THE Open GROUP
Making standards work™

Information Technology Architect Certification

Accreditation Policy

July 12, 2005
Version 1.2

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Information Technology Architect Certification: Accreditation Policy

Document Number: X053

Published by The Open Group, July 2005.

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ACKNOWLEDGEMENTS

The contributions to this document by the following individuals and working groups are gratefully acknowledged:

- Len Fehskens, Hewlett-Packard Company
- Shinichi Fukushima, Hitachi, Ltd.
- Ted Lohman, Hewlett-Packard Company
- Masashi Nishikawa, Fujitsu Limited
- Walter Stahlecker, Hewlett-Packard Company
- Michael Sylvia, IBM Corporation
- Andras Szakal, IBM Corporation
- Masahiro Ueno, Fujitsu Limited
- Cristina Woodbridge, IBM Corporation
- The Open Group Architecture Forum
- The Open Group Customer Council
- The Open Group Supplier Council

1. OVERVIEW

1.1 Introduction

The Open Group IT Architect Certification Program (the Program) is designed to validate the existence of those qualities and skills in a professional that enable the effective practice of IT architecture. 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 Architect certification programs affiliated to The Open Group. The framework of accreditation and certification is specifically intended to standardize the process and criteria for IT Architect professional certification and establish a foundation for the required skills and experience necessary to achieve such a distinction. The Program was 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 Architect 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 Conformance Requirements for IT Architect certification apply equally to the direct and indirect routes to certification.

Beyond the Conformance Requirements for a Certified IT Architect, 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 a proprietary corporate method 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 Open Group direct certification route may, at some time in the future, also include extended requirements, but these will always be optional to ensure the baseline requirements of the framework remain common across the profession.

The Program is based upon four key documents:

1. The *Certification Policy*, which sets out the policies and processes by which an IT Architect may achieve certification
2. The *Conformance Requirements*, in which the skills and experience that a Certified IT Architect must possess are documented
3. The *Accreditation Policy*, which sets out the policies and processes by which an Organization may achieve accreditation (this document)

4. The *Accreditation Requirements*, in which the criteria that must be met by an ACP are documented.

1.2 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 Guide	The document that describes the processes for how an Organization achieves accreditation for its Candidate Certification Program. The Accreditation Guide is used in conjunction with this document. The Accreditation Guide provides detailed instructions on the steps an Organization must take to get a certification program accredited and where to obtain relevant information and documents.
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 Requirements	A definition of the mandatory and optional behavior that must be implemented in a certification program in order for that program to be considered conformant (this document).
Accredited Certification Program (ACP)	A certification program, operated by a group of people under the leadership of 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 terms 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.
Candidate Certification Program (CCP)	An Organization's internal IT Architect certification program that has not yet been accredited.

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 Authority (CA)	The Organization that manages the day-to-day operations of the accreditation program in accordance with the policies defined in this document and the Accreditation Policy. The Open Group acts as the Certification Authority for IT Architect certification.
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.
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 describing the way in which the Candidate meets the Conformance Requirements, including which optional criteria are met. The Certification Record of a Certified IT Architect is made available by the Certification Authority at the discretion of the Certified IT Architect.
Certification System Deficiency (CSD)	An agreed error in the Certification and/or Accreditation System, which is inhibiting the accreditation process. A Certification System Deficiency is one possible outcome of a Problem Report.
Certified IT Architect	A Candidate that has successfully completed the certification process and who has been notified in writing by the Certification Authority that certification has been achieved.
Conformance Statement	The Organization's documented set of claims describing precisely the way in which their Candidate Certification Program meets the Accreditation Requirements, including which optional requirements are implemented.
Direct Certification	Direct certification is achieved by applying directly to The Open Group, or to a third party operating the Program on The Open Group's behalf, 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.

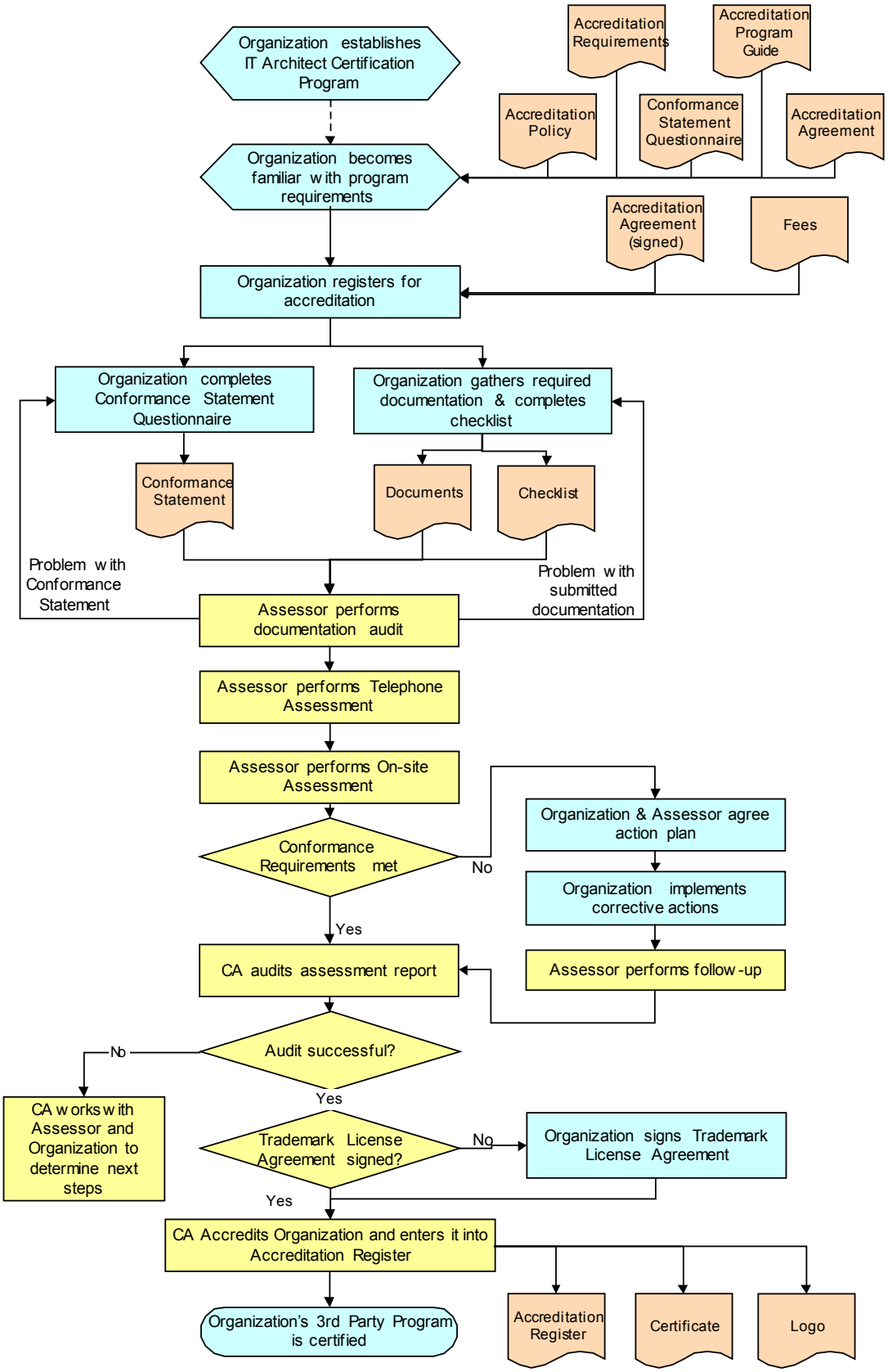
Indirect Certification	Indirect certification is achieved by applying to an Accredited Certification Program and successfully completing the certification process. To be eligible for certification by a particular ACP, Candidate's must work for the Organization running the Accredited Certification Program.
Interpretation (INT)	Decision made by the Specification Authority that elaborates or refines the meaning of the Accreditation Requirements, or a standard or best practice referenced by the Accreditation Requirements. An Interpretation is one possible outcome of a Problem Report.
Organization	An Organization that operates a certification program for IT Architects, and which is interested in applying for accreditation of their program within The Open Group IT Architect Certification 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 System, which, if accepted by the Certification Authority, will be resolved into an Interpretation 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 Open Group IT Architect Certification Program in relation to Certified IT Architects.
Specification Authority (SA)	The Open Group IT Architect Certification working group, or its successor, which is responsible for developing, maintaining, and interpreting the Conformance Requirements and Accreditation Requirements of The Open Group IT Architect Certification Program.
Trademark License Agreement (TMLA)	The agreement between the Organization and The Open Group that contains the legal commitment by the Organization to the conditions for use of the Accreditation Logo.

2. ACCREDITATION PROCESS

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

The parties involved in the accreditation process are:

- Organization
- Certification Authority (CA)
- Specification Authority (SA)


Organization establishes IT Architect Certification Program
Accreditation Requirements
Accreditation Program Guide
Accreditation Policy
Conformance Statement Questionnaire
Accreditation Agreement
Organization becomes familiar with program requirements
Accreditation Agreement (signed)
Fees
Organization registers for accreditation
Organization completes Conformance Statement Questionnaire
Organization gathers required documentation & completes checklist
Conformance Statement
Documents
Checklist
Problem with Conformance Statement
Problem with submitted documentation
Assessor performs documentation audit
Assessor performs Telephone Assessment
Assessor performs On-site Assessment
Organization & Assessor agree action plan
Conformance Requirements met
No
Organization implements corrective actions
Yes
CA audits assessment report
Assessor performs follow-up
No
Audit successful?
Yes
CA works with Assessor and Organization to determine next steps
Trademark License Agreement signed?
No
Organization signs Trademark License Agreement
Yes
CA Accredits Organization and enters it into Accreditation Register
Organization's 3rd Party Program is certified
Accreditation Register
Certificate
Logo

1. Preparation for Accreditation – Introduction to the Program

   Once an Organization has implemented an internal IT Architect certification or equivalent program and believes that it is in accordance with the requirements of The Open Group, the Organization may apply for accreditation and receive an independent Assessment of the Organization's conformance to the Accreditation Requirements of The Open Group IT Architect Certification Program.

   Prior to applying for accreditation, the Organization should become familiar with the Program and the requirements for accreditation to ensure that their CCP meets the applicable Accreditation Requirements and is ready for entry into the Program. To accomplish this, the Organization should review this Accreditation Policy document, the applicable Accreditation Requirements document, any agreements that are part of the Program, and other related information such as the Accreditation Program Guide. All information and documents related to the Program are available on the CA's web site.

   Note: A newly accredited program will not have any Certified IT Architects to serve on their Certification Board. This problem may be solved by directly certifying their initial cadre of architects with The Open Group, or by "grandfathering" their existing architects as described in Section 4.2.

2. Registering for Accreditation

   The first step in the process is for the Organization 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 CA.

   As part of the registration process, the Organization 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 Organization to ensure that these accreditation contacts are kept up-to-date for the duration of the accreditation.

3. Conformance Statement

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

   The Conformance Statement will contain information characterizing how the Organization has met the Accreditation Requirements. In areas where the Accreditation Requirements contain optional requirements, the Conformance Statement will identify the particular options the Organization has implemented.

4. Submitting Documentation and a Checklist

   A set of documents must be submitted to the CA as the first step in demonstrating conformance. In addition, the Organization will need to complete a checklist to indicate where in the supporting documentation evidence can be found to demonstrate conformance to the Accreditation Requirements.

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

5. Documentation Audit

   The CA 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 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 Organization is demonstrably in conformance with the Accreditation Requirements, based on the submitted information. This initial assessment will cover both mandatory requirements and optional requirements for which the Organization has claimed support in the Conformance Statement. The initial determination will be used to set the agenda for the telephone assessment.

6. Telephone Assessment

   The telephone assessment 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 Organization's staff as required. The Assessor(s) will further refine the determination of conformance with the Accreditation Requirements based on the additional information provided during the telephone assessment. This will help to determine the agenda for the face-to-face assessment.

7. Face-to-Face Assessment

   The Assessor(s) will conduct a face-to-face interview with the CPM and/or one or members of the Organization's staff and further inspect the Organization's relevant business processes and documents. The objective of the Assessment is to gather sufficient evidence to make a recommendation to the CA on whether the Organization's certification program meets the requirements for accreditation.

   By the conclusion of the face-to-face assessment, the Assessor(s) will have determined whether any corrective action is required before accreditation can proceed, and the Organization will know precisely what is required.

   For geographically dispersed certification programs, more than one face-to-face assessment may be required.

8. Conformance Determination

   The Assessor(s) will document the outcome of the telephone assessment and any face-to-face assessments and will make an accreditation recommendation to the CA in an assessment report.

   If the Assessor(s) identified any major systemic problems in implementing the Accreditation Requirements, then the Assessor(s) may recommend that the accreditation request be denied.

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

   Once the action plan has been implemented by the Organization, the Assessor(s) will follow up with the Organization to determine whether the corrective actions have been appropriately implemented. The type of follow-up required (documentation audit, telephone assessment, or face-to-face assessment) will be determined by the Assessor(s), dependent upon the nature of the corrective actions. The Assessor(s) will then update the assessment report with the outcome of the action plan implementation and resubmit it to the CA.

9. Audit

   The Assessor(s) will use documented procedures to perform all stages of the assessment process to ensure the repeatability, reproducibility, and objectivity of the process. A representative of the CA, 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 CA will then review all accreditation information submitted by the Organization, along with the assessment report and any applicable Interpretations or Certification System Deficiencies

(CSDs), to validate that the evidence indicates that the Organization's CCP meets the applicable Accreditation Requirements.

All materials provided to the CA 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 CA will maintain the archive for all materials, unless the Organization requests to hold the archive for some or all of the project-specific and process-specific documentation submitted as evidence that the Organization is operating in accordance with the Accreditation Requirements. In such cases, the CA will return to the Organization a copy of the specified documents in a sealed envelope, dated and labelled with the purpose and contents, and destroy any remaining copies of such documents within 30 calendar days of notification to the Organization of the audit result. The Organization is required to retain these sealed documents for six (6) years and make them available to the CA upon request.

10. Accreditation Logo

    If the Organization has not previously completed a Trademark License Agreement (TMLA) for use of the Accreditation Logo, it must be completed at this point in time. The CA's web site will contain information on how to obtain and complete the TMLA.

11. Notification and Publication of Accreditation

    The CA will notify the Organization in writing of the final assessment result.

    If the result is success, and there is a TMLA in place, the CA will accredit the Organization's certification program, issue a Certificate of Accreditation to the Organization, and enter the Accredited Certification Program (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 TMLA.

    Organizations 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 Accreditation Requirements have not been met, the CA will reject the application for accreditation and report the discrepancies with the Accreditation Requirements. The Organization may undertake corrective action and re-apply.

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

3. CONFORMANCE

3.1 Versions

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

Accreditation is made available for particular versions of the 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) 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, 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 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 Accreditation Requirements, including which optional requirements are implemented (if any). A Conformance Statement is produced by completing the relevant Conformance Statement Questionnaire.

Conformance Statements are submitted to the Certification Authority (CA) 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 CA, 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 Accreditation Requirements and for which the Certification Authority (CA) 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 Accreditation Requirements.**
- **The Organization agrees to the policies expressed in this Accreditation Policy document.**
- **All IT Architects certified through the ACP meet the applicable IT Architect certification Conformance Requirements.**

4.2 Grandfathering Certified IT Architects

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 ACPs are permitted to certify such employees or long-term contractors in the Program without conducting any additional Certification Board evaluations.

Certification under such conditions is termed "Grandfathering".

For four (4) months after first becoming accredited, an ACP is permitted to Grandfather their architects, provided that the architects to be grandfathered:

1. Meet the applicable Conformance Requirements of the Program at the time of Grandfathering
2. Have already been evaluated by the Organization's own processes within the three (3) years prior to accreditation

ACPs are required to put in place Certification Packages for all Grandfathered architects within six (6) months of accreditation. The CA will check to ensure this has been done. The Certification Packages must be of a standard that would be acceptable to the CA and to a Certification Board.

For Grandfathered architects, 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 Accreditation Requirements, including all Interpretations that have been granted by the Specification Authority (SA).

The CA has the right to audit the Organization's claims of conformance and adherence to the requirements of this Accreditation Policy. The CA may at any time request Organizations to provide the CA with any information reasonably related to their ACP's conformance with the applicable Accreditation Requirements. If the Organization fails to provide such information within 45 calendar days of the request, then the CA 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 CA 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 Architect, and for as long as the ACP remains accredited, the ACP must, at the CA's request, make best efforts to make available at least one Certified IT Architect to serve on the CA's *direct* Certification Boards.

The Certified IT Architect(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 CA governing their Certification Board participation according to the Certification Policy and Conformance Requirements of the Program and the CA's process and evaluation documentation, including confidentiality obligations

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 CA, including quarterly conferences and IT Architect practitioners' conferences. ACPs must also be able to show they have an effective plan in place to contribute to the development of IT architectural and certification best practices on which evolution of this 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 CA, 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 CA.

If an ACP is found by any means to no longer meet the Accreditation Requirements, the CA shall provide written notification to the Certification Program Manager (CPM) who shall:

1. Within 30 calendar days provide a plan to the CA for rectifying the non-conformance and within a further 45 calendar days rectify the non-conformance and satisfy the CA and/or the claimant of the efficacy of the rectification; or
2. Within 30 calendar days notify the CA that the certification program is indeed conformant and provide evidence to satisfy the CA 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 CA 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 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.

5. ACCREDITATION AND PROGRAM LOGOS

5.1 The Program Logo

Certified IT Architects 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 (CA) Trademark License Agreement (TMLA).

The ACP will also be able to use the Program Logo in relation to its Certified IT Architects; 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 Architects are defined in the Section 4.2 of the IT Architect Certification Policy.

5.2 The Accreditation Logo

Once the CA 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 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 a TMLA. The TMLA is the legal contract governing how the Accreditation Logo may be used and defines the rights and obligations of the Organization.

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

5.2.2 Use of the Accreditation Logo

The terms for use of the Accreditation Logo in relation to an ACP are as described in the TMLA.

5.2.3 Removal of the Accreditation Logo

If a certification program ceases to be an ACP, 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 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 TMLA and shall result in its termination.

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 (CA). 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 Accreditation Requirements against which it is accredited, and the Conformance Statement for the certification program.

Once the CA is satisfied that the Organization's certification program meets the applicable Accreditation Requirements and all other requirements for accreditation have been met, the CA 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 CA will remove it from the Accreditation Register.

A certification program shall cease to be an ACP if:

- The Organization requests that the CA 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 document.
- The Organization fails to satisfactorily implement any agreed corrective actions within the respective agreed timeframes.

7. ACCREDITATION REQUIREMENTS FOR MODIFICATIONS TO 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 (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 Accreditation Requirements and The Open Group IT

Architect Certification Program Certification Policy 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 (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 (CA) of the change in CPM within 30 calendar days of such change occurring.

The Organization must provide a written commitment to the CA indicating that each new CMP understands the Accreditation Requirements to which the Organization is certified and agrees to comply with these requirements for the duration of the current accreditation and any subsequent renewals.

The CA will then update the accreditation registration information and Conformance Statement as applicable.

If in the opinion of the CA the change in CPM is so significant as to represent a new program, the CA 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.

To maintain accreditation for the ACP, the Organization must notify the CA 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 CA indicating that there have been no changes in the ACP's CPM or documented processes and procedures and that the Accreditation Requirements are met in full by the additional sites and/or geographies defined in the new scope.

The CA will then update the certification program scope in the Conformance Statement.

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 CA within 30 calendar days of such change occurring. The CA will update the Conformance Statement to reflect the requested changes.

For other administrative changes, such as those to the designated accreditation contacts, an ACP may request such changes at any time by sending an email to the CA.

7.4 Other Changes

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

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

8. RENEWAL

8.1 Duration of Accreditation

Accreditation is valid for 24 months from the date at which the Certification Authority (CA) 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.

The last day of this 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 every two (2) years.

The Organization is required to demonstrate that the ACP continues to meet all applicable Accreditation Requirements. This includes 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 renewal date. 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 CA will notify the applicable accreditation contacts within the Organization that renewal is due. The Organization must respond to the CA 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 and update it as appropriate to reflect the current state of the ACP. The updated Conformance Statement and any documentation requested by the CA must be submitted to the CA at least 45 calendar days prior to the renewal date.

Upon receipt of these materials, the CA will schedule a telephone assessment and, at the CA's discretion, a face-to-face assessment. An Assessor(s) will perform the assessment and document the outcome in an assessment report. Once all requirements are met, the CA will renew the accreditation and inform the Organization. The CA 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 CA of the efficacy of the rectification.

8.3 Withdrawal of Accreditation at Renewal

During the renewal process, the CA 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 (CA) web site to obtain resolution to the issue. The CA is the sole interface with the Organization for problem reporting, though others 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 document, or in other documents or underlying standards referenced in the 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 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 CA can provide assistance on obtaining further information.

9.2 Problem Report Resolution

The CA 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.

A preliminary review will be performed by the CA and an initial response provided to the Organization within 15 business days of the Problem Report submission. This stage allows simple problems to be dealt with expeditiously.

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

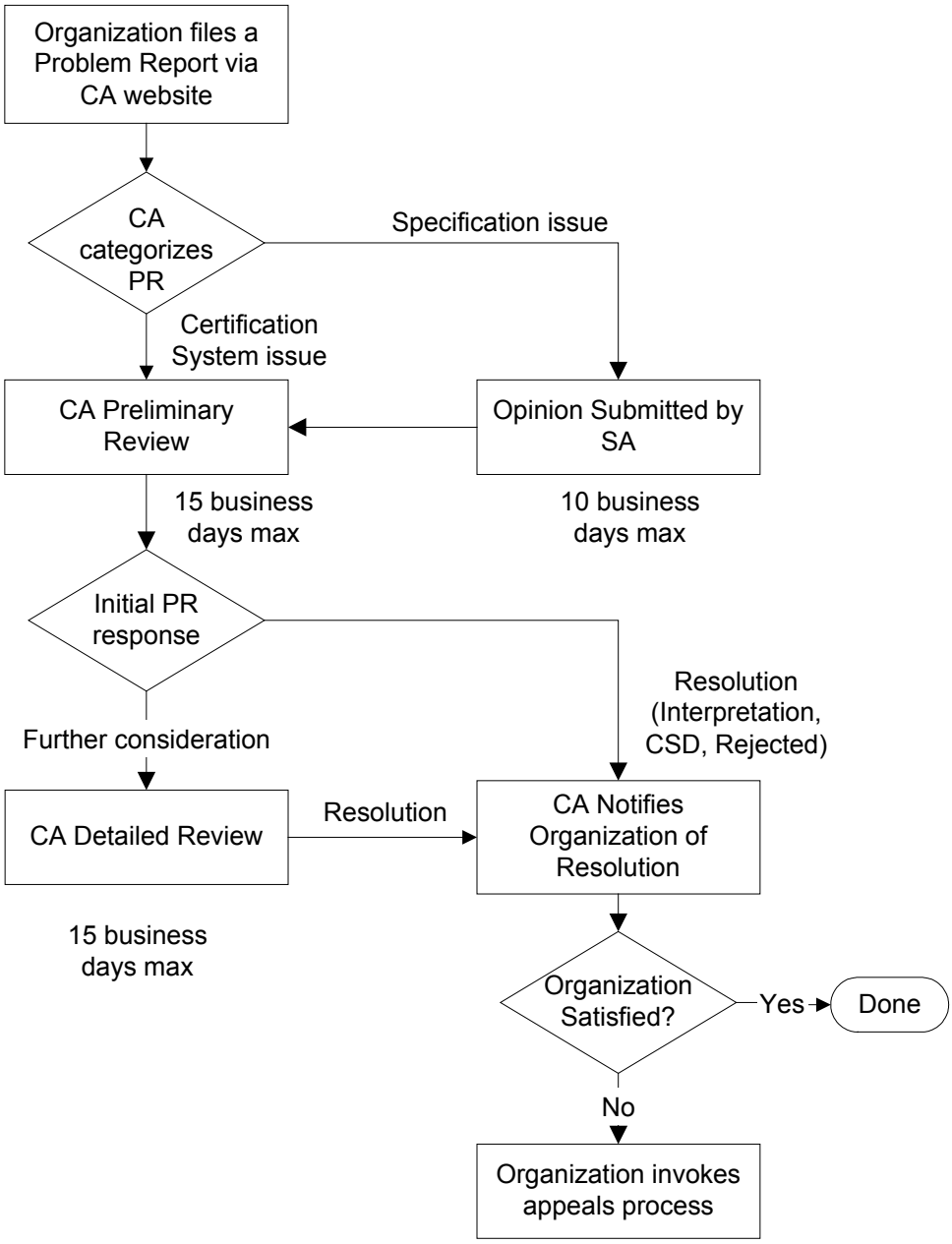
In some cases, 15 business days are sufficient to provide a final resolution to a Problem Report. However, when the preliminary review does not resolve the issue, a detailed review will be undertaken to address the more complicated issues. Final resolution will then be provided within an additional 15 business days, thus within 30 business days maximum from submission of the Problem Report.

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 CA. 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:


Organization files a Problem Report via CA website
CA categorizes PR
Specification issue
Certification System issue
CA Preliminary Review
Opinion Submitted by SA
15 business days max
10 business days max
Initial PR response
Resolution (Interpretation, CSD, Rejected)
Further consideration
CA Detailed Review
Resolution
CA Notifies Organization of Resolution
15 business days max
Organization Satisfied?
Yes
Done
No
Organization invokes appeals process

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 accreditation system (Certification System Deficiency (CSD))
- Rejected

The issuance of an Interpretation or CSD will not cause a previously Accredited Certification Program (ACP) to be "un-accredited" at a given revision level of the Accreditation Requirements, but can affect an 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 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 document. 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 SA 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. Problem Reports regarding any such underlying or referenced specifications 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 SA has no direct control will be rejected.

9.3.2 Certification System Deficiency

A Certification System Deficiency (CSD) 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. CSDs 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 CSD 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 CSD 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 CA 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 (CA). The occasions that may give rise to an appeal include, but are not limited to, the following:

1. The Organization disagrees with the resolution of a Problem Report.
2. The Organization disagrees with the CA's grounds for denying the award of accreditation.
3. A certified Organization disagrees with a formal notification of the need to rectify a non-conformance.

Appeal requests should be made to the CA. 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 CA 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 CA decision may request a Technical Review. Technical Review requires the Specification Authority (SA) 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 SA 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 Supervisory Board of The Open Group within 14 calendar days of being notified in writing by the CA of the results of the Technical Review. The Supervisory 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, 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 (CA), the Assessor(s), the Organization, or any party acting on the Organization's behalf.

In addition, the CA 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 CA has notified the Organization in writing that the certification program has passed the accreditation process.

The CA will make accreditation information publicly available by including it in the Accreditation Register available on the CA'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 CA 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 CA 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 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.