



CICP-ADVANCED RECREDENTIALLING PEER REVIEW FORM

Date of Review:

Peer Reviewer's Name:

Peer Reviewer's Position and Organisation:

Credentialling Applicant's Name:

Reviewer Statements

What is your professional relationship to the applicant?

Applicant's supervisor

Applicant's client

Applicant's professional
colleague

Other (Specify)

Other (Specify):

How long have you known the applicant in a professional capacity?

Years

In what capacity have you worked closely with the applicant?

Please acknowledge your willingness to handle all information associated with this application in confidence in accordance with College policy.

Yes

No

Element – Role and Practice

Describe how the applicant's practice and role demonstrates they have maintained an active scope of practice as a Advanced CICP and led one element of the infection control program in one of the following areas:

- a) Outbreak management; or
- b) Quality improvement activity; or
- c) Policy and procedure development implementation/review; or
- d) Education project and activities; or
- e) Governance; or
- e) Other program element.

Peer Reviewer Comments:



CICP-ADVANCED RECREDENTIALLING PEER REVIEW FORM continued ...

Element – Mentoring and Networking

Describe how the applicant has actively engaged in networking with peers and undertaken mentoring from colleagues, including other Advanced and/or Expert credentialled ICPs, that has resulted in their professional growth and development.

Peer Reviewer Comments:

Element – Giving Back

Describe how the applicant has actively contributed to the profession and the College through a range of professional activities that include, but are not limited to, active committee membership, research, conference presentation.

Please comment on the extent to which these have enhanced the applicant's professional standing and enabled them to identify their areas of expertise as an Advanced ICP.

Peer Reviewer Comments:

Other Peer Reviewers Comments

Open the PDF with **Acrobat Reader DC** (latest free version)

TO SUBMIT YOUR COMPLETED FORM:

Fill out form, once completed: Select **File** > Select **Save As** > Save to Desktop

Email your completed application to office@acipc.org.au

Or, Print out and post your completed application to **ACIPC** 6/152 Macquarie St Hobart, 7000 Tasmania