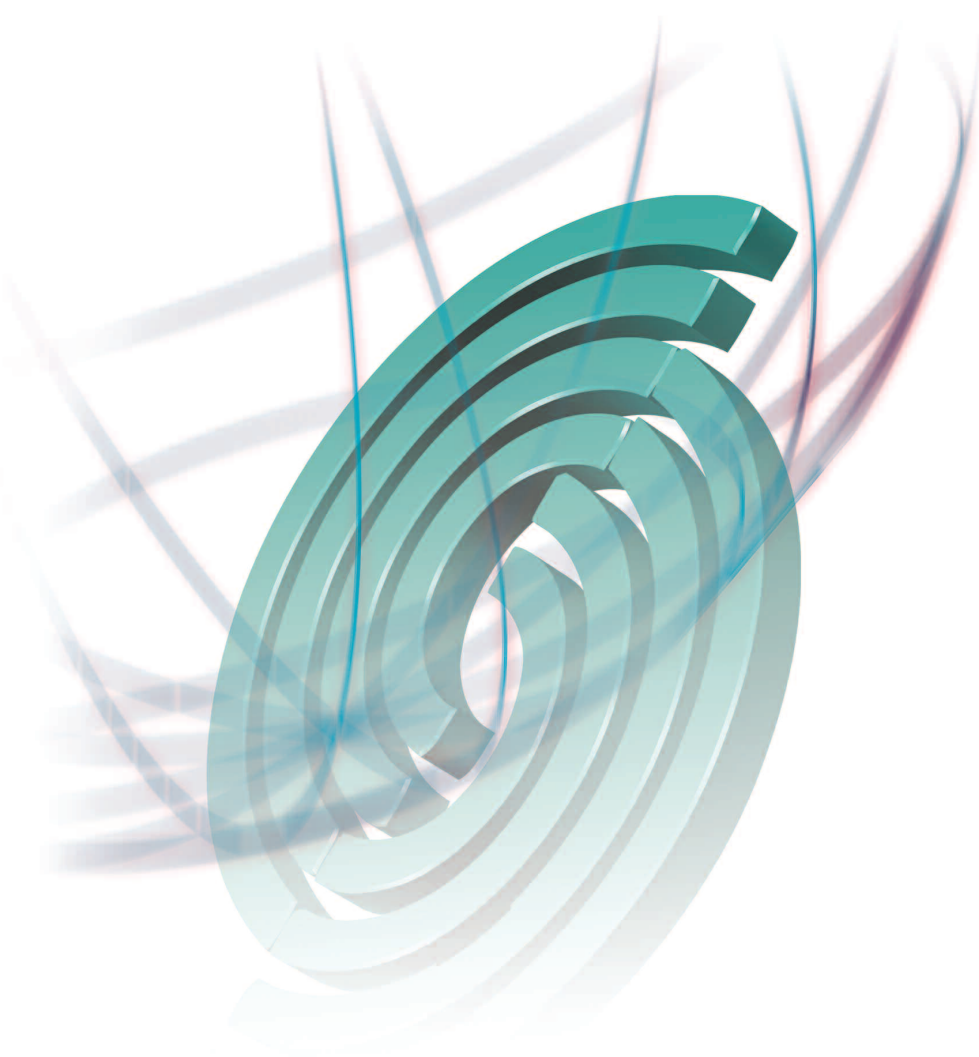




**Standards Council of Canada**  
**Conseil canadien des normes**



# Personnel Certification Body Accreditation Program (PCBAP) Handbook

Conditions and Procedures for the Accreditation of  
Bodies certifying persons

**CAN-P-1509:2011**  
June 2011



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## **Conditions and Procedures for the Accreditation of Bodies certifying persons**

**CAN-P-1509:2011  
2011-06-30**

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## Foreword

The Standards Council of Canada (SCC) is a crown corporation established by an Act of Parliament in 1970 to foster and promote efficient and effective voluntary standardization in Canada. Although financed in part by Parliamentary appropriation, SCC policies and operations are managed independently of Government. The SCC is overseen by a governing Council (the Council) whose membership includes government and private sector representation.

The mandate of the SCC is to promote the participation of Canadians in voluntary standards activities; promote public-private sector scheme cooperation in relation to voluntary standardization in Canada; coordinate and oversee the efforts of the persons and organizations involved in the National Standards System; foster quality, performance and technological innovation in Canadian goods and services through standards-related activities; and develop standards-related strategies and long-term objectives.

With the goal of enhancing Canada's economic competitiveness and social well-being, the SCC offers accreditation services to both standards development bodies, and conformity assessment organizations. It coordinates the efforts of Canadians in the development and use of national and international standards, and offers a range of standardization-related programs and services that contribute to safeguarding the social and economic well-being of Canadians.

In addition, the SCC serves as the government's focal point for voluntary standardization and represents Canada in international standardization activities. It sets out policies and procedures for the development of National Standards of Canada; and for the accreditation of standards development organizations, product certification bodies, testing and calibration laboratories, management systems certification bodies, inspection bodies, Greenhouse Gas Validators and Verifiers, and personnel certification bodies. SCC also provides recognition services for programs such as proficiency testing providers and GLP practices under the OECD. SCC supports the principle of recognition of accreditation or equivalent systems as a means of decreasing the number of multiple accreditations required by conformity assessment bodies.

This document is one of several issued by the Standards Council of Canada that define the policies, plans, and procedures established by the SCC to help achieve its mandate. Requests for clarification and recommendations for amendment of this document, or requests for additional copies should be addressed to [info@scc.ca](mailto:info@scc.ca).

## Preface

This document is part of a series of Canadian Procedural (CAN-P) documents issued by the Standards Council of Canada (SCC) that deal with the accreditation of product and services certification bodies, inspection bodies, calibration and testing laboratories, management systems certification bodies, personnel certification bodies and recognition of organizations for Good Laboratory Practices (GLP) and proficiency testing providers.

Accreditation and recognition by the SCC is a formal attestation of the competence of an accredited or recognized organization to manage and perform specific activities listed by the SCC. It is not a guarantee that the activities or results of the activities will conform to standards or agreements between the accredited or recognized organizations and their clients. Business transactions between these organizations and their clients are legal matters between the two parties.

The Standards Council of Canada (SCC) accredits Personnel Certification bodies that demonstrate conformity to accreditation requirements for certifying persons in various sector schemes. Accreditation requirements are based on the principles of ISO/IEC 17024 *Conformity assessment — General requirements for bodies operating certification of persons*. In addition, conformity must also be demonstrated to the requirements of the International Accreditation Forum (IAF) Mandatory Documents.

A list of SCC-accredited Personnel Certification bodies along with their scope of accreditation is available to the public on SCC web site ([www.scc.ca](http://www.scc.ca)).

This document contains information on SCC's Personnel Certification Body Accreditation Program (PCBAP) and accreditation procedures. Accreditation does not imply the acceptance by the SCC of any responsibility for the effects of the services provided by an accredited Personnel Certification Body upon the user of those services.

## Introduction

The SCC Personnel Certification Body Accreditation Program (PCBAP) is accessible to all applicants from World Trade Organization (WTO) member economies as defined by an order in council to the *Standards Council of Canada Act*. Access to the SCC accreditation programs is not conditional upon the size of the applicant Certification Body (CB), their membership in any association or group or upon the number of CBs already accredited.

The SCC does not offer consulting services for those conformity assessment services that accredited CBs perform.

The personnel and committees that operate within and advise the SCC on the management of its Conformity Assessment programs are required to act objectively and comply with the rules defined by the SCC. SCC staff, contract auditors, as well as its Council and committee members, have declared themselves free from any undue commercial, financial and other pressures that could compromise impartiality.

SCC Conformity Assessment programs operate in accordance with *ISO/IEC 17011 – Conformity Assessment – General requirements for accreditation bodies accrediting conformity assessment bodies*. Accordingly, the SCC policies and procedures are designed to meet the impartiality, non-discriminatory and conflict of interest requirements of the standard. Any CB that believes that it has not been treated by the SCC in a manner that meets these requirements should submit a complaint in accordance with CAN-P-15CA.

### **1.0 Accreditation Requirements<sup>1</sup>**

#### **1.1 Policies and procedures**

1.1.1 This document outlines the policies and procedures under which accreditation is offered to Certification Bodies of Persons (CBs). It also provides detailed information about the assessment and accreditation processes, including arrangements for granting, maintaining, extending and reducing accreditation. Policies around suspension and withdrawal of accreditation are provided in full in CAN-P-15CA.

#### **1.2 Program-specific accreditation requirements**

1.2.1 PCBAP accreditation requirements include the latest edition of CAN-P-9 Conformity assessment — General requirements for bodies operating certification of persons (ISO/IEC 17024) and IAF Mandatory Documents. In addition, CBs may be accredited to provide certification of persons for specified personnel certification schemes. Sector scheme specific programs may include additional accreditation requirements.

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<sup>1</sup> Unless otherwise specified within this document, the latest edition referenced requirements and normative standards, including amendments, apply.



## 1.3 Qualification Requirements

- 1.3.1 The SCC accreditation policies and procedures are non discriminatory and are administered accordingly. Accreditation procedures do not impede or inhibit access by applicant bodies other than as specified in the PCBAP requirements. The SCC PCBAP is accessible to all applicants as defined in the Standards Council of Canada Act.
- 1.3.2 The PCBAP Handbook specifies the general criteria, procedures and conditions for Certification Body for Persons providing the evaluation and certification/licensing/competence of personnel for all professionals and trade related designations (e.g. auditors, nuclear testing personnel, welders, accountants, nurses etc.). The CB needs to demonstrate conformance to the Standards Council of Canada's (SCC) Personnel Certification Bodies Accreditation Program's (PCBAP) listed requirements to obtain accreditation or maintain accreditation status (incl. extension or reduction of accreditation).
- 1.3.3 The SCC verifies conformity to accreditation and sector scheme requirements by performing initial surveillance activities including document review, on-site office assessment, assessment of other premises of the CB from which one or more key activities are performed (as defined in IAF GD3), and witness audits. The initial accreditation process is described in Section 4 of this Handbook. Continued accreditation and reaccreditation activities are described in Section 5.3.

## 1.4 Information Management

- 1.4.1 Initial accreditation and annual surveillance activities are managed using an electronic environment called the Forum. "The electronic Forum" is a paperless document management tool developed to improve communication between the SCC and its applicant or accredited CBs. The Forum is accessible via the internet and is a secure and private area to maintain documents.
- 1.4.2 Information posted to the electronic Forum in the CB's private area includes audit reports, audit-related letters and requests for information, corrective action requests, the CB's corrective action responses, the CB's corporate profiles and quality manual. The secure common area includes general information distributed to all accredited CBs.
- 1.4.3 Applicants and accredited CBs should ensure relevant personnel are registered to the forum and that access to their secure area has been granted by the SCC.<sup>2</sup>

## 2.0 Normative References

In addition to the requirements for accreditation, the following documents contain definitions, guidelines and other information essential for the application of the accreditation requirements:

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<sup>2</sup> Note: An Electronic Forum operations manual and instruction on its use is available by contacting [ms@scc.ca](mailto:ms@scc.ca).

- *ISO/IEC 17000, Conformity assessment – Vocabulary and general principles*
- *ISO 9000: Quality management systems – Fundamentals and vocabulary*
- *ISO/IEC 17011, Conformity assessment – General requirements for accreditation bodies accrediting conformity assessment bodies*
- *ISO/IEC 17030, Conformity assessment - General requirements for third party marks of conformity*
- *ISO 19011, Guidelines for quality and/or environmental management systems auditing*
- *IAF/ILAC A5:04/2009 IAF/ILAC Multi-Lateral Mutual Recognition Arrangements (Arrangements): Application of ISO/IEC 17011:2004*
- *CAN-P-9 (ISO/IEC 17024) Conformity assessment — General requirements for bodies operating certification of persons*
- *CAN-P-15CA, SCC Conformity Assessment Accreditation Program Requirements and Procedures for the Suspension and Withdrawal of Accreditations and the Resolution of Complaints, Disputes and Appeals*
- IAF Guidance and Mandatory Documents are found on the IAF website ([www.iaf.nu](http://www.iaf.nu)).

### **3.0 Definitions**

The relevant definitions from ISO/IEC 17000, 17011, 17021, ISO 9000, ISO 19011, IAF MD documents are applicable, together with the following supplementary terms:

#### **3.1 Initial Assessment**

- 3.1.1 The initial assessment is the investigation and analysis of an organization to evaluate its conformity to ISO/IEC 17024, applicable IAF documents and sector scheme criteria.

#### **3.2 Closure of a non-conformity**

- 3.2.1 A closure of non-conformity is objective evidence of acceptable correction and corrective action, or an acceptable plan for correction and corrective action plus evidence of effective implementation of the plan.

#### **3.3 Contract assessor**

- 3.3.1 A contract assessor is personnel contracted by the SCC to provide assessment services. Contract assessors are considered personnel under the control of the SCC.

#### **3.4 IAF- International Accreditation Forum**

- 3.4.1 The IAF is the global association of Conformity Assessment Accreditation Bodies in the fields of management systems, products, services, personnel and other similar programmes of conformity assessment.

#### **3.5 Information request**

- 3.5.1 An information request is made when further information is required to establish conformity. Information requests will only be identified during document review activities.

### **3.6 Major nonconformity**

- 3.6.1 A major nonconformity is the absence of, or the failure to implement and maintain, one or more requirements of the reference standard, or a situation which would, on the basis of available objective evidence, raise significant doubt as to the credibility of the certificates issued by the applicant or accredited body; or, a number of minor nonconformities against one or more requirements, which when combined, can represent a breakdown of the CB's system; or, a minor nonconformity that was previously issued and not addressed effectively by the CB.

### **3.7 Minor nonconformity**

- 3.7.1 A minor nonconformity is a single observed lapse in the CB's system.

### **3.8 Opportunity for improvement (OFI)**

- 3.8.1 An OFI is any finding of potential nonconformity or concern, and/or identification of a possible enhancement which may benefit the CB system or process<sup>3</sup>.

### **3.9 Surveillance activity**

- 3.9.1 Set of activities, except reassessment, to monitor the continued fulfillment by accredited CBs of requirements for accreditation

### **3.10 Reassessment**

- 3.10.1 A reassessment is an evaluation of the same nature as an assessment, to determine continued conformity with all of the established program-relevant accreditation criteria to reaccredit an organization.

### **3.11 Scope of accreditation**

- 3.11.1 The scope of accreditation outlines the subject areas in which a CB has demonstrated competence to evaluate and certify persons. The scope of each CB is provided on the SCC website.

### **3.12 Witness audit:**

- 3.12.1 SCC assessors witness randomly selected examinations and sample the certification process for each certification/licensing schemes

Note: this may take place during the on-site assessment or as a separate witnessing activity.

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<sup>3</sup> Note: A CB is not required to respond to OFIs cited in audit/assessment reports, however if not addressed, OFIs that are potential nonconformities could be escalated to nonconformities in future audits.

## 4.0 Accreditation Process

### 4.1 Application

4.1.1 The applicant requesting accreditation as a personnel CB shall make application in writing by completing an application form<sup>4</sup>, signed by a duly authorized representative of the applicant. By signing the application form, the CB agrees to conform with the following duties and responsibilities as defined by ISO/IEC 17011, (clause 8.1.1) during the application process:

- a) The applicant CB shall afford such accommodation and cooperation as is necessary to enable the SCC to verify fulfilment of the requirements for accreditation. This applies to all premises where the conformity assessment services take place;
- b) The applicant CB shall arrange the witnessing of CB examination and certification services, when requested by the SCC;
- c) The applicant CB shall ensure enforceable arrangements are in place to enable the witnessing of the examination/certification process;
- d) The applicant CB shall provide access to information, documents and records as necessary for the assessment and maintenance of accreditation;
- e) The applicant CB shall provide access to those documents that provide insight into the level of independence and impartiality of the CB from related bodies, where applicable
- f) The applicant CB shall pay applicable SCC fees as detailed in the fee structure for activities related to SCC accreditation.

4.1.2 When applying for initial accreditation, the CB shall identify the personnel certification scheme for which accreditation is sought.

4.1.3 The application documents will require the CB to provide information including the following:

- a) Information regarding the CB's general features, including its corporate entity, name, address, legal status
- b) Information regarding its activities, relationship with a larger corporate entity and related bodies
- c) Identification and addresses of all the physical locations to be covered by the scope of accreditation and those locations that carry out key and/or critical activities
- d) A description of scope of accreditation of each personnel certification scheme and the standards or other normative documents that is applicable to the scheme. As well, the applicant must specify a minimum of one personnel certification scheme on its scope application. This also means that the applicant shall specify where its professional categories are working – what service or industry sectors. Note: a CB may submit more than one scope application due to multi-certification schemes for professionals and trades;

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<sup>4</sup> Note: Application forms and the current program fee structure is available by contacting [ms@scc.ca](mailto:ms@scc.ca).

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- e) List of CB's examiners/technical experts by personnel certification scheme(s); and,
- f) If the CB is certified to ISO 9001, please provide a current copy of the certificate.

4.1.4 A typical application package includes the following:

- a) Application document
- b) Corporate Profile
- c) Copy of documents demonstrating legal status
- d) Organizational charts
- e) Survey of Critical locations
- f) Matrix identifying where in the CB's system documentation that accreditation requirements are met
- g) Management System Documents; including certification program procedures, records and other supporting documentation which demonstrate conformity to the accreditation and/or sector scheme criteria
- h) Scheme documents including information relative to the development and maintenance of the personnel certification scheme, the assessment/evaluation process used to verify the competence of the candidates, and the process used to monitor the performance of the assessment/evaluation process
- i) Matrix of examiners/technical experts that identifies their qualifications for the applicable sector scheme operated by the CB
- g) Recent management review(s) and internal audit(s) addressing the PCBAP requirements.

4.1.5 Regardless of the country where the applicant is headquartered, CBs seeking accreditation under this program shall be prepared to give full consideration to any application from any part of Canada, in both official languages, and in accordance with the documents considered by the SCC to be relevant to the function performed.

4.1.6 The CB's application and accreditation information will be treated in the strictest of confidence. Information regarding the CB will not be disclosed outside of the SCC or by its contracted staff without written consent of the CB. Applicants and accredited bodies who request SCC to cooperate with other ABs under the Multi-lateral Cooperative Arrangement or other bi-lateral arrangement must sign a release of information.<sup>5</sup>

4.1.7 The applicant CB will be assigned a Senior Program Officer and Administrative Officer as client service representatives.

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<sup>5</sup> Note: The SCC is a federal crown corporation and as such, is subject to the "Access to Information Act". This Act provides exemptions for commercial information which allows the SCC to refuse to disclose records that contain trade secrets or financial, commercial, scientific or technical information which if released, could damage the CB's competitive position. As such, the SCC will endeavour to maintain the confidentiality but must abide by the provisions of the Act. Where the law requires information to be disclosed to a third party, the CB shall be informed of the information provided.

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- 4.1.8 The electronic Forum area will be opened for the applicant CB and the electronic Forum operational manual will be sent to the CB along with registration information for each individual requiring access to the electronic system as identified by the applicant CB. Upon request by the CB, other CB personnel may be granted access to the electronic Forum.
- 4.1.9 The electronic Forum training session will be scheduled by the SCC to orient the applicant on the electronic document management system. The CB shall ensure that those personnel involved in the accreditation process are registered to the electronic Forum and available for the training session. During the training session, the SCC will assist the CB in posting their application documents to the electronic Forum.
- 4.1.10 Activities to support initial accreditation are required to be completed within one (1) year from the date of application. Applicants who do not complete the initial accreditation assessment activities within one (1) year will receive thirty (30) calendar days notice to complete initial accreditation activities. If initial accreditation activities are not completed within that thirty (30) day timeframe, the application for accreditation will be rejected. Applicants will be required to submit a new application for accreditation and application fee.<sup>6</sup>

**4.2 Preparation for Assessment and Preliminary Visit**

- 4.2.1 Prior to proceeding with a formal document review, the SCC will perform a preliminary review of the application documents to ensure that:
- a) the CB understands the requirements for accreditation and the application information is complete;
  - b) any difference in understanding between SCC and the applicant is resolved, and;
  - c) the SCC has sufficient resources, competency and availability of assessment personnel to carry out the assessment of the applicant CB in accordance with the identified timeline.
- 4.2.2 The applicant can request a preliminary visit or the SCC may recommend a preliminary visit be conducted with agreement of the applicant CB following the identification of significant deficiencies with the application information.
- 4.2.3 The scope of the preliminary visit will be limited to the resolution of application and documentation issues and identification of deficiencies in the system of the applicant CB. Its purpose is not to perform a gap analysis of the entire CB management system program. The preliminary visit will be conducted by a qualified Senior Program Officer or a qualified contract assessor. The assessor will not provide consultancy, advice to the CB, or specific instruction on how accreditation requirements should be addressed within the CB's system.
- 4.2.4 Following the preliminary visit activity, a report will be issued to the CB for information purposes. No non-conformities will be issued to the CB. Information

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<sup>6</sup> Note: Special consideration may be given to those CBs who apply for sector scheme qualification concurrently with initial accreditation.

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requests may be issued if further documentation is required to supplement the initial application.

- 4.2.5 Once the application is finalized and the preliminary visit has been conducted, the SCC will develop the initial accreditation audit program. The initial accreditation audit program will define the assessment activities required for initial accreditation and will include as a minimum: a document review activity, on-site assessment activity (ies) and witness audits.

The SCC will conduct on-site assessment activities<sup>7</sup> at the head office of the applicant CB and any other key and/or critical locations<sup>8</sup>. The locations to be assessed will be identified in the audit program. The SCC's audit programme shall consider subcontracted CBs, affiliates, sister entities, parent organization, partner organizations, etc for inclusion. Those entities may include office and/or witness audits.

- 4.2.6 There will be one witness audit normally required for initial accreditation, however it maybe dependant on the number of personnel certification schemes as defined within the application. The SCC will assign an assessment team to evaluate all material collected from the applicant and to conduct the initial accreditation activities. The assessment team will include a Lead Assessor, and, where required, a suitable number of assessors or technical experts and translators qualified to perform the assessment activities.<sup>9</sup>
- 4.2.7 SCC will strive to assign the same assessor to the on-site assessment team as was involved in any preliminary visit if one took place. The assessment team will consist of contracted assessors and/or SCC personnel.
- 4.2.8 The audit program will contain the anticipated dates for each activity, the name of the lead assessor and names of the assessment team members who will carry out the assessment. Affiliations for each member of the assessment team will be identified as appropriate.
- 4.2.9 The audit program and dates for the assessment activities will be agreed upon by the SCC and the CB. Within fourteen (14) days of the posting of the audit program, the applicant CB may, with written justification, object to the appointment of any particular assessor and/or any planned surveillance activities.<sup>10</sup>

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<sup>7</sup> Note: To support initial accreditation, the SCC is required by ISO 17011 to visit all premises from which one or more key and/or critical activities are performed and which will be covered by the scope of accreditation.

<sup>8</sup> Note: The definition of critical locations is found in IAF GD 3 clause 2.2.1. The definition of key locations is found as a note in ISO/IEC 17011 clause 7.5.7.

<sup>9</sup> Note: Prior to each assessment activity conducted, assessment team members are required to declare impartiality and indicate that they have not provided consultancy services to the CB which might compromise the accreditation process and decision. In addition, each assessment team member is required to inform the SCC about any existing, former or envisaged link or competitive position between themselves or their organization and the CB to be assessed.

<sup>10</sup> Note: When determining the amount of time required for each on-site activity, the SCC considers the following factors: number of sector schemes, number of assessment personnel, volume of certifications, number of key and/or critical locations, complaints to be investigated and

- 4.2.10 Objection to assigned members of the audit team and/or the planned surveillance activities as identified in the audit program are required to be submitted to the Senior Program Officer in writing and include a reasonable rationale for the objection. After considering the objection, the CB will be notified of the results of the review by the Senior Program Officer within fourteen (14) days. If the CB is not satisfied with the results of the review, the objection will be referred to the Manager, Certification Body Accreditation for review and final decision.
- 4.2.11 CB may request modification to the audit program. The CB is required to provide several items of information including identification of requested modification.
- 4.2.12 When the SCC has approved a modification to the audit program, the CB will be notified and a revised audit program will be posted to the electronic Forum.

### **4.3 Document Review**

- 4.3.1 Following finalization of the audit program, a detailed document review of the application information will be conducted by the lead assessor. The lead assessor will examine the organizational structure, policies and procedures of the CB, and confirm that the documented system meets all the requirements for accreditation.
- 4.3.2 The document review report will be posted to the electronic Forum for response by the applicant. As applicable, the document review report will include major non-conformities, minor non-conformities, opportunities for improvement and information requests. The process for resolution of non-conformities is identified in Annex A.
- 4.3.3 Non-conformities and information requests require response by the CB and shall be resolved before proceeding with the on-site assessment and other initial accreditation activities.

### **4.4 On-Site Assessment (Office Audits,)**

- 4.4.1 When the non-conformities and information requests from the document review have been resolved, the dates of the formal on-site assessment for the head office and any key and/or critical locations will be confirmed by the SCC.
- 4.4.2 The purpose of the formal on-site assessment is to verify implementation of the CB's policies and procedures and the competency of the CB to provide certification for persons per the scheme requirements.
- 4.4.3 The CB is responsible for making all necessary on-site arrangements for the assessment(s), including provisions for the assessment team to examine documentation, records (including internal audit reports) and interview personnel for the purposes of assessment. The personnel may include, but not limited to: top management, the members of any committees, examiners, invigilators, etc.

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organizational changes. Other factors may also influence the time required for each on-site assessment such as an acquisition and large number of findings from the previous audit activity. Factors such as these are considered on a case-by-case basis.



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- 4.4.4 The on-site assessment(s) will be conducted in accordance with the guidelines found in ISO/IEC 19011. Prior to the on-site assessment(s), a formal audit notification will be made and an audit plan identifying the scope and objectives of the assessment and other information will be posted to the electronic Forum.
- 4.4.5 Upon receipt of notification that the audit plan has been posted to the electronic Forum, the CB should review the audit plan and request any changes required with regards to scheduling of the assessment activities. The SCC lead assessor will review the requested changes, modify the audit plan if applicable, and post an amended audit plan to the electronic Forum.
- 4.4.6 At the commencement of each on-site assessment activity, the SCC lead assessor will hold an opening meeting. The purpose of the opening meeting includes, but is not limited to:
- a) Confirmation of the purpose of the assessment and the procedures to be followed;
  - b) Confirmation of the accreditation criteria;
  - c) Review of the audit plan;
  - d) Confirmation of the scope and objectives of the assessment;
  - e) Introduction of the SCC assessment team and the CB's representatives ;
  - f) Confirmation of the identity of the CB's official contact during, and subsequent to the assessment;
  - g) Confirmation that the assessment team has been made available all of the resources and facilities needed to conduct the assessment.
- 4.4.7 During the on-site assessment activity, the assessment team will require access to information demonstrating conformity to the accreditation requirements, such as organizational charts, general financial data (e.g., annual reports), personnel, management system documents, internal audit reports, certification procedures, certification records, scheme development information, scheme maintenance information, examination data, and directory of certified persons, etc... The CB should ensure the required information is available and easily retrievable. The determination of conformity may require that the SCC have access to information or records that might be deemed as falling outside the scope of SCC's accreditation. Hence the CB shall avail itself to that information in the interest of meeting the assessment objectives.
- 4.4.8 The assessment team will perform their assessment duties, taking detailed notes of their observations of personnel, procedures, records and activities. They will evaluate the conformity of the CB to the accreditation requirements and confirm the information provided in the application.
- 4.4.9 The assessment team will review the certification records for adequacy and to confirm that the CB has followed its certification procedures. The assessment team will also review the CB program for competency, considering the personnel certification schemes that CB operates.<sup>11</sup>

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<sup>11</sup> Note: For on-site assessments, the number of samples of certification activities, assessment personnel interviews, and records to be reviewed is estimated prior to the actual audit activity.

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- 4.4.10 When the on-site assessment activity is complete, but before the closing meeting is held, the assessment team will hold an in-camera meeting to consolidate their findings for presentation to the CBs senior staff at the closing meeting.
- 4.4.11 The closing meeting will be chaired by the Lead Assessor. At the closing meeting, the lead assessor will present the audit findings and conclusions to ensure that they are understood by the CB. The Lead Assessor will also advise the CB of any situations encountered during the assessment that may decrease the reliance that can be placed on the assessment conclusions.
- 4.4.12 The Lead Assessor will request the CB formally acknowledge the non-conformities (as applicable). Any diverging opinion regarding assessment findings and/or conclusions between the assessment team and CB should be discussed and if possible resolved. If not resolved, all opinions should be recorded and reported to SCC.
- 4.4.13 The finalized non-conformity report (NCR) forms will be posted to the electronic Forum by the Lead Assessor following the on-site assessment activity. The process for resolution of non-conformities is detailed in Annex A.
- 4.4.14 The on-site assessment report will contain details on the competence and conformity of the CB and identify any opportunities for improvement. It will also be posted to the electronic Forum.
- 4.4.15 On-site assessment non-conformities must be responded to before proceeding with the witness audit activities.

**4.5 Witness activities**

- 4.5.1 Witness activities shall take place, as a minimum during the initial application and every other year after that (surveillance audits, reassessments) for an accredited CB. Witness activities could be of the organizations certification/examination process or by each certification/licensing scheme. Witness activities may also be conducted to review the implementation of other parts of the CBs quality system. Examples of such witness audits include but not limited to re-certification process, certification and/or examination criteria development committee meetings, etc. This activity is part of the CB demonstrating conformance with the accreditation requirements.
- 4.5.1 Once the document review and on-site assessment activities have been completed, witness activities will be confirmed.
- 4.5.2 Prior to scheduling the witness audit(s), the SCC will contact the CB to request a list of upcoming witness audit activities.

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The sample is based on the volume of CB certification activity, number and complexity of certification schemes operated, number of personnel, and number of certification schemes operated by the CB. Other factors such as complaints and witness audit findings may also influence the sample, and are considered on a case-by-case basis.

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- 4.5.3 When the witness audit(s) has been selected, the SCC will request the CB complete a Witness Examination Organizational Profile.
- 4.5.4 The completed witness assessment profile including complete attachments shall be posted to the electronic Forum by the CB at least four (4) weeks prior to the witness audit.
- 4.5.5 To enable the conduct of witness audits, the CB shall have enforceable arrangements with organizations holding certification under the SCC accreditation that commits the holder to provide, on request, access for the SCC to witness the examination, especially where examination is conducted by another organization.
- 4.5.6 During the witness audit activity, the SCC team will examine key processes which demonstrate the effectiveness of the CB examination/certification process.
- 4.5.7 When the CB on-site audit activity is complete, the SCC Lead Assessor will provide limited feedback, if requested. In some cases, comprehensive feedback cannot be provided as this may affect the outcome of the witness audit (the CB's audit report and issuance of NCRs).
- 4.5.8 Within one (1) week of the completion of the onsite CB audit activity, the finalized CB audit report shall be posted to the electronic Forum. If auditor notes are integral to the report, these shall also be posted. The SCC team will receive notification of the posting of the CB audit report and will download the document for **review**.<sup>12</sup>
- 4.5.9 When the SCC team has completed the witness audit activity, a closing meeting with the CB representative will be scheduled and the findings, conclusions and recommendations will be presented. In most cases, the closing meeting will be held by teleconference.
- 4.5.10 At the closing meeting, the SCC Lead Assessor will review the results of the witness audit, and request the CB acknowledge any findings. Differences of opinion regarding witness audit findings between the CB and the SCC auditor that cannot be resolved should be referred to the Senior Program Officer for clarification and resolution.
- 4.5.11 The finalized NCR forms will be posted to the electronic Forum by the SCC Lead Assessor immediately following the closing meeting. The process for resolution of non-conformities is found in Annex A.
- 4.5.12 The witness activity report will be forwarded to the SCC for review. The witness activity report will contain comments on the competence and conformity of the CB and identify any opportunities for improvement. Once reviewed by the Senior

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12. Note: The witness audit activity is not complete until the CAB audit report is received by the SCC team and reviewed. Additional findings may be identified following the SCC team review of the CB audit report.

Program Officer, the witness audit report will be finalized and posted to the electronic Forum for information and resolution by the CB.

## 4.6 Decision

- 4.6.1 Upon completion of an on-site assessment, the Lead Assessor shall conclude whether the information and evidence gathered during the surveillance activity adequately support the achievement of the assessment objectives and confirm the CB has established, implemented and maintained its management system and certification program in accordance with the accreditation requirements. In addition, the Lead Assessor shall also state in the assessment report a recommendation to the SCC to consider the information found in respective assessment report as evidence in part, of the conformity of the CB with the requirements for initial accreditation, continued accreditation or reaccreditation.
- 4.6.2 The Senior Program Officer will review the results to ensure the accreditation procedures have been fulfilled, and that the responses and actions of the CB to resolve non-conformities appear to be sufficient and effective and confirm that the CB has fulfilled the requirements for accreditation,
- 4.6.3 If the information is not found to be sufficient or in conformance with program requirements, the Senior Program Officer, in consultation with the SCC team, will request further information, and/or that additional assessment activities be conducted. Requests for additional assessment activity will be accompanied by a written justification.
- 4.6.4 A secondary review of the results of the activities and other supporting records is performed by the Program Manager with or without involvement of technical experts. The secondary review is performed to confirm the PCBAP program procedures and accreditation requirements have been fulfilled and all non-conformities have been addressed.
- 4.6.5 As an output of their review, the Program Manager will either recommend or not the initial accreditation, continued accreditation or reaccreditation to the SCC Director of Conformity Assessment, or seek clarification and further information. The Director will then make a decision to initially accredit or reject the initial accreditation, continue to accredit or reaccredit the CB under the PCBAP program.<sup>13</sup>
- 4.6.6 When the final decision has been made by the Director, Conformity Assessment the SCC will advise the CB of the results of the accreditation decision-making process in writing. In case of rejection, the applicant will be advised of the reason.<sup>14</sup>
- 4.6.7 Upon initial accreditation and with each reaccreditation decision, the CB will be provided with the following:

<sup>13</sup> Note: If there are issues or deficiencies identified at any stage of the accreditation decision-making process they must be resolved before proceeding to the next level of approval.

<sup>14</sup> Note: Upon receipt of a notification of rejection of an application for initial accreditation, the CB may choose to initiate an appeal. The process for appeal of accreditation decisions is found in CAN-P-15CA.

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- a) Letter of accreditation
  - b) Accreditation certificate
  - c) Up-to-date listing of the scope of accreditation
  - d) Accreditation Agreement
  - e) SCC Licensing Agreement<sup>15</sup>
- 4.6.8 Commencing on the date of its accreditation and yearly thereafter, an accredited CB will pay an annual license fee. Upon the anniversary of the date of initial accreditation, the Certification Body shall provide to the SCC the number of SCC accredited certificates issued as of that date. This information is used to determine the annual licensing fee.

## 5.0 Annual Surveillance Activities

Following the decision to initially accredit or reaccredit a CB, the SCC will conduct annual surveillance activity of the CB. The overall objective is to confirm continued accreditation or reaccreditation depending on the status of the CB and the stage within the accreditation cycle. Annual surveillance activities will be identified in the accreditation and audit programs.

### 5.1 Annual Surveillance Activities: Accreditation Program

- 5.1.1 At the beginning of each fiscal year (April 1 to March 31), a four (4) year accreditation program will be developed or updated and posted on the electronic Forum. The accreditation program will identify the required surveillance for each year of the accreditation cycle.
- 5.1.2 The accreditation program will be based on information submitted by the CB in the most recent Critical Location survey and Corporate Profile, and will consider experience gained during previous audit activities, the assessment team's recommendations, complaints received about accreditation, disclosed changes, publicly accessible information, adequacy of response to SCC-issued NCRs.
- 5.1.2.1 CBs are required to update the Critical Locations Survey whenever a location is added or removed. The Critical Locations Survey is required to be reposted to the electronic Forum within thirty (30) days of the change.
- 5.1.2.2 As identified in the accreditation program, surveillance activities for key and/or critical locations will be sampled over the Reaccreditation cycle. A sampling methodology will be implemented for identification of surveillance activities for key and/or critical locations. Subcontracted entities, affiliates, partners, sister and/or parent organizations may be subject to assessment.
- 5.1.2.3 If the objective evidence is found to be sufficient, the SCC will perform surveillance activities at each key and/or critical location once over the four (4) year accreditation cycle.<sup>16</sup>

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<sup>15</sup> Note: The SCC Licensing Agreement is not reissued annually except when changes occur with regards to the CB legal entity or coordinates.

<sup>16</sup> Note: If the CB does not provide the above information, the SCC will perform surveillance at each key and/or critical location on an annual basis.

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- 5.1.3 During the three (3) years between initial accreditation and reaccreditation and between each reaccreditation, annual surveillance audits will be conducted at the CB head office and key and/or critical locations to support continued accreditation.
- 5.1.4 The first surveillance audit activity will be conducted no later than twelve (12) months from the date of the assessment performed to support initial accreditation. Each surveillance audit thereafter will take place no more than twelve (12) months of the previous audit.<sup>17</sup>
- 5.1.5 Each accreditation surveillance activity will be referenced by the designation S1, S2, S3 or RA depending on the stage of the CB in the accreditation cycle.
- 5.1.6 As a minimum one witness activity will be required every other year and the number may be dependent on the certification schemes operated by the CB. Witness activities will be conducted of the CB examination and certification process by each certification/licensing scheme, or of the implementation of other parts of the CBs quality system. Examples of such witness audits include but not limited to re-certification process, certification and/or examination criteria development committee meetings, etc.
- 5.1.7 In the fourth (4) year of the accreditation cycle, the SCC will conduct reaccreditation assessments. Reaccreditation assessments will be performed at the head office of the CB (or the SCC accredited entity) and may be conducted at some key and/or critical locations.
- 5.1.8 SCC where required may include a Technical Expert as part of the assessment team. Technical Experts support the assessors and have a detailed understanding in psychometrics and the certification schemes operated by the CB. The role of the Technical Expert may include evaluation of the examination process, verification of competence for staff that are developing the examination criteria, etc.

**5.2 Audit Program**

- 5.2.1 At the time the new Accreditation Program is posted, the SCC will also post a detailed audit program for that year under each CBs private area on the electronic Forum. The audit program will identify the targeted week or timeframe when the surveillance activity is anticipated to take place, the SCC assessor information, areas to be covered by the audit, role of the audit team member etc.
- 5.2.2 The CB will receive automatic notification that the annual audit program has been posted. Upon receipt of the notification, the CB shall review the audit program and notify the SCC of any concerns with the identified surveillance activities and/or assessment and audit activity arrangements. The CB will have thirty (30) calendar days from the date of posting of the audit program to request modification.

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<sup>17</sup> Note: Any changes to the timelines shall be justified in writing.

- 5.2.3 If the CB would like to request a joint audit be conducted instead of the identified activity or for the SCC to consider another AB surveillance results in lieu of performing an identified surveillance activity, the CB is required to formally request modification to the audit program in accordance with the defined process and using the designated **form**.<sup>18</sup>
- 5.2.4 When the SCC has approved the modification to the audit program, the CB will be notified and a revised audit program will be posted to the electronic Forum.

### **5.3 Continued Accreditation and Reaccreditation**

- 5.3.1 The processes for the planning and conduct of annual surveillance activities, resolution of non-conformities and reaccreditation or continued accreditation decisions are the same as those described in Section 4.
- 5.3.2 At every on-site audit or assessment activity, the CB shall have available for the audit team a list of qualified examiners, lists of subject matter experts who participated in the development and ongoing maintenance of the scheme.
- 5.3.3 The CB shall also provide a list of certificate holders and its classification scope, as well as describe the procedure by which the list is maintained and distributed.
- 5.3.4 During reaccreditation and continued accreditation surveillance activities, the CB continues to be responsible for providing access to records, files and other related documentation and personnel. The CB is also required to make available to SCC, when requested, the records of all complaints and appeals as defined in ISO/IEC 17000 and subsequent actions.
- 5.3.5 When conducting on-site audit and assessment activity, the SCC will review the status of non-conformities addressed by the CB since the previous surveillance activity. Continued effective implementation of corrective action will be verified.

### **5.4 Escalation Provisions**

- 5.4.1. A non-conformity that is not addressed or that reoccurs will be escalated. Minor non-conformities that are not addressed within the required timelines will become major non-conformities. Major non-conformities that go unaddressed within required timelines may result in notices of suspension.
- 5.4.2 Similarly, if an assessor finds that a previously issued minor non-conformity has recurred or corrective action was not effective, the assessor may re-issue the non-conformity as a major. Majors that reoccur or have been ineffectively addressed may result in suspension.
- 5.4.3 A CB is not required to respond to OFIs cited in audit/assessment reports, however if not addressed, OFIs that are potential nonconformities could be escalated to nonconformities in future audits.

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<sup>18</sup> Note: Upon receipt of a notification of rejection of an application for initial accreditation, the CAB may choose to initiate an appeal. The process for appeal of accreditation decisions is found in CAN-P-15CA.

## 5.5 Changes within the CB

- 5.5.1 During the accreditation cycle, CBs shall advise the SCC without delay, of changes which may affect conformity with the criteria and requirements for accreditation or their scope of accreditation<sup>19</sup>. Changes include, but are not limited to:
- a) a CB's legal, commercial, ownership or organizational status;
  - b) a CB's organization, top management and key personnel;
  - c) Main policies;
  - d) Resources and premises;
  - e) Scope of accreditation
  - f) a change of ownership.
- 5.5.2 CB changes, such as the addition or removal of critical locations, scope extensions, scope reductions, and organizational changes may prompt extraordinary surveillance activities such as document review or an on-site audit. When an extraordinary surveillance activity is identified by the SCC, the CB will be informed and a rationale for the audit activity will be identified.

## 5.6 Complaints concerning CBs

- 5.6.1 From time to time, the SCC will receive complaints concerning accredited CBs. When a complaint about a CB is received, the SCC will request if the complainant has first sought resolution from the CB.
- 5.6.2 If resolution has already been sought with the CB and with agreement of the complainant, the SCC will contact the CB to determine the status of their investigation of the complaint. If the complainant has not yet initiated the complaint with the CB, the complainant will be referred to the accreditation contact at the CB.
- 5.6.3 Under certain circumstances, the complainant may not wish to initiate the complaint with the CB. In such cases, the SCC may initiate an inquiry with the CB to determine if a non-conformity exists.
- 5.6.4 In all cases, the SCC will note the complaint and investigate the CB actions to resolve the complaint against accreditation requirements and the CB procedures.
- 5.6.5 Complaints received by the SCC may prompt extraordinary surveillance activities such as an on-site or witness audit. When an extraordinary surveillance activity is identified by the SCC, the CB will be informed and a rationale for the audit activity will be identified.
- 5.6.6 SCC time and expenses for the investigation of germane complaints, that is those complaints that lead to the identification of non-conformity, will be invoiced to the CB.

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<sup>19</sup> Note: CABs may be suspended in accordance with the procedures outlined in CAN-P-15CA if it is found that changes have occurred and the SCC was not notified within 30 days.



## 5.7 Appeal of CB decision

- 5.7.1 Accredited CBs are required to document and implement procedures to address appeals of CB decisions. CB decisions may be related to certification, examination etc.
- 5.7.2 If the CB appeal procedure results in a rejection of the appeal being confirmed by the senior management of the CB, the applicant or certified organization is to be advised that the rejection may then be appealed to the SCC.
- 5.7.3 Appeals should be addressed to the Manager, Certification Body Accreditation. When an appeal has been initiated, the SCC will request the CB provide a copy of all documentation related to the decision. This may include certificates, a description of action and related correspondence.
- 5.7.4 SCC review of the documentation will be limited to a determination of whether the CB followed its own procedures in the processing of the appeal. The results of the SCC review will be communicated to the CB and applicant or certified organization.

## 6.0 Scope Extension

- 6.0.1 Requests for scope extensions shall be made in writing using the appropriate scope extension application.
- 6.0.2 The following information shall be provided to SCC when seeking a scope extension:
  - a) A description of scope of accreditation of each personnel certification scheme and the standards or other normative documents that is applicable to the scheme. This also means that the applicant shall specify where its professional categories are working – what service or industry sectors. Note: a CB may submit more than one scope application due to multi-certification schemes for professionals and trades;
  - b) List of CB's examiners/technical experts by personnel certification scheme(s);
  - c) Three copies of the applicants quality management system manual and associated documentation related to change of scope of accreditation;
  - d) Scheme development and maintenance criteria and information related to the process used to evaluate the competence of the candidates (assessment/evaluation criteria) for the new scopes or changes of scope;
  - e) Evidence that the CB has evaluated all candidates to confirm that candidates continue to comply with the new scope criteria;
  - f) a copy of the completed CAN-P-9/PCBAP HANDBOOK Matrix. The applicant CB Quality Management System documentation, shall be cross referenced with each PCBAP specific criteria and requirements in the Matrix and indicate where specific changes have occurred related to the extension of scope of accreditation. This matrix should be based on the last submitted matrix to SCC;

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and,

- g) Submit recent management review(s) and internal audit(s) addressing the extension of scope of accreditation as per the PCBAP requirements.

6.0.3 An accreditation assessor and/or technical expert (reviewer) qualified to review the application and documentation will be assigned to perform the review and prepare a written response on the CB's conformity.

6.0.4 The review shall address the criteria to qualify a CB for the scope category and result in an overall evaluation and recommendation to extend or not the CB for the requested scope. The Accreditation Body (AB) reviewer's report will identify the need for a witness audit as per clause A.3 below.

6.0.5 CBs shall demonstrate competence within their systems and within specific resources (e.g., an examiner) for the scope.

6.0.6 The witness audits will be performed following the standard Accreditation Body procedures.

## **6.1 Decision**

6.1 The results of the scope extension activity will be reviewed by the Senior Program Officer, an independent reviewer and/or technical review team, and the Director, Conformity Assessment and the decision to recognize the CB for the industrial sector scope or to reject the application will be made by the Director, Conformity Assessment.

6.2 The CB will be notified in writing of the results of the scope recognition process.

## **7.0 Scope Reduction**

### **7.1 SCC Initiated**

7.1.1 The SCC may reduce the scope of accreditation of the CB in whole or in part if it is found that the CB fails to meet the requirements for accreditation and no longer has the competence to operate within the subject area or is not able to bring the certification program into conformity in a timely manner.

7.1.2 When it is found that the scope of accreditation may no longer be valid, Corrective Action will be requested and the CB shall respond.

7.1.3 If upon review of the response, it is confirmed that the scope of accreditation is no longer valid, but the certification body is still meeting requirements for accreditation, the scope of accreditation will be recommended for reduction. In cases where the CB is no longer found to be meeting accreditation requirements, procedures for suspension will be initiated.

7.1.4 When SCC initiated, reduction in scope of accreditation is required to be approved by the Director, Conformity Assessment.

## **7.2 CB initiated**

- 7.2.1 At any time during the accreditation cycle, the CB may request to reduce their scope of accreditation.
- 7.2.2 When the CB has identified the need for a reduction in scope of accreditation as a result of loss of expertise within the organization, a request for reduction of partial or whole scope recognition will be made in writing.

## **8.0 Voluntary Withdrawals**

- 8.1 A CB may voluntarily terminate its accreditation or a portion thereof (e.g. personnel certification scheme qualification program) at any time by providing thirty (30) days written notice to the SCC.
- 8.2 CBs that voluntarily withdraw accreditation or a portion of their accreditation are responsible for arrangements of any certified client affected by the withdrawal.
- 8.3 These arrangements would typically include notification of voluntary withdrawal to affected certified persons and implementation of plans to assure the transfer of the certification to another accredited CB in accordance with accreditation program requirements.
- 8.4 Upon voluntary withdrawal, the CB must discontinue use of all advertising that contains any reference thereto, and return any accreditation documents to the SCC.
- 8.5 Any unpaid fees must be paid upon notice of voluntary withdrawal.
- 8.6 All changes to scope will be posted to the SCC website.

## **9.0 Publicity Guidelines**

A significant benefit of SCC accreditation is that an accredited CB may publicize its competence based on a nationally and internationally recognized accreditation program. SCC encourages such activities; however, restrictions apply to prevent misunderstanding about the significance of accreditation.

### **9.1 Restrictions**

- 9.1.1 An accredited CB must comply with specified publicity requirements in making reference to its accreditation status in communication media such as documents, brochures, websites or advertising literature.
- 9.1.2 An accredited CB shall when requested, make available to SCC staff and auditors, any advertising or promotional material making reference to its accreditation in communication media such as the internet, documents, brochures etc.
- 9.1.3 The following are the publicity guidelines. An accredited CB shall:
  - a) Only use the SCC accreditation mark for premises of the CB that are specifically included in the scope of the accreditation;

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- b) Only make claims of accreditation in respect of activities for which it has been granted accreditation;
  - c) Not use its accreditation in a manner as to bring SCC into disrepute;
  - d) Not make any statement regarding accreditation that the SCC may consider misleading and unauthorized;
  - e) Not allow the fact of its accreditation to be used to imply that a product, process, system or person is approved by SCC.
- 9.1.4 The CB shall ensure that no report or certificate nor any part thereof is used in a misleading manner.
- 9.1.5 Following initial accreditation, the SCC will allow the CB to use and sub-license the PCBAP accreditation mark. The accreditation mark is available for use in English, French and bilingual versions. Conditions for the use of the PCBAP mark are established in a "Trade-Mark Licence Agreement". Permission for the use of the mark is conditional upon the accredited CB's signing and complying with the Agreement.
- 9.1.7 If it is found that the CB has made incorrect references to their accreditation status, or has used the accreditation mark in a misleading way, the SCC will require the CB to take suitable actions to remedy the situation. If warranted, the SCC might initiate suspension of accreditation, publication of a correction or possibly legal action.

**9.2 SCC Sponsored Publicity**

- 9.2.1 Upon initial accreditation, a website posting announcing the accreditation will be issued by the SCC.
- 9.2.2 The SCC will also make publicly available information regarding the accreditation of the CB by posting on the SCC website the following information:
- a) Name and address of each accredited CB;
  - b) Dates of the granting of accreditation; and
  - c) Scope of accreditation.
- 9.2.3 The SCC will review the scope of accreditation and accreditation documents upon reaccreditation and modify as applicable. The SCC website will be updated with current information whenever a change is made.

## Annex A: SCC Process for Resolution of Non-Conformities

### A.1 Non-conformities

- A.1.1 Major and minor non-conformities may be identified as a result of surveillance activities. SCC staff may also cite non-conformities outside of audit activities when objective evidence of non-conformity (NC) to accreditation requirements is identified.
- A.1.2 Upon identification of a negative finding, the non-conformity will be documented using a non-conformity report (NCR). The NCR will be posted to the CB area of the electronic Forum for response<sup>20</sup>.
- A.1.3 The NCR will identify the requirement, statement of finding and objective evidence of non-conformity.
- A.1.4 The CB shall respond to the non-conformity using the NCR form within 30 days of issuance. The response shall identify:
- a) Correction;
  - b) Cause. It is necessary to determine the cause in order to take appropriate corrective action. A CB should use an appropriate process, such as root cause analysis to determine cause;
  - c) Planned corrective action or corrective action plan.
- A.1.5 Upon receipt of notification that a response to the NCR has been posted, the SCC assessor will review the response and document the results of the review on the NCR. The assessor will indicate if the identification of correction, cause and planned corrective action is acceptable. The review shall include justification for not accepting the response or justification for accepting the response.
- A.1.6 If any element of the response is not accepted, the assessor will identify a rationale and the updated NCR will be posted to the electronic Forum. The CB should revise the response and repost the updated NCR form on the electronic Forum.
- A.1.7 Each response to the non-conformity shall be dated, and if there is a series of responses back and forth between the SCC and the CB, each new comment or response shall be added in sequence to prior responses and clearly dated. This will maintain the history of actions leading to resolution.
- A.1.8 The CB has sixty (60) days from the date of issuance of the Major NCR to provide evidence of resolution and corrective action/corrective action plan, and

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<sup>20</sup> Note: When an NCR is posted to electronic Forum, the CB will receive automatic notification via e-mail. When replying to a NCR, CBs should download the word document, revise as applicable, embed any supporting attachments using the "insert object" function found in Word, and repost using the "reply" function which is found on the right hand side of the screen. The SCC and assessor will receive automatic notification that the item has been posted by the CB.

ninety (90) days from the date of the issuance of the Minor NCR to provide evidence of resolution and corrective action/corrective action plan of the NCR.

- A.1.9 When Corrective Action/Corrective Action Plan has taken place, the CB shall download the latest version of the NCR, revise the form to include a description of corrective action/corrective action plan and embed any supporting evidential attachments. The revised NCR form should then be reposted to the electronic Forum using the “reply” function to the latest posting. The SCC and assessor will receive automatic notification that the corrective action has been posted to the electronic Forum.
- A.1.10 Upon review of the CB Corrective Action/Corrective Action Plan, the assessor will update the NCR form to indicate if the corrective action/corrective action plan has been accepted or rejected. Rejection of corrective action/corrective action plan will include a justification. The CB will be requested to provide a further response until the NCR has been resolved.
- A.1.11 Resolution of NCRs is required to be completed within the identified timelines.<sup>21</sup> Therefore CBs shall ensure that responses and corrective action/corrective action plan takes place with sufficient time to provide further responses as required. Suspension action may be initiated if NCRs are not resolved within the identified timelines.

## **A.2 Extension to Timelines**

Extensions to timelines may be possible upon request by the CB. When requesting an extension, the CB should be done via letter of request to the Manager, Certification Body Accreditation, including a rationale for the request, and indicate when a response can be expected. The SCC will review the request and accept or reject as appropriate. Extensions will be for a maximum of sixty (60) days. Late responses will result in escalation as described in section 5.4.

## **A.3 Dispute/Appeal of NCR**

- A.3.1 Refer to definition in CAN-P-15CA

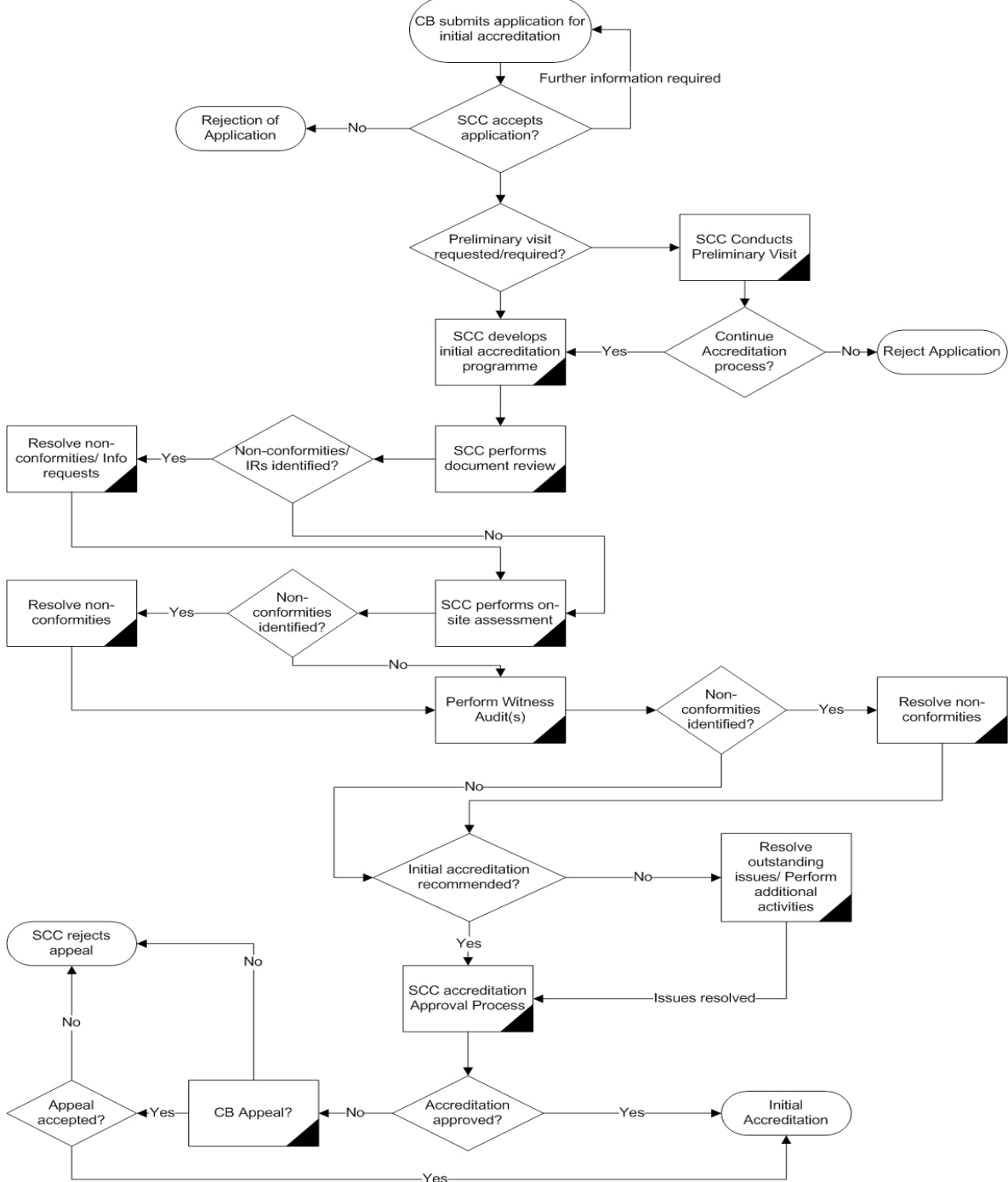
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<sup>21</sup> Note: Time required by the SCC assessor to review the CB responses is included in the timelines for resolution of the NCR. Therefore, the CB should ensure responses adequately address the identified NCR and are posted in a timely manner to avoid unnecessary delays.

## Annex B: Process Flowcharts

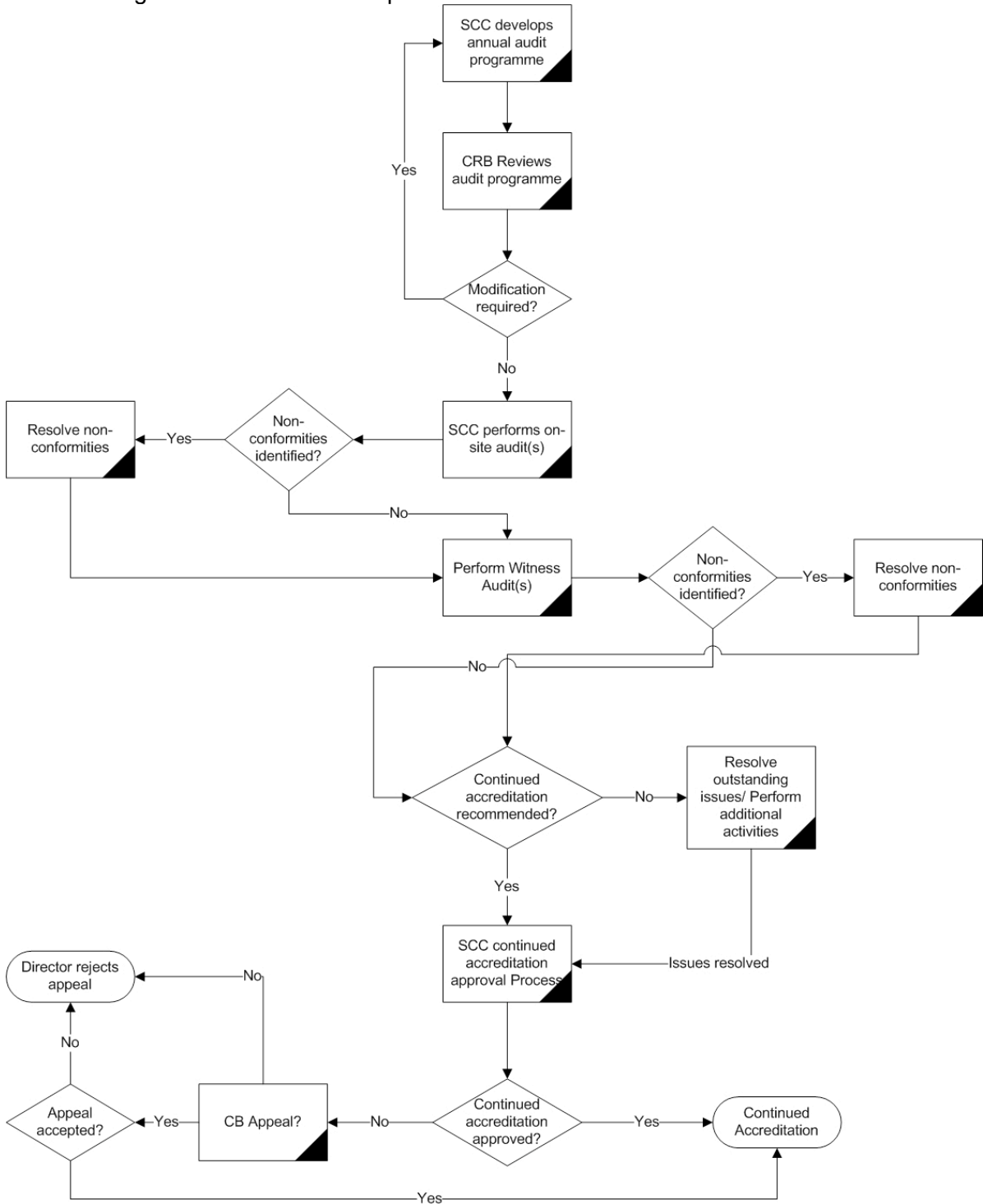
**Figure 1: Initial Accreditation**

The following flowchart outlines the process for initial accreditation:



**Figure 2: Continued Accreditation**

The following flowchart outlines the process for continued accreditation<sup>22</sup> of CBs:



<sup>22</sup> Note: An “Audit” is performed to support continued accreditation and an “Assessment” is conducted to support reaccreditation.



**Figure 3: Reaccreditation**

The following flowchart outlines the process for reaccreditation<sup>22</sup> of CBs:

