ACIPC
Australasian College
for Infection Prevention and Control

CICP-RE-CREDENTIALLING 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 CICP in one of the following areas:

a) Specific outbreak situation; or

b) Infection control quality improvement activity; or

c) Infection control policy/procedure development/ implementation/review, or

d) Education project and activities, or

e) One or more elements of the infection control program.

Peer Reviewer Comments:

ACIPC
Australasian College
for Infection Prevention and Control

CICP- RE-CREDENTIALLING PEER REVIEW FORM continued ...

Element – Mentoring and Networking

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

Peer Reviewer Comments:

Other Peer Reviewers Comments