



## CNS-CP Recertification Peer Review Form

The peer review process is another method to validate achievement of continued competency. The recertification process for CNS-CP requires two peer reviews. Sources of feedback include a work colleague, a mentor, or another health care professional whose opinion you respect and trust. These persons do not have to be another RN, CNS, or advanced practice nurse; however, they must be knowledgeable of your role as a perioperative CNS-CP and be familiar with the work you have accomplished towards your selected area(s) for improvement. Feedback must be related to the results of your self-assessment and your goal(s) as identified in your learning plan.

Please provide this document to your selected peer reviewers. Return forms to [cns-cp@cc-institute.org](mailto:cns-cp@cc-institute.org)

**Name of CNS-CP:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Name of Peer Reviewer:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Relationship to CNS-CP:** \_\_\_\_\_

(This information is required in case the CNS-CP is audited)

Thank you for agreeing to serve as a peer reviewer for \_\_\_\_\_.

Your participation in this portion of the CNS-CP recertification process is vital for maintenance of this certification through the evaluation of the success of Katrina in meeting the goals of the learning plan.

Some helpful suggestions for consideration as you complete this form. Use the learning plan (see below) to guide your responses.

- Be objective and base your feedback on what you have personally observed or learned, and not on the comments or observations of others.
- Be descriptive with your observations rather than evaluative.

- Consider additional growth components that you feel may benefit or enhance future knowledge and/or skill acquisition.

When you are finished, please return this form to \_\_\_\_\_ as soon as possible.

Feedback Example: Competency validation

Name of CNS-CP Requesting Feedback: \_\_\_\_\_

Feedback for Task\_\_\_\_/Subject area\_\_\_\_\_

List 3 things your colleague did well in this situation:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List 3 things that may enhance your colleague's practice after this experience:

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

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Signature of Peer Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_