



## 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? Yea			
In what capacity have you wo	orked closely with the app	olicant?	
Please acknowledge your wil with this application in confid	•		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:

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## **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**