



Career Recognition Certification Pathway

Peer Validation Form

Career Recognition Certification Pathway candidates are required to have a peer complete the Peer Validation Form. This Peer Validation Form must be completed before the candidate can submit their certification application. It should not take more than 10 minutes to complete. Please complete this form and return it to the candidate so that they can finalize their application.

Peer Reviewer Information:

Your Name:

Your Email Address:

Your Organization Name:

I am completing this peer validation for (name of individual): _____

I know this applicant and work or have worked with this applicant as a transplant surgeon (seen them operate, worked with them in research).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This applicant has good surgical judgement: If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This applicant has good patient care skills: If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This applicant has good operative skills: If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This applicant works well with the healthcare team: If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would recommend this applicant for certification as a transplant surgeon: If no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have any additional comments, please list them here:		

By signing my name below, I am attesting that the above information is accurate.

Peer Reviewer Signature
Date