The Open Group® Professional Certification Program

Accreditation Policy

Version 1.0
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The Open Group® Professional Certification Program: Accreditation Policy

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1.   Overview

1.1   Introduction

The Open Group Professional Certification Program (the Program) is designed to validate the existence of those qualities and skills in a professional that enable the effective development, implementation, and operation of Business or IT-related specializations. The Program is skills and experience-based and goes beyond validating the mastery of any specific knowledge base.

Currently, the Program covers the following Professions:

- Architect, leading to certification as an Open Certified Architect (Open CA)

- Data Scientist, leading to certification as an Open Certified Data Scientist (Open CDS)

- Technical Specialist, leading to certification as an Open Certified Technical Specialist (Open CTS)

- Trusted Technology Practitioner, leading to certification as an Open Certified Trusted Technology Practitioner (Open CTTP)

Other related Professions may be introduced under this policy in future, without change to this document.

The Program includes a framework for the accreditation of third parties to establish and operate professional certification programs affiliated to The Open Group. The framework of accreditation and certification is specifically intended to standardize the process and criteria for The Open Group Professional Certification and to establish a foundation for the required skills and experience necessary to achieve such a distinction. The Program has been designed to be flexible and extensible so that the framework may be adopted by any industry, country, or organization.

The Program therefore supports two different routes to certification:

- The first route is Direct Certification by The Open Group

- The second route is Indirect Certification through third-party programs accredited by The Open Group

The Conformance Requirements for each of the Professions in the Program apply equally to Direct and Indirect Certification.

Beyond the Conformance Requirements for a Certified Professional, third parties operating Accredited Certification Programs may levy additional requirements on their Candidates in order to satisfy their internal skills requirements. Such additional requirements are called *extended certification requirements* or simply *extended requirements*. For example, extended certification requirements might include experience with proprietary corporate tools or architecture methods, or appropriate industry or cultural requirements.

The Program requires Accredited Certification Programs' extended certification requirements to be effectively documented and communicated within the accredited program. In addition, extended certification requirements must not relax the skills, experience, or process requirements set forth by the framework established herein.

1.2 Key Documents

The Program is based upon key documents:

- The Open Group Professional Certification Program Certification Policy, which sets out the policies and processes by which a professional may achieve certification

- The Open Group Professional Certification Program Conformance Requirements, in which are documented the skills and experience that a professional must possess to achieve certification – each Profession will have its own document

- The Open Group Professional Certification Program Configuration Document, which outlines the specific certification policies and processes for a Profession – each Profession will have its own document

- The Accreditation Policy (this document), which sets out the policies and processes by which an Organization may achieve accreditation

- The Accreditation Requirements, in which the criteria that must be met by an Accredited Certification Program are documented

1.3 Levels of Certification

The Program recognizes three levels of certification:

Level 1:   A professional who is able to perform with assistance/supervision with a wide range of appropriate skills as a contributing professional.

Level 2:   A professional who is able to perform independently and take responsibility for delivery of solutions as lead professional.

Level 3:   A professional who has achieved significant breadth and depth of impact on the business through the application of their profession.

1.4 Migration and Change History

This Version 1.0 of The Open Group Professional Certification Program Accreditation Policy replaces and supersedes the Accreditation Policy documents that were included in the Open CA and Open CTS programs.

This document applies to new applications for accreditation for the Open CA and Open CTS Professions from the date(s) published on The Open Group website.

Organizations whose certification programs were accredited prior to the publication of this document are not required to make any changes to their programs because of publication of this document. However, they may do so at their discretion. Any such changes will be reviewed when re-accreditation becomes due.

1.5 Fees

The Certification Authority charges fees for the accreditation of professional programs. These fees are published on the Certification Authority's website.

1.6 Terminology and Definitions

The following table defines terms or clarifies the meaning of words used within this document. Where an acronym is also used, it is provided in parentheses.

Accreditation Agreement	The agreement between the Organization and the Certification Authority that defines the accreditation service to be provided and contains the legal commitment by the Organization to the conditions of the accreditation program.
Accreditation Application Form	Identifies contacts and provides key information needed to guide the assessment for accreditation; for example, which levels of certification are supported.
Accreditation Logo	The trademarks as designated from time to time by The Open Group for use in association with Accredited Certification Programs.
Accreditation Policy	The policies and processes by which an Organization may become accredited.
Accreditation Register	The official list of all Accredited Certification Programs, which is maintained by the Certification Authority and made available via the Internet.
Accreditation Requirements	The criteria that a certification program and Organization operating the certification program must meet in order for that certification program to be considered conformant.
Accreditation Trademark License Agreement (Accreditation TMLA)	The agreement between the Organization and The Open Group that contains the legal commitment by the organization to the terms and conditions for use of the Accreditation Logo.
Accredited Certification Program (ACP)	A certification program, operated by a group of people under the leadership of a Certification Program Manager, that has successfully completed the accreditation process and for which the organization has been notified in writing by the Certification Authority that accreditation has been achieved. Depending on context, the term is also used to mean the company or organizational unit that operates an Accredited Certification Program.
Applicant	The organization applying for accreditation.
Assessment	An inspection of an Organization's processes, procedures, and staff to determine the degree to which the Organization's Candidate Certification Program is operating in accordance with the Accreditation Requirements.
Assessor	An individual who has been qualified by the Certification Authority as competent to perform Assessments.
Board Member	A Certified Professional who agrees to participate in Peer Review Boards at the request of the Certification Authority. Board Members must have been certified unanimously by their Peer Review Boards, and their Peer Review Boards must have unanimously recommended that they be invited to become Board Members.
Candidate	A person seeking certification in the Program.
Candidate Certification Program (CCP)	An Organization's internal certification program that has not yet been accredited.

Certificate	The credential made available to Candidates who have successfully completed the certification process and whose details have been entered into the Register of Certified Professionals.
Certificate of Accreditation	A document issued to Organizations certifying that a Candidate Certification Program has successfully met the requirements for accreditation and thus is considered an Accredited Certification Program.
Certification Agreement	The agreement between the Candidate and the Certification Authority that defines the certification service to be provided and contains the legal commitment by the Candidate to the conditions of the Program.
Certification Authority (CA)	The organization that manages the day-to-day operations of the Program in accordance with the policies defined in this document. The Open Group is the Certification Authority for the Program.
Certification Badge	The digital credential issued to a Candidate that demonstrates successful achievement of certification within a Profession.
Certification Logo	The logo or other trademarks as designated from time to time by The Open Group for use by Certified Professionals in accordance with the terms of the Trademark License Agreement.
Certification Package	The detailed description of the evidence for the skill levels and experience attained that provides the Certification Authority or Accredited Certification Program with sufficient information to determine whether the Candidate meets the Conformance Requirements. The Certification Package is never made public.

The Certification Package is assembled by the Certification Authority or the Accredited Certification Program after all Milestone Application Forms and the Experience Application Form have been approved and is then submitted to a Peer Review Board for review. |
| Certification Program Manager (CPM) | The specific individual(s) identified within an Organization as having the overall responsibility for managing the Accredited Certification Program on a day-to-day basis and ensuring that it is carried out in accordance with its documented processes and procedures. |
| Certification Record | The information identifying the Candidate, including contact details, and identifying the Profession in which the person is certified, together with a description of the way in which the Candidate meets the Conformance Requirements, including the Candidate's level(s) of certification, and their Discipline/Stream/Specialization(s).

The Certification Record of a Certified Professional is made available by the Certification Authority at the discretion of the Certified Professional. |
| Certification System Deficiency (CSD) | An agreed error in the certification or accreditation system which is inhibiting the certification or accreditation process. A Certification System Deficiency is one possible outcome of a Problem Report. |
| Certified Professional | A person who has been notified in writing by the Certification Authority that they have successfully completed the process to achieve certification in the Program and such certification has not lapsed or been revoked. |

Configuration Document	For each Profession, a Configuration Document defines Profession-specific details including: • The Conformance Requirements document(s) that apply to the Profession • The Discipline/Stream/Specialization(s) included in the Profession • The Milestone Badges and their related Conformance Requirements • The levels of certification and their corresponding Peer Review Board parameters • The Specification Authority for the Profession and Program • Logos and labels for use by Certified Professionals • The policy for transition from the previous "monolithic" process to the Milestone approach defined in this document
Conformance Requirements	For each Profession in the Program, a Configuration Document defines the Profession's set of Conformance Requirements by reference to one or more documents published by The Open Group. A Profession's Configuration Document may also include Conformance Requirements by reference to documents published by third parties. Conformance Requirements are typically divided up into core basic skills, Discipline/Stream/Specialization-specific skills, and Experience Requirements.
Direct Certification	Direct Certification is achieved by applying directly to The Open Group, or to a third party operating the Program on behalf of The Open Group, and successfully completing the certification process. Direct Certification is open to any Candidate, regardless of who they work for, or where in the world they live and work.
Discipline/Stream/Specialization	A branch or area of specialization within a Profession; e.g., Business Architecture, Application Developer.
Evaluation Process	The documented process by which the Certification Authority and Peer Review Board together determine whether a Candidate meets the Conformance Requirements.
Evaluation Process Deficiency (EPD)	An agreed error in the Evaluation Process that is inhibiting the certification process. An Evaluation Process Deficiency is one possible outcome of a Problem Report.
Experience Application Form	A template document provided by the Certification Authority to allow Candidates to describe how their experience meets the Profession's Experience Requirements.
Experience Requirements	The Experience Requirements for each Profession define the amount of experience a Candidate must have as a practitioner in their chosen Discipline/Stream/Specialization to achieve certification.
Indirect Certification	Indirect Certification is achieved by applying to an Accredited Certification Program and successfully completing the certification process. Ordinarily, in order to be eligible for certification by a particular Accredited Certification Program, Candidates must work for the organization running the Accredited Certification Program.

Interpretation (INT)	A decision made by the Specification Authority that elaborates or refines the meaning of the Conformance Requirements, Certification Policy, Accreditation Policy, Accreditation Requirements, or a standard or best practice referenced therein. An Interpretation is one possible outcome of a Problem Report.
Milestone	A predefined subset of the Conformance Requirements, which can be evaluated as a group. Milestones are documented in each Profession's Configuration Document.
Milestone Application Form	A template document provided by the Certification Authority to allow Candidates to describe how their experience meets the Profession's Conformance Requirements required for a Milestone, as defined in the Profession's Configuration Document. For each Profession, there are different Milestone Application Forms for each different type of Milestone.
Milestone Badge	The digital credential issued to a Candidate who has reached a Milestone.
Organization	An organization that operates a certification program for professionals, and which is interested in applying for accreditation of their program within the Program. During the period in which an Organization is going through the accreditation process to get their program accredited, the Organization may be referred to as an Applicant.
Peer Review Board	The group of Board Members appointed by the Certification Authority or by an Accredited Certification Program to evaluate applications for certification or for Milestone Badges.
Problem Report	A question of clarification, intent, or correctness of an accreditation or certification document, or the web-based certification or accreditation systems, which, if accepted by the Certification Authority, will be resolved into an Interpretation, an Evaluation Process Deficiency, or a Certification System Deficiency.
Profession	A Profession is defined by a set of Conformance Requirements and the related Configuration Document – a group of related professional disciplines described in the Conformance Requirements and related Configuration Document.
Register of Certified Professionals	The official list of all Certified Professionals, which is maintained by the Certification Authority and made publicly available on the Certification Authority's website.
Specification Authority (SA)	The Open Group working group(s) responsible for developing, maintaining, and interpreting the Certification Policy, Conformance Requirements, Configuration Documents, Accreditation Policy, and Accreditation Requirements of the Program and each of the Professions within it.
Trademark License Agreement (TMLA)	The agreement between the Certified Professional and The Open Group that contains the legal commitment to the conditions for use of the Certification Logo.

2.   Accreditation Process

This section defines the process an Organization must follow to achieve accreditation for a Candidate Certification Program.

The Evaluation Process used in Indirect Certification delegates most of the activity of the Certification Authority and the Peer Review Board to an Accredited Certification Program.

The Open Group recognizes both a monolithic approach to certification by an Accredited Certification Program or step-by-step certification. The monolithic approach requires the certification Candidate to complete a single Certification Package with evidence that meets the entire set of Conformance Requirements. This package is then submitted to a Peer Review Board for review.

In the step-by-step approach, Candidates may demonstrate conformance with a number of defined subsets of the Conformance Requirements in succession. At the time of certification, the Candidates may need to meet extended certification requirements raised by the Organization running the Accredited Certification Program.

To achieve certification, a complete Certification Package is assembled and sent to a Peer Review Board for review.

In either approach to certification, the Accredited Certification Program must ensure that:

- All their Candidates meet the Conformance Requirements as defined by The Open Group certification program for a given Profession, level, and Discipline/Stream/Specialization

- The Certification Policy states that the evaluation methods and procedures must be functionally equivalent to those defined in the Certification Policy and the Profession's Configuration Document

  This means that the evaluation methods and procedures must deliver the same outcomes to those defined in the Certification Policy and the Profession's Configuration Document and must demonstrate an equivalent degree of certainty and integrity. The Certification Authority has to be confident that an individual going through this process would achieve the same results whether going through the Accredited Certification Program or the Direct Certification process.

In the step-by-step approach, an Accredited Certification Program may either define its own Milestones or may choose Milestones defined by the Certification Authority:

- Accredited Certification Program defines its own steps

  In this approach, the Accredited Certification Program only assures that Candidates who have achieved certification have met the Conformance Requirements that apply to the Candidate's chosen Profession, level, and Discipline/Stream/Specialization.

- Accredited Certification Program adopts the steps defined by The Open Group

  In this approach, the Accredited Certification Program fully adopts the Milestones defined in the Configuration Document for that Profession. The Accredited Certification Program may choose to use the Certification Authority to issue Milestone Badges.

The parties involved in the accreditation process are:

- Organization (Applicant)
- Certification Authority
- Assessor
- Specification Authority

1. Applicant Becomes Familiar with Program Requirements

Prior to applying for accreditation in one of The Open Group Professional Certification Program Professions, the Applicant should become familiar with the Program's Accreditation and Certification Policies and Accreditation and Conformance Requirements, and ensure that all the applicable certification requirements are met.

To accomplish this, it is suggested that the Applicant reviews:

- This document
- The Open Group Professional Certification Program Certification Policy
- The Open Group Professional Certification Program Accreditation Requirements
- The Profession's Conformance Requirements
- The Profession's Configuration Document
- The Profession's Milestone Badge and the Experience Application Forms
- Other related information, such as FAQ

All information and documents related to the Program are available on the Certification Authority's website. The relevance of each document will depend on which Professional Certification Program is to be accredited and which conformance options are supported in that Program.

2. Applicant Registers for Accreditation

The Applicant must register its intent to be accredited by completing the registration information and submitting it along with the Accreditation Agreement and accreditation fee to the Certification Authority.

As part of the registration process, the Applicant must specify individuals within the Organization to be the points of contact with respect to this accreditation. All notifications regarding this accreditation and subsequent renewals will be made to the applicable accreditation contacts. It is the responsibility of the Applicant to ensure that these accreditation contacts are kept up-to-date for the duration of the accreditation.

The Applicant must complete an Accreditation Application Form to describe their program and the way in which it meets the Accreditation Requirements.

3. Applicant Gathers Documentation and Completes a Checklist

A set of documents must be submitted to the Certification Authority as the first step in demonstrating conformance. In addition, the Applicant will need to complete a checklist to indicate where in the

supporting documentation evidence can be found to demonstrate conformance to the Program Accreditation Requirements.

All information and documents required to be included in the submission are available on the Certification Authority's website.

4. The Certification Authority Verifies the Package on Completeness

The Certification Authority will review all information submitted to ensure that it is complete and correct. If an error or inconsistency is found, the Applicant will be required to correct such errors or inconsistencies before the accreditation process can continue.

Once the submission is validated as complete, the Certification Authority will share it with the Assessor(s).

5. Assessor Performs Documentation Audit

The objective of the Assessment is to gather sufficient evidence to make a recommendation to the Certification Authority on whether the Applicant's certification program meets the requirements for accreditation. This is achieved by a series of documentation reviews iterating feedback from the Assessor(s), with corresponding rework by the Applicant and interviews. The interviews may be required with the Certification Program Manager, and/or one or more of the Candidate Certification Program's staff. The Assessor(s) will determine the degree of conformance with the Accreditation Requirements based on the additional information provided during, or after, each review. The Assessor(s) will determine whether any corrective action is required before accreditation can proceed, and the Applicant will know precisely what is required.

6. Assessor Recommendation

The Assessor may recommend that accreditation proceeds after clearance of corrective action or may recommend accreditation takes effect immediately subject to such corrective action. In this latter case, failure to satisfactorily address corrective actions in the agreed timeframe could result in loss of accreditation.

After accreditation is granted there may still be a delay before the Accredited Certification Program is able to populate its first Peer Review Board with Certified Professionals.

7. Certification Authority Awards Accreditation and Enters Accredited Certification Program into Accreditation Register

The Certification Authority will notify the Applicant in writing of the final Assessment result.

If the result is success, there is an Accreditation TMLA in place, and the Certification Authority has received full payment of the accreditation fees, the Certification Authority will accredit the Applicant's certification program, issue a Certificate of Accreditation to the Organization, and enter the Accredited Certification Program into the Accreditation Register. The Organization will also be notified that the Accreditation Logo may now be used in connection with the Organization's Accredited Certification Program, according to the terms defined in the Accreditation TMLA.

Accredited Certification Programs have the option to keep accreditation confidential for a defined period of time. During this period, the Accredited Certification Program will not be included in the Accreditation

Register and the Organization may not use the Accreditation Logo with the Accredited Certification Program.

Note: Payment is non-refundable after an application has been received.

2.1   Certification Authority Quality Management

The Assessor(s) will use documented procedures to perform all stages of the Assessment to ensure the repeatability, reproducibility, and objectivity of the process. A representative of the Certification Authority, other than the one who performed the Assessments, will review the Assessment report to ensure that the Assessment process was performed in accordance with the defined procedures.

The Certification Authority will then review all accreditation information submitted by the Applicant, along with the Assessment report and any applicable Interpretations or Certification System Deficiencies, to validate that the evidence indicates that the Applicant's Candidate Certification Program meets the applicable Accreditation Requirements.

All materials provided to the Certification Authority or Assessor(s) for the Assessment process performed in conjunction with registration for a new accreditation or an update to an existing accreditation must be archived for six (6) years to provide an auditable trail.

3.   Conformance

3.1   Accreditation Requirements

It is an explicit condition of accreditation that the Organization warrants and represents that the Accredited Certification Program meets the applicable Accreditation Requirements.

The Accreditation Requirements are a precisely defined and documented set of requirements against which certification programs may be accredited.

The Accreditation Requirements include a description of the nature and purpose of the document, detailed technical and process Accreditation Requirements, and, if applicable, a summary of the migration issues to the current Accreditation Requirements from the previous version.

The Accreditation Requirements include conformance to the applicable technical and process requirements as interpreted by The Open Group from time to time, and a successful outcome from an Assessment of the Candidate Certification Program.

3.2   Accreditation Application Form

An Accreditation Application Form identifies contacts and provides key information needed to guide the Assessment for accreditation; for example, which levels of certification are supported.

The Accreditation Application Form is submitted to the Certification Authority as part of the registration process for accreditation. It is the responsibility of the Organization to inform the Certification Authority of any changes to contact information and any material changes to the Accredited Certification Program.

4. Obligations of Organizations

4.1 Achieving Accreditation

Claims of accreditation may only be made in relation to Accredited Certification Programs; that is, certification programs that meet the Accreditation Requirements and for which the Certification Authority has provided written notice that accreditation has been achieved. Claims of conformance, certification, or accreditation may not be used with certification programs that have not completed the accreditation process, or that have been withdrawn from the accreditation program.

The Accreditation Agreement requires the Organization to publicly "warrant and represent" that:

- **The Accredited Certification Program meets the applicable Accreditation Requirements**

- **The Organization agrees to the policies expressed in this Accreditation Policy**

- **All professionals certified through the Accredited Certification Program meet the applicable Conformance Requirements of the Program**

4.2 Grandfathering Certified Professionals

At the time of accreditation, an Organization may already have a number of employees who have been evaluated by the Organization's previous processes as having met the Conformance Requirements of the Program. Newly Accredited Certification Programs are permitted to certify such employees or long-term contractors in the Program without conducting any additional Peer Review Board evaluations.

Certification under such conditions is termed "grandfathering".

For four (4) months after first becoming accredited, an Accredited Certification Program is permitted to grandfather their professionals, provided that the professionals to be grandfathered:

- Meet the applicable Conformance Requirements of the Program at the time of grandfathering

- Have already been evaluated by the Organization's own processes within the three (3) years prior to accreditation

For the purpose of audit or to confirm the adherence of an individual Certified Professional to the Conformance Requirements, and at the Certification Authority's request, the Accredited Certification Program must provide the Certification Authority with up-to-date Certification (and Re-Certification) Packages for their grandfathered professionals. These Certification and Re-Certification Packages must be of a standard that would be acceptable to the Certification Authority and to a Direct Certification Peer Review Board.

Grandfathering will not be acceptable if the Accredited Certification Program is implementing the Program "from scratch" or if the existing program has anything but minor variation from the Conformance Requirements and processes. If in doubt, the Accredited Certification Program should discuss this matter with the Certification Authority and the Assessor. If grandfathering is not an option for a newly certified Accredited Certification Program, their initial Peer Review Board will need to be populated by professionals who have been directly certified (or indirectly certified by another Accredited Certification Program) according to the Certification Program's Policy.

For grandfathered professionals, the re-certification date will be three (3) years after the date of the last evaluation by the Organization's previous processes.

Accredited Certification Programs are required to put in place Certification Packages for all grandfathered professionals within six (6) months of accreditation. The Certification Authority will check to ensure this has been done. The Certification Packages must be of a standard that would be acceptable to the Certification Authority and to a Peer Review Board.

4.3 Maintaining Accreditation

An Organization with an Accredited Certification Program is required to ensure that their program continues to conform to the applicable Accreditation Requirements, including all Interpretations that have been granted by the Specification Authority.

The Certification Authority has the right to audit the Organization's claims of conformance and adherence to the requirements of this Accreditation Policy. The Certification Authority may at any time request Organizations to provide the Certification Authority with any information reasonably related to their Accredited Certification Program's conformance with the applicable Accreditation Requirements. If the Organization fails to provide such information within 45 calendar days of the request, then the Certification Authority may remove the program from the Accreditation Register, in which case the certification program ceases to be an Accredited Certification Program and the Organization may no longer make a claim of accreditation in relation to their program.

The Certification Authority has the right at any time upon 30 days' notice to observe sessions of the Accredited Certification Program's Peer Review Board for the purpose of auditing the fairness and objectivity of the Accredited Certification Program's evaluation process and the interpretation of criteria.

From 30 days after the certification of an Accredited Certification Program's first Certified Professional, and for as long as the Accredited Certification Program remains accredited, the Accredited Certification Program must, at the Certification Authority's request, make best efforts to make available at least one (1) Certified Professional to serve on the Certification Authority's Direct Certification Peer Review Boards.

The Certified Professionals that the Accredited Certification Program makes available:

- Must have experience serving on the Accredited Certification Program's Peer Review Board

- Must be available to be present at and serve on Peer Review Board meetings at all regular conferences hosted by The Open Group that take place in the Accredited Certification Program's geographic region and may be available to serve on additional Peer Review Boards

- Must enter into an agreement with the Certification Authority governing their Peer Review Board participation according to the Certification Policy and Conformance Requirements of the Program and the Certification Authority's process and evaluation documentation, including confidentiality obligations

Accredited Certification Programs must be able to show they have an effective plan in place to meet with representatives of other Accredited Certification Programs at events organized by the Certification Authority, including quarterly conferences and professional practitioners' conferences. Accredited Certification Programs must also be able to show they have an effective plan in place to contribute to the development of the Profession and certification best practices on which evolution of this Program depends.

Customers and stakeholders of Organizations with an Accredited Certification Program who discover a non-conformance in the Accredited Certification Program should first report such non-conformance to the Organization. If the Organization does not address the non-conformance within 30 calendar days, the issue may be raised to the Certification Authority, along with justification for why the claimant believes there is a non-conformance. Recourse should always be made through normal communication channels before escalation to the Certification Authority.

If an Accredited Certification Program is found by any means to no longer meet the Accreditation Requirements, the Certification Authority shall provide written notification to the Certification Program Manager who shall:

1. Within 30 calendar days provide a plan to the Certification Authority for rectifying the non-conformance and within a further 45 calendar days rectify the non-conformance and satisfy the Certification Authority and/or the claimant of the efficacy of the rectification; or

2. Within 30 calendar days notify the Certification Authority that the certification program is indeed conformant and provide evidence to satisfy the Certification Authority and/or the claimant that the Accredited Certification Program is conformant; or

3. Within 30 calendar days acknowledge the existence of the non-conformity and indicate an inability to rectify the non-conformance within a further 45-day period, in which case the certification program ceases to be an Accredited Certification Program; or

4. Within 30 calendar days invoke the appeals process as described elsewhere in this document

If option (4) is selected, the Organization will have 45 calendar days from the completion of the appeals process to implement the decision.

If the Organization fails to take one of the above actions within the times defined above, the accreditation will be revoked and the certification program will cease to be an Accredited Certification Program.

4.4   Removal of Accreditation

If a certification program ceases to be an Accredited Certification Program, the Organization may no longer make any claim of accreditation in relation to that program. The Organization, at its own expense, shall remove any existing claim of accreditation from all materials related to the previously Accredited Certification Program; for example, websites and promotional materials. The Certification Authority may inspect any materials related to the certification program to ensure adequate removal.

Once a certification program ceases to be an Accredited Certification Program, any future claim of accreditation in relation to that certification program will require re-accreditation.

Furthermore, the right to use the Accreditation Logo (see Section 5) in conjunction with a certification program that is no longer accredited shall be immediately terminated.

Loss of accreditation by an Accredited Certification Program does not affect the current certification status of the professionals previously certified through that Accredited Certification Program.

5.   Accreditation and Certification Logos

5.1   The Certification Logo

Certified Professionals who have been certified indirectly through an Accredited Certification Program will be able to use the Certification Logo after they have accepted the terms of the Certification Authority's Trademark License Agreement.

The Accredited Certification Program will also be able to use the Certification Logo in relation to its Certified Professionals; for example, in proposals, marketing materials, websites, etc.

The policies governing the use of the Certification Logo by the Accredited Certification Program and the Accredited Certification Program's Certified Professionals are defined in the Certification Policy.

5.2   The Accreditation Logo

Once the Certification Authority has notified the Organization that their certification program has achieved accreditation, the Organization may use the Accreditation Logo in association with the Accredited Certification Program as per the terms specified in the Accreditation TMLA.

The Accreditation Logo may only be used on or in relation to Accredited Certification Programs. It may not be used with programs that have not completed the accreditation process, or that have been withdrawn from the accreditation program.

5.3   Licensing the Accreditation Logo

In order to use the Accreditation Logo, the Organization will be required to sign an Accreditation TMLA. The Accreditation TMLA is the legal contract governing how the Accreditation Logo may be used and defines the rights and obligations of the Organization.

The Accreditation TMLA requires the Organization to warrant and represent that their Accredited Certification Program meets the applicable Accreditation Requirements as well as agree to the policies expressed in this Accreditation Policy.

5.4   Removal of the Accreditation Logo

If a certification program ceases to be an Accredited Certification Program, any and all rights the Organization has to use the Accreditation Logo on or in relation to that certification program cease immediately. The terms for removal of the Accreditation Logo in relation to a certification program are as described in the Accreditation TMLA.

Once the rights to the Accreditation Logo have been removed, any future use of the Accreditation Logo in relation to that certification program will require re-accreditation.

Failure to adhere to these provisions will be a breach of the Accreditation TMLA and shall result in its termination.

6. Accreditation Register

6.1 Inclusion in the Accreditation Register

The Accreditation Register is a web-accessible record of all Accredited Certification Programs and is maintained by the Certification Authority. The Accreditation Register contains the name of the Organization, the period of time for which the certification program is accredited, and a reference to the version of the Accreditation Requirements against which it is accredited.

Once the Certification Authority is satisfied that the Organization's certification program meets the applicable Accreditation Requirements and all other requirements for accreditation have been met, the Certification Authority will issue written notice to the Organization that accreditation has been achieved, and will, subject to the provisions of Section 11.3, enter the certification program in the Accreditation Register.

6.2 Removal from the Accreditation Register

Only Accredited Certification Programs are included in the Accreditation Register; thus, if a certification program ceases to be an Accredited Certification Program, the Certification Authority will remove it from the Accreditation Register.

A certification program shall cease to be an Accredited Certification Program if:

- The Organization requests that the Certification Authority withdraw the Organization's certification program from the Accreditation Register

- The certification program ceases to meet the Accreditation Requirements

- The Organization fails to meet the renewal requirements or declines to renew accreditation

- The Organization fails to adhere to any of the policies defined within this Accreditation Policy

- The Organization fails to satisfactorily implement any agreed corrective actions within the respective agreed timeframes

7. Accreditation Requirements for Modifications of an Accredited Certification Program

Accreditation applies to a defined certification program of an Organization, as it is performed by a specific group of people under the management of identified individuals – the Certification Program Manager. The operation of an Accredited Certification Program may be distributed across multiple sites, countries, and organizational units. The scope of accreditation will be described in the Accreditation Application Form. However large or distributed the scope of the Accredited Certification Program, it is a requirement that the Accredited Certification Program's adherence to the Accreditation Requirements and Certification Policy of the Program must be under the effective control of a single, named individual.

Organizations that operate more than one separately managed certification program may separately seek and obtain accreditation for each program at their discretion.

7.1 Change of Certification Program Manager

A change of Certification Program Manager is a change in any of the named individuals responsible for the effective operation of the Accredited Certification Program.

To maintain accreditation for the Accredited Certification Program, the Organization must notify the Certification Authority of the change in Certification Program Manager within 30 calendar days of such change occurring.

The Organization must provide a written commitment to the Certification Authority indicating that each new Certification Program Manager understands the Accreditation Requirements to which the Organization's certification program is accredited and agrees to comply with these requirements for the duration of the current accreditation and any subsequent renewals.

The Certification Authority will then update the accreditation registration information.

If in the opinion of the Certification Authority the change in Certification Program Manager is so significant as to represent a new program, the Certification Authority at its discretion may require a full or partial re-assessment.

7.2 Change in Certification Program Scope

A change in certification program scope is a change in the identified geographic or organizational scope in which the certification program is carried out, the levels of certification supported, or the disciplines/streams/specializations supported by the certification program.

To maintain accreditation for the Accredited Certification Program, the Organization must notify the Certification Authority of the change in certification program scope within 30 calendar days of such change occurring.

The Organization will be required to provide a written statement to the Certification Authority indicating that there have been no changes in the Accredited Certification Program's Certification Program Manager or documented processes and procedures. The Organization will also be required to provide a written statement indicating that the Accreditation Requirements have been met in full by any additional sites

and/or geographies, for any new certification levels, and for any new disciplines/streams/specializations to be covered by the accreditation.

The Certification Authority will then update the certification program scope accordingly.

7.3   Administrative Changes

If an Accredited Certification Program wishes to make changes that do not have a material effect on the conformance of the Accredited Certification Program, the Accredited Certification Program must notify the Certification Authority within 30 calendar days of such change occurring. The Certification Authority will make the appropriate updates to reflect the requested changes.

For other administrative changes, such as those to the designated accreditation contacts, an Accredited Certification Program may request such changes at any time by sending an email to the Certification Authority.

7.4   Other Changes

Except where specifically stated in this Accreditation Policy, any other change to any of the elements upon which an Accredited Certification Program's accreditation was based must be communicated to the Certification Authority within 30 calendar days of such change occurring.

If the Certification Authority believes that the change may have a material effect on the conformance of the Accredited Certification Program to the Accreditation Requirements, the Accredited Certification Program will be subject to the full Assessment and accreditation process, or any subset thereof, as deemed appropriate by the Certification Authority.

8. Duration and Re-Accreditation

8.1 Duration of Accreditation

Accreditation is valid for 36 months from the date at which the Certification Authority provides written notice to the Organization that accreditation has been achieved, unless subsequently terminated in accordance with Section 4 or Section 6 of this document. Thereafter, accreditation is valid for successive periods of 36 months.

The last day of each period is referred to as the re-accreditation date and represents the date on which the accreditation will cease to be valid, unless the Organization extends the accreditation in accordance with the procedures defined below.

8.2 Re-Accreditation

Prior to the re-accreditation date, the Organization is required to demonstrate that the Accredited Certification Program continues to meet all applicable Accreditation Requirements. This is to ensure that:

- All Interpretations that have been granted since the previous accreditation and any new revisions or updates to the Accreditation Requirements issued more than 90 days prior to the re-accreditation date are reflected in the program

- There are no other changes to the Accredited Certification Program's core documents that change the certification criteria or process in a way that would cause the Accredited Certification Program to no longer meet the Accreditation Requirements

- Within the scope of accreditation, the program is being operated according to the Accredited Certification Program's written procedures and criteria

- The Organization is operating the quality system as defined to ensure the Accredited Certification Program operates as documented

- The Accredited Certification Program is maintaining Certification Records up-to-date, including:
    — Re-certification
    — De-certification under the conditions for ceasing to be certified as defined in the Certification Policy
    — Certified Professionals who have left the employment of the Accredited Certification Program's Organization

- The Accredited Certification Program is participating in Peer Review Board quality and equivalence activities on an ongoing basis within the last accreditation period, including:
    — Providing one or more Peer Review Board members to Direct Certification Peer Review Boards on request
    — Observation and review of one or more of the Accredited Certification Program's Peer Review Boards

Therefore, re-accreditation requires a successful re-assessment of the Organization's Accredited Certification Program. The scope of this re-assessment is a review of the Accredited Certification

Program's ongoing internal audit program and a check on any changes to Accredited Certification Program documentation that have taken place since the last Assessment.

At or before 90 calendar days prior to the re-accreditation date, the Certification Authority will notify the Certification Program Manager within the Organization that re-accreditation is due. The Organization must respond to the Certification Authority within 30 calendar days indicating whether or not the Organization would like to maintain the accreditation. Failure to respond within 30 calendar days will be deemed a withdrawal and the accreditation will expire on the re-accreditation date.

If the Organization wishes to re-accredit their certification program, the Certification Authority will share a list of documents and records that must be submitted for review. If the Accredited Certification Program has not yet been subject to one or more Certification Authority observation or Peer Review Board reviews over the last accreditation period, the Organization will need to schedule such a review with the Certification Authority to ensure a review is completed prior to the re-accreditation deadline.

All documents and any additional information requested by the Certification Authority must be submitted to the Certification Authority at least 45 calendar days prior to the re-accreditation date.

The Certification Authority will review all information submitted to ensure that it is complete and correct. If an error or inconsistency is found, the Organization will be required to correct such errors or inconsistencies before the re-accreditation process can continue.

Once the submission is found to be complete, the Certification Authority will share it with an Assessor(s).

An Assessor(s) will perform the Assessment and document the outcome in an Assessment report. The Assessor(s) will determine whether any corrective action is required before accreditation can proceed, and the Organization will know precisely what is required. The Assessor may recommend that re-accreditation proceed *after* clearance of corrective action or may recommend re-accreditation take effect immediately subject to such corrective action.

The Certification Authority will confirm the re-accreditation to the Organization. The Certification Authority will update the Accreditation Register and issue an updated Certificate of Accreditation to reflect that accreditation has been extended.

An Organization with an Accredited Certification Program has a responsibility to act in good faith to facilitate completion of the re-accreditation process by the re-accreditation date.

In the event that a non-conformance is identified during the re-accreditation process, the Organization has at most 60 calendar days after the re-accreditation date to rectify the non-conformity and satisfy the Certification Authority of the efficacy of the rectification.

8.3　　Withdrawal of Accreditation

During the re-accreditation process, the Certification Authority may revoke the accreditation and remove the Accredited Certification Program from the Accreditation Register, if:

- The Organization does not complete the re-accreditation process within 30 calendar days after the re-accreditation date; or
- The Organization fails to complete any action within the timeframe defined in Section 8.2

Such a certification program will then no longer be considered an Accredited Certification Program.

9.   Problem Reporting and Interpretations Process

9.1   Overview

During the accreditation process, during the preparation phase, or subsequently, an Organization may encounter a problem that inhibits or will inhibit the accreditation or conformance with the Accreditation Requirements. The Organization may file a Problem Report via the Certification Authority's website to obtain resolution to the issue. The Certification Authority is the sole interface with the Organization for problem reporting, though other parties may be involved in determining the resolution.

The types of problems that may be found include:

- Errors or ambiguities in the specifications(s) against which conformance is based, specifically, in the Accreditation Requirements, Accreditation Policy, or in other documents or underlying standards referenced therein

- Errors in the certification and/or accreditation system, specifically those related to the registration process, agreements, or the Assessment materials used to assess conformance with the Accreditation Requirements

The Problem Report is used specifically for the types of errors listed above which are inhibiting the accreditation effort. For general questions on the accreditation process, the assessment process, or other problems not covered above, the Certification Authority can provide assistance on obtaining further information.

9.2   Problem Report Resolution

The Certification Authority is responsible for reviewing and providing a resolution to all Problem Reports. The key element of the review process is a deterministic timeline for a formal resolution to the Problem Report.

The Certification Authority will provide a resolution to the Organization within 25 business days of the Problem Report submission.

In order to resolve Problem Reports for issues related to the Accreditation Requirements or this Accreditation Policy, an opinion from the Specification Authority is required. These opinions must be provided within ten (10) business days of the Problem Report submission in order for the Certification Authority to provide its response on time.
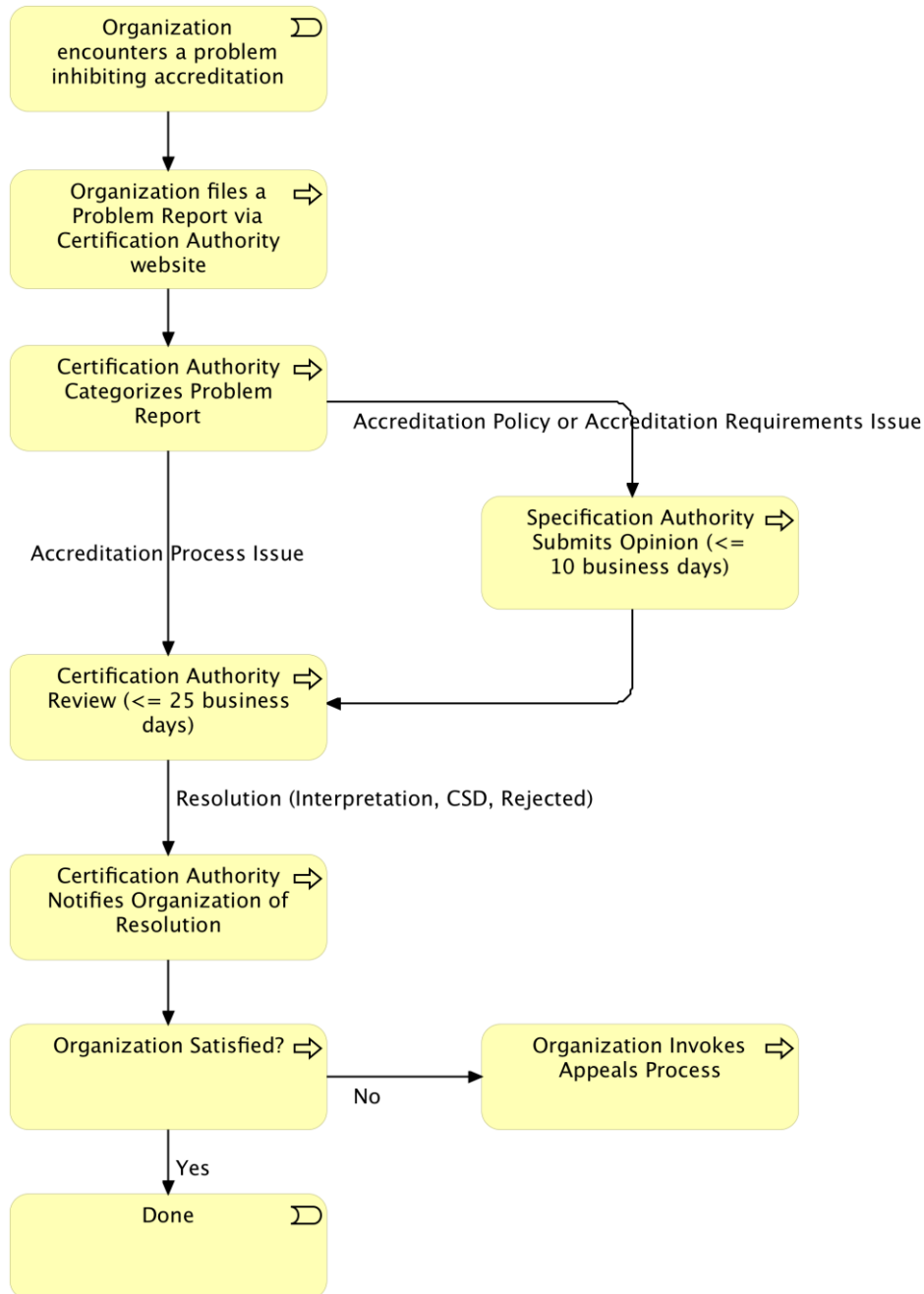
In most cases, 25 business days are sufficient to provide a final Problem Report resolution. However, in exceptional circumstances, final resolution may take longer. If possible, the Problem Report will be addressed sufficiently within the 25 business days to allow the accreditation process to proceed pending final resolution. The Certification Authority will notify the Organization by the 25th day of the delay and any preliminary resolution, if available.

If the Organization is not satisfied with the final resolution, the Organization may invoke the appeals process defined in Section 10.

The Problem Report resolution process will allow the Organization to remain anonymous, so pre-accreditation activity is kept entirely confidential. This anonymous review process requires that requests be filtered automatically prior to viewing by anyone other than the Certification Authority. Filtering will remove the sections of the Problem Report specific to identification of the Organization, so these are the only sections that should contain the company name or other confidential information.

Please note that if Organization-specific information is included in the sections reserved for the detailed problem descriptions, filtering will not result in an anonymous request.

The process is outlined in the following diagram:

9.3 Resolution of Problem Reports

The possible outcomes for Problem Report resolution are:

- Accepted as an error or ambiguity in the specifications against which conformance is based (an Interpretation)

- Accepted as an error in the certification and/or accreditation system (Certification System Deficiency)

- Rejected

The issuance of an Interpretation or Certification System Deficiency will not cause a previously Accredited Certification Program to be "un-accredited" at a given revision level of the Accreditation Requirements, but can affect an Accredited Certification Program's continued conformance. Interpretations and Certification System Deficiencies evolve the definition of conformance over time and Accredited Certification Programs are always required to conform to the current definition of conformance. At the time of re-accreditation, the Organization will be required to demonstrate that the Accredited Certification Program conforms to the then applicable Accreditation Requirements, including all Interpretations that have been granted since the previous accreditation.

9.3.1 Interpretations

An Interpretation elaborates or refines the meaning of a specification, therefore clarifying an error or ambiguity in the specification.

Interpretations apply to a specific version of a specification and are permanent against that version. They remain in force until the specification is updated, at which time, the elaboration or refined meaning should be incorporated into the updated version of the specification.

Interpretations always apply to a particular version of the Accreditation Requirements, Accreditation Policy, or a specification reference therein. Therefore, if a Problem Report submitted against the Accreditation Requirements includes rationale that cites conflict with a previous or subsequent version of the Accreditation Requirements, the Problem Report will be assessed without reference to such rationale. Conflict with another version of the Accreditation Requirements does not in itself form grounds for granting an Interpretation.

The Specification Authority is responsible for deciding the meaning of conformance to normative referenced specifications or other documents (if any) only within the context of the Accreditation Requirements. Thus a Problem Report regarding any such underlying or referenced specifications that is made in the context of the Accreditation Requirements will be processed as normal. However, any Problem Report that seeks to change the base requirements of underlying normative specifications or other documents over which the Specification Authority has no direct control will be rejected.

9.3.2 Certification System Deficiency

A Certification System Deficiency is an agreed error in the accreditation system. The accreditation system includes the accreditation documents, the workflow and information systems provided to implement the accreditation process, and the assessment materials used in the Assessment of conformance. Certification System Deficiencies apply to the version of the accreditation system or document in which they are found.

If the problem is blocking the accreditation effort, an update or workaround will be made immediately to the relevant part of the accreditation system to enable accreditation to proceed. In this case, as accreditation may proceed upon application of the update or workaround, the Problem Report will be rejected.

Otherwise, the Problem Report will be approved as a Certification System Deficiency against the current version of the accreditation system. The problem will be fixed in a future update of the accreditation system or document and the Certification System Deficiency will remain in force until such update.

The Problem Reporting and Interpretations process may not be used to dispute the outcome of the assessment and accreditation process. Such issues should instead utilize the appeals process defined in Section 10. Any Problem Report not related to the correctness of the accreditation system itself will be rejected.

9.4　　Problem Report Repository

The Certification Authority will maintain a web-accessible repository of all submitted Problem Reports. This repository will be publicly accessible. The publicly accessible information will contain the technical details – such as the nature of the problem and its current status of resolution – but will not contain sections reserved for organizational details, thus maintaining the confidentiality of the Organization.

An Organization may cite an Interpretation or Certification System Deficiency to resolve discrepancies or to support their application for accreditation in any other way, irrespective of the origin of the Problem Report.

10. Appeals Process

Organizations may appeal decisions made by the Certification Authority. The occasions that may give rise to an appeal include, but are not limited to, the following:

- The Organization disagrees with the resolution of a Problem Report

- The Organization disagrees with the Certification Authority's grounds for denying the award of accreditation

- A certified Organization disagrees with a formal notification of the need to rectify a non-conformance

Appeal requests should be made to the Certification Authority. The Accreditation Program Guide describes the process for raising an appeal.

There are two levels of appeal:

- A Technical Review

- A Board Review

At each level of appeal, the Organization has the right to representation at the review meeting to make the technical case, though is not required to do so. The appeals process will be anonymous if the Organization does not wish to be represented at the review meetings. In such case, the Certification Authority will remove details that may identify the Organization or its certification program from all information provided for the Technical and/or Board Reviews.

An Organization wishing to dispute a Certification Authority decision may request a Technical Review. A Technical Review requires the Specification Authority to consider the matter and produce a response with a recorded vote according to the voting rules of The Open Group, within 21 calendar days of the request. The Specification Authority may commission reports from independent experts, and may seek input from other committees within The Open Group as it sees fit.

If the Organization is not satisfied with the outcome of the Technical Review, the Organization may request an appeal to the Governing Board of The Open Group within 14 calendar days of being notified in writing by the Certification Authority of the results of the Technical Review. The Governing Board may ask for reports or assistance from the relevant working groups and also from independent experts. The Board Review will be completed within 30 calendar days of the Organization's written request for a Board Review. The results of a Board Review are final and cannot be further appealed.

11. Confidentiality

11.1 Confidentiality

All information relating to an Organization and the certification program to be certified will be held confidential during the accreditation process; that is, prior to the award of accreditation. This includes information related to the registration, Assessment process, and Problem Reports.

Assessment reports and any documents submitted by the Organization will always be confidential. Information regarding the details of the Assessment process shall not be disclosed in any publicly available document or to any third party by the Certification Authority, the Assessor(s), the Organization, or any party acting on the Organization's behalf.

In addition, the Certification Authority will always hold confidential any information regarding unsuccessful requests for accreditation.

The terms and conditions regarding confidentiality and non-disclosure are contained in the Accreditation Agreement.

11.2 Disclosure of Accreditation Information

Accreditation information consists of the fact that accreditation was achieved and the description of the Accredited Certification Program. Any claims of accreditation or information related to the accreditation process may only be made public after the Certification Authority has notified the Organization in writing that the certification program has passed the accreditation process.

The Certification Authority will make accreditation information publicly available by including it in the Accreditation Register available on the Certification Authority's website.

11.3 Optional Confidential Treatment of Accreditation

On occasions, an Organization may wish to keep the fact that accreditation was achieved, and all accreditation information, confidential. The Organization may request that the accreditation be kept confidential for a maximum period of six (6) months from the date of written notification by the Certification Authority that the certification program has achieved accreditation.

During this period, the Organization may not publicly use the Accreditation Logo or make any representation of conformance to the Accreditation Requirements without first informing the Certification Authority that the confidential period has expired. In the event the Organization wishes to keep the accreditation information for a certification program confidential permanently, the Organization may request withdrawal and deletion of such information. Such certification program will then no longer be considered an Accredited Certification Program.

The accreditation information will cease to be held confidential upon the earlier of notice by the Organization that the confidential period has expired, or at the end of the six (6)-month period, provided that the Organization has not requested withdrawal and deletion of such information.