub issum, or (1, prescribed on your infection control role
and how it relates to/supports the rest of the program; AND, two (2) chosen from the options provided.
5. Your application includes our policy of stranssion on how you contribute to the profession of infection prevention and control
6. Your re printipe application fee.
If all the elements of your application are complete and you have paid the application fee, email your application including all the documents listed above to:
The ACIPC Secretariat: admin@acipc.org.au





ACIPC,228 Liverpool St Hobart 7000

Tasmania

Telephone: +61 362819239 Email: admin@acipc.org.au

Web: www.acipc.org.au