

IT Specialist Certification (ITSC)

Accreditation Policy

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Version 1.1

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IT Specialist Certification (ITSC): Accreditation Policy

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1. OVERVIEW

1.1 Introduction

The Open Group IT Specialist 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 IT solutions. The Program is skills and experience-based and goes beyond validating the mastery of any specific knowledge base.

The Program includes a framework for accreditation of third parties to establish IT Specialist certification programs affiliated to The Open Group. The framework of accreditation and certification is specifically intended to standardize the process and criteria for IT Specialist professional certification and 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 Open Group supports two different routes to IT Specialist certification:

- The first route is *direct* certification by The Open Group.
- The second is *indirect*, through third-party programs accredited by The Open Group.

The ITSC Conformance Requirements for IT Specialist certification apply equally to the direct and indirect routes to certification.

Beyond the ITSC Conformance Requirements for a Certified IT Specialist, third parties operating Accredited Certification Programs (ACPs) 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 products, or appropriate industry or cultural requirements.

The Program requires ACPs' 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.

The Program is based upon a set of key documents:

1. The *Certification Policy*, which sets out the policies and processes by which an IT Specialist may achieve certification.
2. The *Conformance Requirements*, which documents the skills and experience that a Certified IT Specialist must possess.
3. The *Accreditation Policy* (this document), which sets out the policies and processes by which an Organization may achieve accreditation.
4. The *Accreditation Requirements*, which documents the criteria that must be met by an Accredited Certification Program.

1.2 Levels of Certification

The Program recognizes three levels of certification:

- Level 1: Certified IT Specialist (able to perform with assistance/supervision with a wide range of appropriate skills as a contributing IT Specialist)
- Level 2: Master Certified IT Specialist (able to perform independently and take responsibility for delivery of systems and solutions as lead IT Specialist)
- Level 3 Distinguished IT Specialist (has significant breadth and depth of impact on the business through the application of IT)

The ITSC Conformance Requirements document defines the conformance levels that are available in the Program at any particular time. Candidates may apply for certification at Level 1 or Level 2 without any prior certification in the Program.

Candidates applying for certification at Level 3 are required either to be certified at Level 2, or to have met the Level 2 Conformance Requirements at some time in the past.

Certification at Level 3, without previously being certified at Level 2, requires a Candidate to submit a Level 2 package in addition to the Level 3 package. In the Level 2 package the time constraints imposed by the Level 2 Conformance Requirements are removed to allow Level 3 certification for people who may have met the Level 2 Conformance Requirements at some time in the past.

1.3 Migration and Change History

Version 1.0 of this document was published in December 2007, and covered Level 1 and Level 2 certification.

Version 1.1 of this document supersedes Version 1.0 and includes mention of Level 3 in Chapter 1, and a revised copyright notice.

There are no changes to the documented accreditation policy and hence no migration issues arise.

1.4 Program Logo

ACP Organizations and IT Specialists certified within the Program are able to use an Open Group logo on their documents, in accordance with the Trademark License Agreement and Trademark Usage Guide.

1.5 Fees

The Certification Authority charges fees for the assessment and accreditation of ACPs and for the certification of IT Specialists. These fees are published by the Certification Authority on the Certification Authority's web site.

1.6 Terminology and Definitions

This 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 Logo	The trademarks as designated from time to time by The Open Group for use in association with Accredited Certification Programs.
Accreditation Register	The official list of all Accredited Certification Programs, which is maintained by the Certification Authority and made available via the Internet.
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 appointed by the Certification Authority to perform Assessments.
Candidate Certification Program (CCP)	An Organization's internal IT Specialist certification program that has not yet been accredited.
Certificate of Accreditation	A document issued to Organizations by the Certification Authority certifying that a Candidate Certification Program has successfully met the requirements for accreditation and thus is considered an Accredited Certification Program.
Certification Authority (CA)	The organization that manages the day-to-day operations of the Program, in this case The Open Group.
Certification Board	The group of subject matter experts appointed by the Certification Authority or by an Accredited Certification Program to assess applications for certification.

Certification Package	The detailed description of the skill levels attained and experience undergone 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 created by the Candidate by filling in the Certification Package Template.
Certification Package Template	The template document provided to Candidates by the Certification Authority to enable them to create Certification Packages.
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	<p>The information identifying the Candidate, including contact details, and describing the way in which the Candidate meets the Conformance Requirements, including the Candidate's selection of Client Focus, Technical Focus, and Stream.</p> <p>The Certification Record of a Certified IT Specialist is made available by the Certification Authority at the discretion of the Certified IT Specialist.</p>
Certification System Deficiency (CSD)	An agreed error in the Certification and/or Accreditation Systems, which is inhibiting the accreditation process. A Certification System Deficiency is one possible outcome of a Problem Report.
Certified IT Specialist	A Candidate that has successfully completed the certification process, who has been notified in writing by the Certification Authority that the certification requirements have been met, and who has accepted the TMLA.
Conformance Statement	The Organization's documented set of claims describing precisely the way in which their Candidate Certification Program meets the Accreditation Requirements, including the Client Focus Areas and Streams in the Candidate Certification Program.
Direct Certification	<p>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.</p> <p>Direct certification is open to any Candidate, regardless of who they work for, or where in the world they live and work.</p>
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.
Indirect Certification	<p>Indirect certification is achieved by applying to an Accredited Certification Program and successfully completing the certification process.</p> <p>To be eligible for certification by a particular Accredited Certification Program, Candidates must work for the Organization running the Accredited Certification Program.</p>

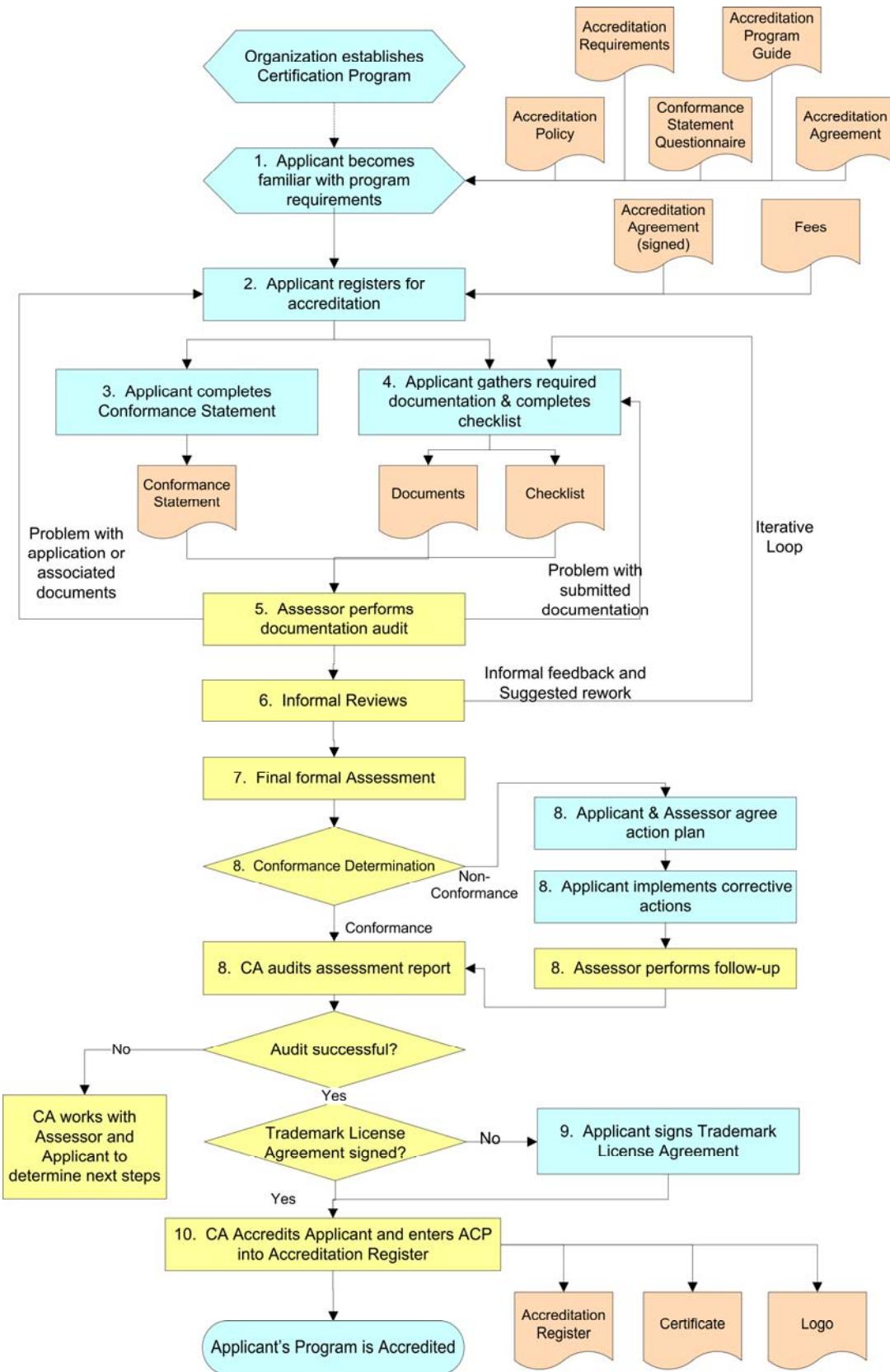
Interpretation (INT)	Decision made by the Specification Authority that elaborates or refines the meaning of the Conformance Requirements, Certification Policy Accreditation Requirements, Accreditation Policy, or a standard or best practice referenced therein. An Interpretation is one possible outcome of a Problem Report.
Organization	An Organization that operates a certification program for IT specialists, 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.
Problem Report (PR)	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.
Program Logo	The logo or other trademarks as designated from time to time by The Open Group for use within the Program in relation to Certified IT Specialists.
Specification Authority (SA)	The Open Group IT Specialist Certification working group, or its successor, which is responsible for developing, maintaining, and interpreting the Certification Policy, Conformance Requirements, Accreditation Policy, and Accreditation Requirements of the Program.

2. ACCREDITATION PROCESS

This section defines the process an Applicant must follow to achieve accreditation for a Candidate Certification Program (CCP).

The parties involved in the accreditation process are:

- Applicant
- Certification Authority
- Specification Authority



1. Applicant Becomes Familiar with ITSC Program Requirements

Prior to applying for accreditation, the Applicant should become familiar with the accreditation and certification programs and ensure that all the applicable requirements are met.

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

- This ITSC Accreditation Policy document
- The ITSC Certification Policy document
- The ITSC Certification Package Template
- The ITSC Conformance Requirements document
- The ITSC Accreditation Requirements document
- The agreements that are part of the Program
- Other related information such as:
 - The Accreditation Program Guide
 - FAQ

All information and documents related to the Program are available on the Certification Authority's web site.

2. Applicant Registers for Accreditation

The first step in the process is for the Applicant to 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.

3. Applicant Completes Conformance Statement

The Applicant must produce a Conformance Statement to describe their CCP and the way in which it meets the ITSC Accreditation Requirements. The Conformance Statement is produced when the Applicant completes a Conformance Statement Questionnaire.

The Conformance Statement will contain information characterizing how the Organization has met the ITSC Accreditation Requirements. In areas where the ITSC Accreditation Requirements contain optional requirements (e.g., Client Focus Areas and Streams), the Conformance Statement will identify the particular options the Organization has implemented.

4. Applicant Gathers Documentation and Completes 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 ITSC Accreditation Requirements.

The Accreditation Program Guide provides a list of the specific documents required, along with instructions for completing the checklist.

5. Assessor Performs Documentation Audit

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 Assessor(s) will review the information in the Conformance Statement, supporting documentation, and checklist. The Assessor(s) will make an initial determination of the areas in which the CCP is demonstrably in conformance with the ITSC Accreditation Requirements, based on the submitted information. This initial Assessment will cover both mandatory requirements and optional requirements for which the Applicant has claimed support in the Conformance Statement. The initial determination will be used to set the agenda for the telephone reviews.

6. Informal Reviews(s)

The objective of this phase is to reach a point where all the critical ITSC Accreditation Requirements are adequately implemented. This is achieved by a series of reviews iterating feedback from the Assessor(s), with corresponding rework by the Applicant. These informal reviews are normally conducted by telephone, but the Assessor may require one or more face-to-face meetings. The informal reviews will take the form of one or more interviews between the Assessor(s) and the Certification Program Manager (CPM), and/or one or more of the CCP's staff as required. The Assessor(s) will determine the degree of conformance with the ITSC Accreditation Requirements based on the additional information provided during, or after, each informal review. This in turn will determine when a final formal Assessment can take place; such that it is probable that the outcome will be that accreditation can proceed, after, or subject to, clearance of corrective actions. How many iterations of informal review, followed by rework, are required will be mutually agreed between the Assessor and the CPM. However, at any point after the completion of the first informal review the Applicant may request that final formal Assessment proceed at the earliest agreeable time after agreed rework has been provided. In this case, the outcome could be unfavorable depending on the Assessor's findings at the final formal Assessment.

7. Final Formal Assessment

The Assessor(s) will conduct a final formal Assessment by telephone with the CPM and/or one or more members of the Applicant's staff to further inspect the Applicant's relevant business processes and documents. This will normally be by telephone, but may involve a face-to-face meeting at the request of the Assessor. 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.

By the conclusion of the Assessment, the Assessor(s) will have determined whether any corrective action is required before accreditation can proceed, and the Applicant will know precisely what is required.

8. Conformance Determination

The Assessor(s) will document the outcome of the final formal Assessment and will make an accreditation recommendation to the Certification Authority in an Assessment report.

If the Assessor(s) identified any major systemic problems in implementing the ITSC Accreditation Requirements, then the Assessor(s) may recommend that the accreditation request be denied. However, unless the iterative series of telephone reviews has been curtailed at the CCP's request, this outcome is improbable.

Otherwise, the Assessor(s) and Applicant will jointly define and agree an action plan. The action plan will define a set of corrective actions for the Applicant to undertake to come into conformance with the ITSC Accreditation Requirements and a timeframe for implementing such actions.

Once the action plan has been implemented by the Applicant, the Assessor(s) will follow up with the Applicant to determine whether the corrective actions have been appropriately implemented.

The Assessor(s) will then update the Assessment report with the outcome of the action plan implementation and resubmit it to the Certification Authority.

The Assessor may recommend that accreditation proceed *after* clearance of corrective action or may recommend certification take effect immediately subject to such corrective action. In this latter case, failure to satisfactorily address corrective actions could result in loss of certification.

After accreditation is granted there may still be a delay before the ACP is able to populate its first Certification Board with Certified Specialists (see Section 4.2)

9. Applicant Signs Accreditation TMLA

If the Applicant has not previously completed an Accreditation Trademark License Agreement (Accreditation TMLA) for use of the Accreditation Logo, it must be completed at this stage. The Certification Authority's web site contains information on how to obtain and complete the Accreditation TMLA.

10. Certification Authority Accredits Applicant and Enters ACP 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 ACP into the Accreditation Register. The Organization will also be notified that the Accreditation Logo may now be used in connection with the Organization's ACP, according to the terms defined in the Accreditation TMLA.

ACPs have the option to keep accreditation confidential for a defined period of time, as described in Section 11.3. During this period, the ACP will not be included in the Accreditation Register and the Organization may not use the Accreditation Logo with the ACP.

If the Assessment indicates that the ITSC Accreditation Requirements have not been met, the Certification Authority will reject the application for accreditation and report the discrepancies with the ITSC Accreditation Requirements. The Applicant may undertake corrective action and re-apply.

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

Note: If the newly accredited program has been developed or significantly modified to achieve accreditation, the Organization is unlikely to employ any Certified IT Specialists who could serve on their first Certification Board(s). This problem may be solved by directly certifying their initial cadre of IT Specialists with The Open Group.

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(s) 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 CCP meets the applicable ITSC 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. The Certification Authority will maintain the archive for all materials, unless the Applicant requests to hold the archive for some or all of the documentation submitted as evidence that the Applicant is operating in accordance with the ITSC Accreditation Requirements. In such cases, the Certification Authority will return to the Applicant a copy of the specified documents in a sealed envelope, dated and labeled with the purpose and contents, and destroy any remaining copies of such documents within 30 calendar days of notification to the Applicant of the audit result. The Applicant is required to retain these sealed documents for six (6) years and make them available to the Certification Authority upon request.

3. CONFORMANCE

3.1 Versions

From time to time, The Open Group will issue new versions of the ITSC Accreditation Requirements.

Accreditation is made available for particular versions of the ITSC Accreditation Requirements; certification programs are accredited against a particular version.

3.2 Accreditation Requirements

It is an explicit condition of accreditation that the Organization warrants and represents that the Accredited Certification Program (ACP) conforms to the applicable ITSC Accreditation Requirements.

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

The ITSC Accreditation Requirements include a description of the nature and purpose of the document, the label to be used in connection with the Accreditation Logo, 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 ITSC 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 (CCP).

3.3 Conformance Statement

A Conformance Statement is the Organization's documented set of claims describing precisely the way in which the certification program meets the ITSC Accreditation Requirements, including which optional requirements are implemented (i.e., Client Focus Areas and Streams). A Conformance Statement is produced by completing the relevant Conformance Statement Questionnaire.

Conformance Statements are submitted to the Certification Authority as part of the registration process for accreditation. It is the responsibility of the Organization to ensure that the information supplied in the Conformance Statement is correct and complete. The Conformance Statement will be included in the Accreditation Register entry for the certification program once it is accredited.

Organizations must ensure that the Conformance Statement of their ACP is kept accurate and up-to-date. Changes to the Conformance Statement of an ACP may only be made by the Certification Authority, subject to the requirements set out in Section 7.

4. OBLIGATIONS OF ORGANIZATIONS

4.1 Achieving Accreditation

Claims of accreditation may only be made in relation to Accredited Certification Programs (ACPs); that is, certification programs that meet the ITSC 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 ACP meets the applicable ITSC Accreditation Requirements.**
- **The Organization agrees to the policies expressed in this ITSC Accreditation Policy document.**
- **All IT Specialists certified through the ACP meet the applicable ITSC Conformance Requirements.**

4.2 Grandfathering Certified IT Specialists

At the time of accreditation, an Organization may already have a number of employees who have been evaluated by the Organization’s previous processes (i.e., through a board review process equivalent to the ITSC board review process) as having met the Conformance Requirements of their program. Newly accredited ACPs are permitted to certify such employees or long-term contractors in the ITSC Program without conducting any additional Certification Board evaluations, provided that it has been established that these IT Specialists meet the ITSC Conformance Requirements.

Certification under such conditions is termed “grandfathering”.

For 12 months after first becoming accredited, an ACP is permitted to grandfather their IT Specialists, provided that the IT Specialists to be grandfathered:

- Meet the applicable ITSC 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 grandfathering

ACPs are required to put in place Certification Packages for all grandfathered IT Specialists within six (6) months of them being grandfathered. 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 Direct Certification Board.

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

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

4.3 Maintaining Accreditation

An Organization with an ACP is required to ensure that their program continues to conform to the applicable ITSC 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 ITSC Accreditation Policy. The Certification Authority may at any time request Organizations to provide the Certification Authority with any information reasonably related to their ACP's conformance with the applicable ITSC 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 ACP 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 ACP's Certification Board for the purpose of auditing the fairness and objectivity of the ACP's evaluation process and the interpretation of criteria.

From 30 days after the certification of an ACP's first Certified IT Specialist, and for as long as the ACP remains accredited, the ACP must, at the Certification Authority's request, make best efforts to make available on request at least one Certified IT Specialist to serve on the Certification Authority's Direct Certification Boards. The Certified IT Specialist(s) that the ACP makes available:

- Must have experience serving on the ACP's Certification Board
- Must be available to be present at and serve on Certification Board meetings at all regular conferences hosted by The Open Group that take place in the ACP's geographic region and may be available to serve on additional Certification Boards
- Must enter into an agreement with the Certification Authority governing their Certification Board participation according to the ITSC Certification Policy and ITSC Conformance Requirements of the Program and the Certification Authority's process and evaluation documentation, including confidentiality obligations
- Must be appropriately qualified to interview for the streams and focus areas of the Certification Board meetings

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

Customers and stakeholders of Organizations with an ACP who discover a non-conformance in the ACP 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 ACP is found by any means to no longer meet the ITSC Accreditation Requirements, the Certification Authority shall provide written notification to the Certification Program Manager (CPM) 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 ACP 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 ACP; 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 ACP.

4.4 Removal of Accreditation

If a certification program ceases to be an ACP, 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, web sites 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 ACP, any future claim of accreditation in relation to that certification program will need to be accredited again.

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 ACP does not affect the certification status of the IT Specialists previously certified through that ACP.

5. ACCREDITATION AND PROGRAM LOGOS

5.1 The Program Logo

Certified IT Specialists who have been certified *indirectly* through an Accredited Certification Program (ACP) will be able to use the Program Logo after they have accepted the terms of the Certification Authority's Trademark License Agreement (TMLA).

The ACP will also be able to use the Program Logo in relation to its Certified IT Specialists; for example, in proposals, marketing materials, web sites, etc.

The policies governing the use of the Program Logo by the ACP and the ACP's Certified IT Specialists are defined in the Section 4.2 of the ITSC 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 ACP as per the terms specified in the Accreditation TMLA.

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

5.2.1 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 ACP meets the applicable ITSC Accreditation Requirements as well as agree to the policies expressed in this ITSC Accreditation Policy document.

6. ACCREDITATION REGISTER

6.1 Inclusion in the Register

The Accreditation Register is a web-accessible record of all Accredited Certification Programs (ACPs) 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, a reference to the version of the ITSC Accreditation Requirements against which it is accredited, and the Conformance Statement for the certification program.

Once the Certification Authority is satisfied that the Organization's certification program meets the applicable ITSC 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 below, enter the certification program in the Accreditation Register.

6.2 Removal from the Register

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

A certification program shall cease to be an ACP 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 ITSC 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 ITSC Accreditation Policy document.
- The Organization fails to satisfactorily implement any agreed corrective actions within the respective agreed timeframes.

7. ACCREDITATION REQUIREMENTS FOR MODIFICATIONS TO AN ACP

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 (CPM). The operation of an Accredited Certification Program (ACP) may be distributed across multiple sites, countries, and organizational units. The scope of accreditation will be described in the Conformance Statement Questionnaire. However large or distributed the scope of the ACP, it is a requirement that the ACP's adherence to the ITSC Accreditation Requirements and the ITSC Certification Policy must be under the effective control of a single, named individual.

Organizations that operate more than one separately managed certification program (e.g., ITSC, ITAC) may separately seek and obtain accreditation for each program at their discretion.

7.1 Change of CPM

A change of CPM is a change in any of the named individuals responsible for the effective operation of the ACP.

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

The Organization must provide a written commitment to the Certification Authority indicating that each new CPM understands the ITSC Accreditation Requirements to which the Organization 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 and Conformance Statement as applicable.

7.2 Change in ACP Technical Scope

A change in technical scope of the ACP, such as to include additional options (e.g., adding Focus Areas or Streams) within the ITSC Conformance Requirements beyond those originally included in the Assessment for accreditation, requires the revised ACP program documentation to be submitted to the Certification Authority for assessment. Until this assessment has been satisfactorily completed, the ACP may not implement the increase in scope and may not certify IT Specialists under this revised scope.

The Assessor will determine the degree of re-assessment necessary on a case-by-case basis. A relatively self-contained change may only need a remote documentation audit of the changed material; a more systemic change may need a complete quality system re-assessment including board attendance or other on-site Assessment.

The ACP should note that it is possible that systemic problems associated with the change in technical scope which impinge on the pre-existing program could cause the ACP's certification for its current scope of services to be suspended or even terminated (though this latter outcome is improbable in normal circumstances). Likewise it is possible that accreditation of the existing technical scope is extended but

that inclusion of the increase to the technical scope is denied or delayed subject to rework of corrective actions.

It is not necessary for an ACP to be accredited for all streams initially; additional streams can be added at any time thereafter at no additional cost.

7.3 Administrative Changes

If an ACP wishes to make changes to the Conformance Statement that do not have a material affect on the conformance of the ACP, the ACP must notify the Certification Authority within 30 calendar days of such change occurring. The Certification Authority will update the Conformance Statement to reflect the requested changes.

7.4 Other Changes

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

Examples of such other changes are a change to identified geographic or organizational scope of the program, or a change in staff or staff responsibilities at a lower level than the CPM.

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

8. RENEWAL

8.1 Duration of Accreditation

Initial accreditation is valid for 12 months from the date at which the Certification Authority provides written notice to the Organization that accreditation has been achieved, unless accreditation is subsequently terminated in accordance with Section 4 or Section 6 of this document. Thereafter, accreditation is valid for successive periods of 24 months.

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

8.2 Renewal Process

An Organization with an Accredited Certification Program (ACP) is required to renew the accreditation at the first anniversary of initial certification and every two (2) years thereafter.

At renewal, the Organization is required to demonstrate that the ACP continues to meet all applicable ITSC Accreditation Requirements and to operate in accordance with the ITSC criteria. This is to ensure that:

- All Interpretations that have been granted since the previous accreditation and any new revisions or updates to the ITSC Accreditation Requirements issued more than 90 days prior to the renewal date are reflected in the program.
- There are no changes to program core documents that change the criteria or process in a way that would affect adherence to The Open Group ITSC criteria.
- The program is being operated according to the written procedures and criteria (within the scope of ITSC).
- The ACP is operating the quality system as defined to ensure their program operates as documented.
- The ACP is maintaining Certification Records up-to-date, including:
 - Re-certification
 - De-certification under the conditions for ceasing to be certified as defined in the ITSC Certification Policy
 - Certified IT Specialists who have left the employment of the ACP's Organization
- The ACP is participating in Certification Board Quality and Equivalence activities on an ongoing basis within the last accreditation period, including:
 - Providing one or more Certification Board members to Direct Certification Boards on request
 - Observation and review of one or more of the ACP's Certification Boards

Thus, renewal of accreditation is subject to a re-assessment of the Organization's ACP.

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

If the Organization wishes to renew, the Organization must review the existing Conformance Statement, checklist, and referenced documentation and update it as appropriate to reflect the current state of the ACP. In particular, the ACP should ensure that the stated references into the ACP's documentation from the checklist remain correct. If the ACP has not yet been subject to one or more Certification Authority observation or Certification 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 renewal deadline.

All updated 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 renewal date.

Upon receipt of these materials, the Certification Authority will schedule a telephone Assessment and, at the Certification Authority's discretion, a face-to-face Assessment. If a Certification Board observation and review is scheduled but pending, the Certification Authority representative will attend an appropriate Certification Board meeting to observe the proceedings. An Assessor(s) will perform the Assessment and document the outcome in an Assessment report. Once all requirements are met, the Certification Authority will renew the accreditation and inform the Organization. The Certification Authority will update the Accreditation Register and issue an updated Certificate of Accreditation to reflect that accreditation has been renewed.

An Organization with an ACP has a responsibility to act in good faith to facilitate completion of the re-accreditation process by the renewal 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 renewal date to rectify the non-conformity and satisfy the Certification Authority of the efficacy of the rectification.

8.3 Withdrawal of Accreditation at Renewal

During the renewal process, the Certification Authority may revoke the accreditation and remove the ACP from the Accreditation Register, if:

- The Organization does not complete the renewal process within 30 calendar days after the renewal 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 ACP.

9. PROBLEM REPORTING AND INTERPRETATIONS

9.1 Overview

During the accreditation process or during the preparation phase, an Organization may encounter a problem that inhibits or will inhibit the accreditation effort. The Organization may file a Problem Report via the Certification Authority's web site 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 ITSC Accreditation Requirements document, or in other documents or underlying standards referenced in the ITSC Accreditation Requirements document
- Errors in the Accreditation System, specifically those related to the registration process, agreements, completion of Conformance Statements, or the Assessment materials used to assess conformance with the ITSC 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 Applicant within 25 business days of the Problem Report submission.

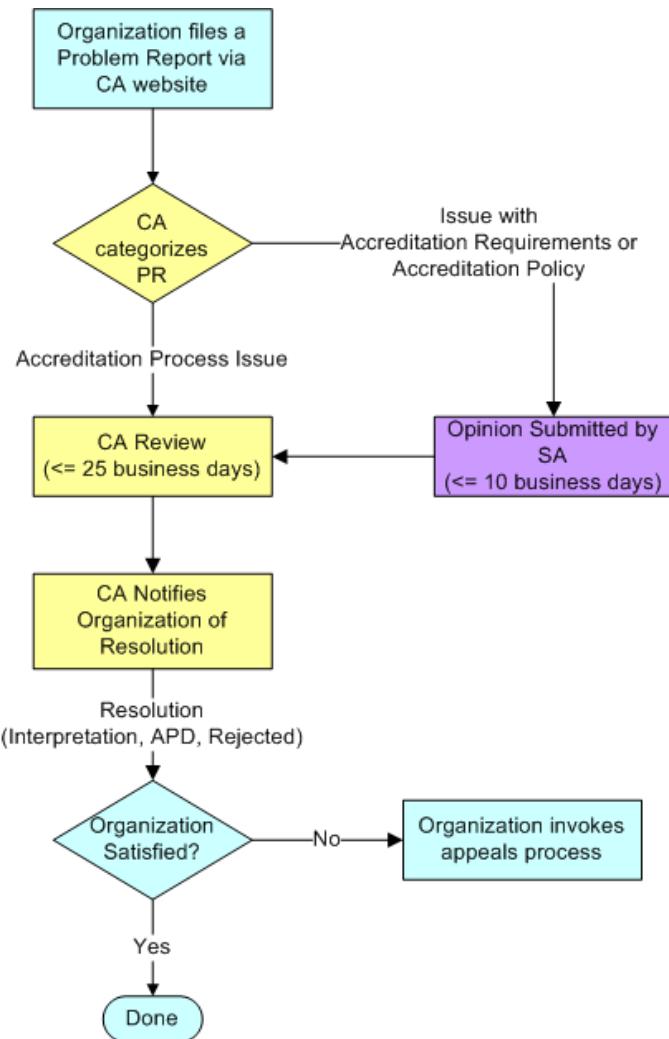
In order to resolve Problem Reports for issues related to the ITSC Accreditation Requirements or the ITSC Accreditation Policy, an opinion from the Specification Authority is required. These opinions must be provided within 10 business days of the Problem Report submission in order for the Certification Authority to provide its response on time.

In most cases, 25 business days is 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 Candidate 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.

The Problem Report resolution process will allow the Organization to remain anonymous, so pre-accreditation activity is kept entirely confidential. This 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 (an Interpretation)
- Accepted as an error in the Certification System (Certification System Deficiency (CSD); see the ITSC Certification Policy)
- Rejected

The issuance of an Interpretation or CSD will not cause a previously accredited certification program to be “un-accredited” at a given revision level of the ITSC Accreditation Requirements, but can affect an Accredited Certification Program’s (ACP’s) continued conformance. Interpretations and CSDs evolve the definition of conformance over time and ACPs are always required to conform to the current definition of conformance. At the time of accreditation renewal, the Organization will be required to demonstrate that the ACP conforms to the then applicable ITSC 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 ITSC Accreditation Requirements or ITSC Accreditation Policy documents. Therefore, if a Problem Report submitted against the ITSC Accreditation Requirements or ITSC Accreditation Policy includes rationale that cites conflict with a previous or subsequent version of the ITSC Accreditation Requirements or ITSC Accreditation Policy, the Problem Report will be assessed without reference to such rationale. Conflict with another version of the ITSC Accreditation Requirements or ITSC Accreditation Policy 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 ITSC Accreditation Requirements. Problem Reports regarding any such underlying or referenced specifications in the context of the ITSC 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.

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 CSD 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 Organization disagrees with the resolution of a Problem Report.
- The Organization disagrees with the Certification Authority's grounds for denying the award of accreditation.
- An accredited 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. 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 Open Group Board of Directors within 14 calendar days of being notified in writing by the Certification Authority of the results of the Technical Review. The Open Group Board of Directors 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 AND DISCLOSURE

11.1 Confidentiality

All information relating to an Organization and the certification program to be accredited 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, Conformance Statements, 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, the description of the Accredited Certification Program (ACP), and the Conformance Statement for the ACP. 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 web site.

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 ITSC Accreditation Requirements without first informing the Certification Authority that the confidential period has expired. In the event that 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 ACP.

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.