



## CICP-EXPERT 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 leadership of an infection control program has facilitated:

- Development of the role of the ICP; and
- Generated and promulgated new knowledge; and
- Enhanced the professional standing and practice of infection control.

Peer reviewer comments:



CICP-EXPERT 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 with Expert Credentialed ICPs, that has resulted in their professional growth and development.

Peer reviewer comments:

## Element – Giving Back

Describe how the applicant has made a sustained contribution 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.

Peer reviewer comments:

## Other Peer Reviewers Comments

Submit the completed Peer Review using the online portal