



## CICP-PRIMARY PEER REVIEW SUBMISSION FORM

Date:

Peer Reviewer's Name:

Position and Organisation:

Credentialling Applicant's Name:

What is your professional relationship to the applicant?

Other (Specify):

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

In what capacity have you worked closely with the applicant?

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

Yes

No

### 1. Role Performance

Please describe the applicant's performance in relation to their infection prevention and control role.

### 2. Ethical Behaviour

Please describe how the applicant has demonstrated ethical practice in this role. (e.g. works within scope of practice; is respectful to others; maintains confidentiality).



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### 3. Commitment to Ongoing Professional Development

Please outline how the applicant has demonstrated commitment to their own ongoing professional development in this role.

### 4. Interpersonal Skills

Please describe the interpersonal skills the applicant has demonstrated while performing this role.

