Peer Review Checklist

Materials to be provided to the Review Team

1. ____A completed face sheet
2. ____Reports from previous Peer Review
3. ____Listing of centers served and units supervised since last review
4. ____Brief essays (4A-4F under "Material to Be Provided")
5. ____A clinical demonstration of work with Level I/II CPE
   ____If video is used, include consent form (see *Use of Clinical Materials Consent Form*) and accompanying written material
6. Additional materials addressing personal or workplace concerns, if desired.

These materials are to be shared with the peer review team at least two weeks prior to the scheduled meeting. If the educator wishes to share these materials via SharePoint they shall email the face sheet to Sheilah Hawk (Sheilah.Hawk@acpe.edu). Otherwise, you may email your materials to your team.

Procedures Following a Review

_____Educator receives copy of Peer Review Report from the Recorder within two weeks of the Review; negotiates changes or attaches a response.

_____Educator completes Reflection on the Peer Review

_____ Educator uploads Peer Review Team Report and Reflection on the Peer Review to the portfolio and emails a copy to the Professional Well-Being Committee at Peer.Review@acpe.edu.

_____ Educator who shared materials via SharePoint contacts Sheilah Hawk to request that team member portfolio access be discontinued.

Peer Review Face Sheet

Name _____

Address _____

Phone _____

Email _____

Location and Date of Review _____

I certify that I am in compliance with the following since my last review *(check each box; further documentation is not required):*

- ☐ Annual ACPE Accountability for Ethical Conduct Report compliance
- ☐ Annual Continuing Education compliance (minimum 50 hours *per annum*)
- ☐ Faith Group Endorsement
- ☐ ACPE membership in good standing, i.e., payment of dues, etc.
- ☐ All reporting requirements and processes and practices have been complied with including timely and professional submission of all required program reports, center reviews, fees & dues

If a member of the National Faculty, I have viewed all core curriculum videos and uploaded my responses to them to my portfolio. _YES ____NO
(NF who have not completed the core curriculum must arrange with their peer review committee a due date when they will do so. This should then be noted in the "Suggestions" section of Peer Review Report Part B.)

Peer Review Team Members

Name	**Professional Discipline** *(ACPE Certified Educator, National Faculty, BCC (include group), etc.*	**Email Address**

_____ _____

Certified Educator's Signature ***Date***

☐ **I have shared my materials with my Peer Review Team members. I have either:**

- ☐ **emailed my materials to my Team members or**
- ☐ **submitted this form to Sheilah Hawk (Sheilah.Hawk@acpe.edu) at least 14 days prior to the scheduled review.**

Use of Clinical Materials Consent Form

This form must be reviewed and signed by the CPE student prior to formal admission to an ACPE accredited CPE program and at the start of each subsequent unit in which the student enrolls.

CPE students shall be informed prior to acceptance into the program, as well as at the start of each subsequent unit, that their clinical materials and recorded and/or live observation media that are pertinent to the certification processes for Certified Educator Candidates or Associate ACPE Certified Educators, that are pertinent to the peer review process for ACPE Certified Educators, that are pertinent to a center's accreditation process, or that are pertinent to ACPE approved research studies, may be used from the unit. ***All identifying information shall be redacted from written documents. A copy of this signed agreement shall remain a part of the center's files indefinitely. Materials that are not supported with this signed Consent Form MAY NOT BE USED.***

I, _____understand that _____
Students' Printed Name *Certified Educator Candidate/Associate ACPE Certified Educator/ACPE Certified Educator*
will use my written evaluation, the above-named educator's written evaluation of me, and other clinical materials pertinent to the above-named educator's process toward certification as an ACPE Certified Educator or as part of the above-named educator's peer review process, and I understand that such materials will have personal information redacted. I understand that the above-named educator will use recorded and/or live observation media that are pertinent to the above-named educator's process toward certification as an ACPE Certified Educator or as part of the above-named educator's peer review process, and I understand that such media may identify me. I understand that this use is for the purpose of the above-named educator's professional development, certification, and/or peer review. I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above-named educator's professional colleagues as they assess the above-named educator's professional development and competence as an ACPE Certified Educator.

I understand that my clinical materials may be utilized by my center as data for demonstrating compliance with ACPE Standards for accreditation and/or for ACPE approved research studies without further notification to me.

My signature grants consent to all of the above.

I understand that I may revoke this authorization, in writing, to the above-named individual and that if I choose to do this, I will no longer be able to participate in the unit of CPE and will not receive credit for the unit. Any clinical materials and/or live/recorded observation media obtained prior to the revocation of this authorization may still be used by the above-named educator.

_____ _____
Student's Signature Date

_____
Start and End Dates of the Unit

Peer Review Report, Part A

The review team completes this form at the conclusion of the review and shares it with the ACPE Certified Educator. The Recorder provides the ACPE Certified Educator a final signed form within two weeks of the review.

I. **ACPE Certified Educator's Name:** _____

II. **Location and Date of Review:** _____

III. **Materials submitted on time?** __YES __NO

IV. **Is this review for a Certified Educator who is a National Faculty member?** _____YES ____NO

V. **Peer Review Team Members:**

Name	**Professional Discipline** *(ACPE Certified Educator, National Faculty, BCC (include group), etc.*	**Relationship to You** *(Peer, Colleague, Acquaintance)*

VI. **Materials Provided**

☐ **Peer Review Face Sheet**
(*Check-off confirmation only required if in compliance since last peer review. If not, deviations are to be addressed in the submitted written material).*

Review Team Comments:

☐ **Written Materials** *(Note any missing documents)*:

Review Team Comments:

☐ **Video/Vignette/Clinical Demonstration:**

Review Team Comments:

☐ **Additional Materials:** *Discretionary additional material that addresses personal or workplace concerns around which the Educator would like consultation*

Review Team Comments:

Peer Review Report, Part B
For National Faculty Members and Certified Educators

Using a narrative form, indicate the process by which the Peer Review Team and the ACPE Certified Educator addressed the following items from the ACPE Standards. *Describe issues that were discussed under each item.*

1. Adherence to ACPE Code of Ethics:
2. Spiritual and Educational growth:
3. Supervisory Practice, including work with National Faculty Competencies if applicable:
4. Response to recommendations for previous consultation, peer reviews or committee appearances:
5. Participation in ACPE in leadership capacities and in Communities of Practice:
6. Ongoing attention to issues of bias in oneself, one's center, or one's institutional context:
7. Suggestions for the ACPE Certified Educator
8. **Summary:**

☐ The peer review was deemed satisfactory.

Or:

☐ There were significant concerns for Certified Educator status and/or National Faculty status that require referral to the appropriate ACPE Commission.

Notification of ACPE Certified Educator:
☐ The ACPE Certified Educator was provided a signed and dated copy of this report within two weeks of completion of this Peer Review

_____ _____
Signature of Recorder *Date Signed*

Peer Review Report, Part C

Certified Educator Reflections on the Peer Review (Content & Process)

After the reviewed Certified Educator receives the written report Peer Review Report, the Certified Educator is asked to reflect on the following items.

Name of Certified Educator: _____

1. What goal(s) do you want to address in light of the peer review consultation?
2. What was the most helpful part of your peer review experience?
3. What was the most challenging part of your peer review experience?
4. What strategies will you use to help you integrate the feedback you received?
5. Provide any suggestions you would like to make to improve the ACPE Peer Review structure and process?