Open Trusted Technology Provider™ Standard (O-TTPS)

Accreditation Policy

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Open Trusted Technology Provider™ Standard (O-TTPS): Accreditation Policy

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Contents

1.   Overview

This section is an overview of the Open Trusted Technology Provider Standard (O-TTPS) Accreditation Program.

1.1   Introduction

The primary objective of the O-TTPS Accreditation Program is to provide confidence to acquirers of commercial off-the-shelf (COTS) information and communication technology (ICT) products that the risks associated with the threats currently set forth in the O-TTPS are addressed by a provider through conformance to the O-TTPS. Demonstration of conformance through an independent, voluntary accreditation program provides formal recognition of a provider's conformance to this industry standard. An additional objective of the O-TTPS Accreditation Program is to encourage and facilitate the adoption and implementation of the O-TTPS by vendors, providers, suppliers, or integrators.

This Accreditation Policy and its associated documents govern the operation of the O-TTPS Accreditation Program. This policy defines what can be accredited, what it means to be accredited, and the process for achieving and maintaining accreditation. This policy also defines the obligations of Organizations, including a requirement that within a declared Scope of Accreditation it meets the Accreditation Requirements, which include conformance to a defined version of the O-TTPS as interpreted by the OTTF.

This Accreditation Policy – in conjunction with the Accreditation Requirements, Accreditation Agreement, and Trademark License Agreement – constitute the set of requirements and obligations for achieving accreditation.

This document is intended to be used primarily by Organizations that would like to become accredited, the Accreditation Authority (AA), and Assessors. Acquirers intending to procure products from accredited Organizations and other stakeholders who want assurance of an Organization's capabilities will also find this document useful for understanding what they can expect from an accredited Organization.

The O-TTPS Accreditation Program is a voluntary program and is open to any Organization. An Organization is not required to be a member of The Open Group to become accredited.

1.2   Terminology and Definitions

Capitalized terms and abbreviations in this document shall have the meaning defined in the O-TTPS. In addition, the following table defines terms or clarifies the meaning of words used within this Accreditation Policy and associated accreditation documents.

Term	Definition
Accreditation Agreement	The agreement between the Organization and the Accreditation Authority that defines the accreditation service to be provided and contains the legal commitment by the Organization to the conditions of the O-TTPS Accreditation Program.

Term	Definition
Accreditation Authority (AA)	The organization that manages the day-to-day operations of the O-TTPS Accreditation Program in accordance with the policies defined in this Accreditation Policy document. Authorized staff of The Open Group serve as the Accreditation Authority for the O-TTPS Accreditation Program.
Accreditation Certificate	A document issued to an Organization formally declaring that an Organization has successfully met the requirements for accreditation for their declared Scope of Accreditation.
Accreditation Contacts	Individuals within an Organization who are the points of contact with respect to the accreditation.
Accreditation Logo	The accreditation mark or other marks as designated by The Open Group for use in association with O-TTPS accreditation.
Accreditation Package	The Accreditation Package Document together with the Evidence of Conformance.
Accreditation Package Document	The document in which the Organization defines the relationship between each requirement and the Evidence of Conformance; it is also where the Assessor subsequently records the Assessment findings and provides the Assessment Report.
Accreditation Period	The duration for which the accreditation is valid before it must be renewed.
Accreditation Register	The official list of all Organizations that have achieved O-TTPS accreditation, maintained by the Accreditation Authority and made publicly available via the Accreditation Authority's website.
Accreditation Requirements	The O-TTPS requirements that an Organization must meet in order to demonstrate conformance to the O-TTPS. Those requirements are declared in the Accreditation Requirements document.
Accreditation System	The software and hardware information systems and the supporting accreditation documents used in the accreditation process.
Accreditation System Deficiency (ASD)	An agreed error in the Accreditation System, which is inhibiting the accreditation process. An Accreditation System Deficiency is one possible outcome of a Problem Report.
Assessment	The mandatory use of the Assessment Procedures to inspect an Organization's Evidence of Conformance and Accreditation Package Document, together with additional information as required in order to recommend conformance to the Accreditation Requirements for the declared Scope of Accreditation.
Assessment Methodology	The following accreditation documents: the Accreditation Policy, the Accreditation Requirements, and the Assessment Procedures.
Assessment Methodology Deficiency	A decision made by the Specification Authority that elaborates or refines the meaning of an Assessment Methodology document. An Assessment Methodology Deficiency is one possible outcome of a Problem Report.
Assessment Procedures	A set of mandatory processes and procedures uniformly applied by the Assessor to determine conformity to the Accreditation Requirements.

Term	Definition
Assessment Report	The outcome of the Assessment as documented in the Accreditation Package Document by the Assessor and signed by both the Organization and the Assessor.
Assessor	An individual or team of individuals within an O-TTPS Recognized Assessor organization who meets the criteria for performing Assessments for the O-TTPS Accreditation Program as specified in the O-TTPS Recognized Assessor Agreement and may perform Assessments of an Organization's Scope of Accreditation.
Business Days	Monday through Friday, excluding USA and UK customary public holidays, and the period from December 23 to January 4 each year.
Conformance Statement	The document in which an Organization declares its Scope of Accreditation.
Evidence of Conformance	Evidence submitted to the Assessor performing the Assessment to demonstrate conformance to the Accreditation Requirements within an Organization's declared Scope of Accreditation.
Implementation Selection Criteria (ISC)	The documented set of criteria that an Organization applies to its declared Scope of Accreditation to determine a set of Selected Representative Products from which Evidence of Conformance is drawn. The ISC are identified in the ISCA Document.
Implementation Selection Criteria Application (ISCA) Document	A document in which the Organization identifies a set of representative products from within the Scope of Accreditation and provides the methodology and rationale used in applying the Implementation Selection Criteria to make the selection. The Evidence of Conformance associated with the Selected Representative Products will be assessed against the Accreditation Requirements.
Interpretation	A decision made by the Specification Authority that elaborates or refines the meaning of the O-TTPS. An Interpretation is one possible outcome of a Problem Report.
Organization	A vendor, provider, supplier, or integrator that is interested in applying for accreditation, has applied for accreditation, or that has achieved accreditation in the O-TTPS Accreditation Program.
O-TTPS Recognized Assessor	A company that has met the O-TTPS Recognized Assessor criteria defined in the O-TTPS Recognized Assessor Agreement, has entered into the O-TTPS Recognized Assessor Agreement with the Accreditation Authority, and makes available Assessors to perform Assessments of Organizations for the purpose of O-TTPS accreditation.
Problem Report	A question of clarification, intent, or correctness of the O-TTPS, the Assessment Methodology, or the Accreditation System. Problem Reports identified as valid are resolved by the issuance of an Interpretation, an Assessment Methodology Deficiency, or an Accreditation System Deficiency.
Scope of Accreditation	A description by the Organization of the products, product lines, business units, and/or geographies, which optionally could encompass an entire organization, and for which O-TTPS accreditation is being applied for or has been achieved. The Scope of Accreditation is declared in the Conformance Statement.

Term	Definition
Selected Representative Products	A representative subset of products within the Scope of Accreditation identified in the ISCA Document and approved by the Accreditation Authority.
Specification Authority (SA)	The OTTF serves as the Specification Authority for the O-TTPS and the Assessment Methodology. The OTTF is responsible for developing, maintaining, and interpreting the O-TTPS and the Assessment Methodology.
Technical Review Board	The OTTF Steering Committee.
Trademark License Agreement (TMLA)	The agreement that contains the legal commitment by the Organization to the conditions for use of the Accreditation Logo.

1.3   References

1.3.1   Referenced Documents

The following documents are referenced within this document:

- Accreditation Agreement

- Accreditation Package Document, including the Assessment Report

- Accreditation Policy (this document)

- Accreditation Requirements

- Assessment Procedures

- Conformance Statement

- Conformance Statement Questionnaire

- Implementation Selection Criteria Application (ISCA) Document

- O-TTPS Recognized Assessor Agreement

- The Open Trusted Technology Provider Standard (O-TTPS)

- Trademark License Agreement

1.3.2 Referenced Websites

The Accreditation Authority's website contains all documents and software systems used in the accreditation process. The software systems include those for registration and management of an accreditation, problem reporting and interpretations, the Accreditation Register, the repository of resolved Problem Reports, and the register of O-TTPS Recognized Assessors. The Accreditation Authority's website is located at http://ottps-accred.opengroup.org.

2.   Accreditation Process

This section defines the process an Organization must follow to achieve O-TTPS accreditation.

The following lists the parties involved in the accreditation process:

- Organization
- Accreditation Authority (AA)
- O-TTPS Recognized Assessor and its Assessor(s)
- Specification Authority
- Technical Review Board
- The Open Group Board of Directors

The following legend defines the symbols and colors that are used in the workflow diagrams and applies to all figures within this document.
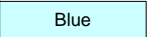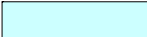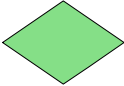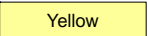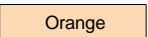
Symbol	Function	Color	Resource
	The start or end of the process.	Blue	Organization
	A process, task, or action.	Green	Accreditation Authority
	A decision. The answer or response determines the path to be taken.	Yellow	Assessor
	The direction of the process flow.	Orange	Document or other input or output
	Inputs or outputs.	Dark Blue	Problem Report Submitter
		Purple	Specification Authority

Figure 1: Accreditation Workflow Legend

The following figure illustrates an overview of the O-TTPS accreditation process. Its steps are described in detail in this document.
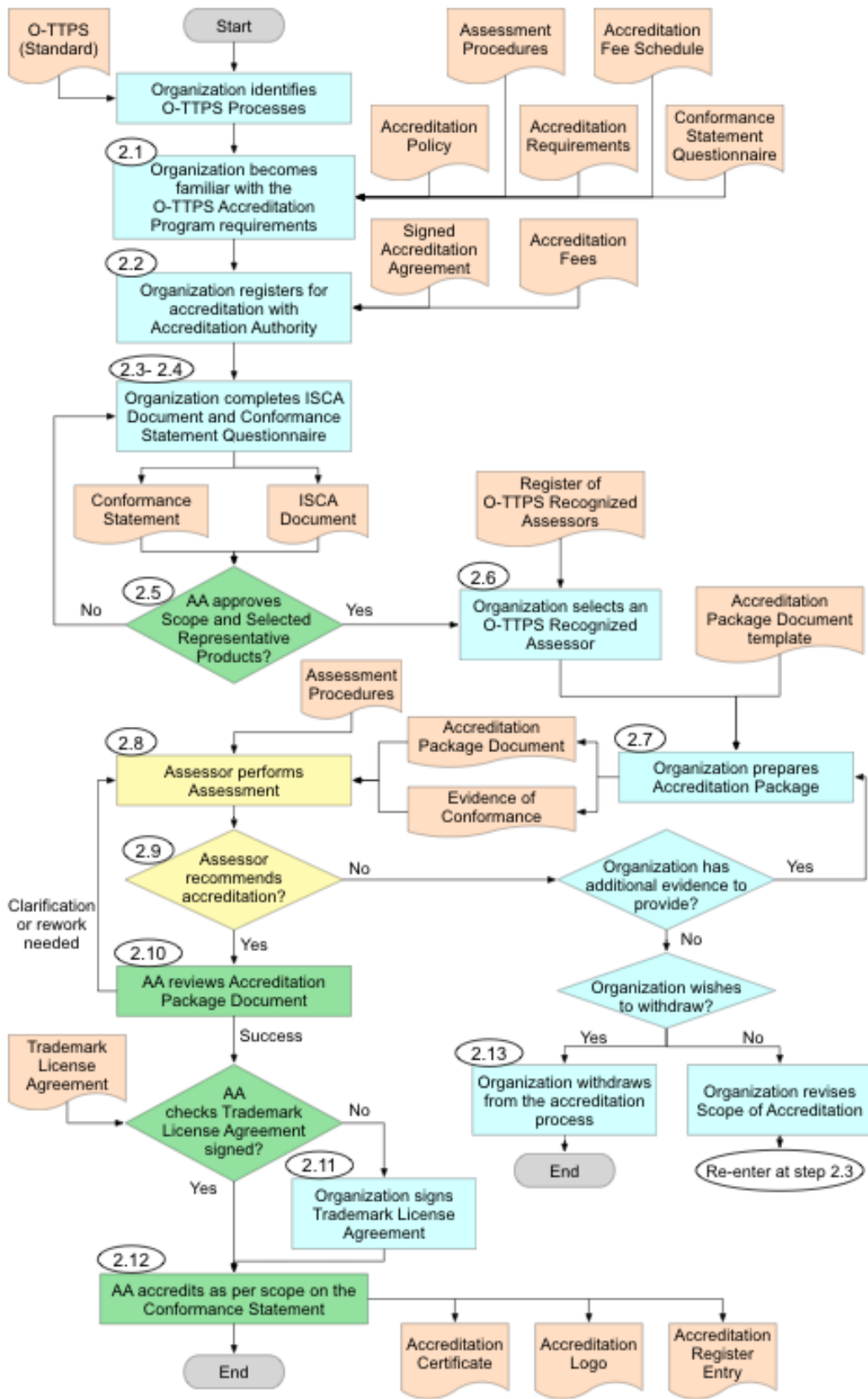
Figure 2: Accreditation Workflow

2.1　　　Preparation for Accreditation

Prior to registering for accreditation, with a goal of ensuring that it is ready for entry into the O-TTPS Accreditation Program, the Organization should become familiar with the Referenced Documents (see Section 1.3.1) and any other informative documents, such as FAQs.

Once an Organization believes it is in conformance with the Accreditation Requirements for the defined Scope of Accreditation, the Organization may register for accreditation.

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 Accreditation Authority.

As part of the registration process, the Organization must specify the Organization's Accreditation Contacts.

All notifications regarding this accreditation and any subsequent renewals will be sent by the Accreditation Authority to the 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.

2.3　　　Completing the Conformance Statement Questionnaire

The Organization must produce a Conformance Statement using the Conformance Statement Questionnaire. The Conformance Statement defines:

- The legal entity applying for accreditation

- The Scope of Accreditation for the proposed accreditation

- Optionally, any defined exclusions (e.g., products, product lines, geographies, etc.) that the Organization would like explicitly listed as outside the Scope of Accreditation

The O-TTPS Accreditation Program allows the Organization to choose its Scope of Accreditation. For example, an Organization may accredit one or more individual products, by business unit, or enterprise-wide.

2.4　　　Completing the ISCA Document

The Organization must complete the ISCA Document per the instructions within the document to the satisfaction of the Accreditation Authority. The objective of this activity is to identify a subset of products within the Scope of Accreditation that is representative of the Scope of Accreditation. All Selected Representative Products will be assessed for conformance to the Accreditation Requirements.

The ISCA Document also contains a description of the methodology and rationale used to apply the Implementation Selection Criteria in the selection and any other information that the Organization may want to disclose to the Accreditation Authority to justify its Selected Representative Products.

2.5 Accreditation Authority Reviews and Approves the Conformance Statement and ISCA Document

The Accreditation Authority will review the Conformance Statement and the ISCA Document. Since there may be considerable variation between applications for accreditation in both the Scope of Accreditation and the Selected Representative Products, the Accreditation Authority will also review these documents for consistency across other O-TTPS accreditation applications and for appropriate selection of products.

The Accreditation Authority will keep confidential and not share with the Assessor information related to how the Organization applies the Implementation Selection Criteria and the methodology and rationale used to choose the Selected Representative Products.

The Accreditation Authority must approve both the Conformance Statement, which includes the Scope of Accreditation, and the ISCA Document, which includes the Selected Representative Products, before the Organization can move forward in the Assessment process. The Accreditation Authority will respond to the Organization within 20 days to provide approval or an explanation of any elements that need further clarification or revision in the Conformance Statement or the ISCA Document.

2.6 Organization Selects an O-TTPS Recognized Assessor

The Organization chooses an O-TTPS Recognized Assessor from the register of O-TTPS Recognized Assessors to perform its Assessment. This register will be maintained on the Accreditation Authority's website.

To be recognized by The Open Group as an O-TTPS Recognized Assessor, a company must meet the criteria defined in the O-TTPS Recognized Assessor Agreement. The company must also enter into the O-TTPS Recognized Assessor Agreement with the Accreditation Authority. The rationale and process for removing an O-TTPS Recognized Assessor from the register of O-TTPS Recognized Assessors is defined in the O-TTPS Recognized Assessor Agreement.

The Organization informs the Accreditation Authority which O-TTPS Recognized Assessor has been engaged. Should the Organization subsequently change its choice of O-TTPS Recognized Assessor, the Organization must notify the Accreditation Authority.

2.7 Organization Prepares Accreditation Package

After the Accreditation Authority approves the Selected Representative Products, the Organization assembles the Accreditation Package, which consists of the Accreditation Package Document and the Evidence of Conformance. The Accreditation Package Document contains a table for each requirement in which the Organization must supply pointers to evidence that demonstrates conformance to that requirement for every Selected Representative Product. The Evidence of Conformance is all material referenced in the Accreditation Package Document and necessary to demonstrate conformance to the Accreditation Requirements. The Organization submits the Accreditation Package to the Assessor.

2.8 Assessor Performs the Assessment

The Assessor assesses the Accreditation Package Document and the Evidence of Conformance it references. Applying the Assessment Procedures, the Assessor determines whether the evidence provided

demonstrates the Organization's conformity to the Accreditation Requirements for each of the Selected Representative Products.

The Assessor records comments regarding conformance to the Accreditation Requirements in the Accreditation Package Document according to the instructions in the Assessment Procedures.

For an Assessment for initial accreditation, there is no time limit for the Assessment to complete. In the case of re-accreditation, the Assessment must complete within the timeframe defined in Section 8.2.

2.9   Assessor Recommends Accreditation

Once the Assessor has completed the Assessment Report and is able to recommend accreditation, both the Organization and the Assessor review and sign the Assessment Report. The Assessor submits the updated Accreditation Package Document, including the Assessment Report, to the Accreditation Authority.

This fully complete Accreditation Package Document forms the Accreditation Authority's record of the Assessment.

The Evidence of Conformance that was submitted to the Assessor remains with the Assessor and must be archived for a period of at least six (6) years.

2.10   Accreditation Authority Reviews the Accreditation Package Document

The Accreditation Authority reviews the completed Accreditation Package Document for consistency and completeness and to determine whether:

- The Accreditation Package Document is complete.
- The Assessment Report is unambiguous.
- The content and style are consistent with the Accreditation Package Documents from other O-TTPS accreditation applications.

If the Accreditation Authority believes the Assessor's findings are insufficient, then the Accreditation Authority may require the Assessor to provide clarification or additional rationale to support the findings.

2.11   Organization Signs Trademark License Agreement

If the Organization has not previously completed a Trademark License Agreement for use of the Accreditation Logo, it must be completed at this stage. The Accreditation Authority's website contains information on how to obtain and complete the Trademark License Agreement.

2.12   Accreditation Awarded

The Accreditation Authority will notify the Organization in writing of the outcome of the accreditation process.

If the result is success and there is a Trademark License Agreement in place, the Accreditation Authority will accredit the Organization.

Organizations have the option to delay listing their accreditation in the Accreditation Register as described in Section 11.3. At the time of achieving accreditation, or of agreeing to publicly list if previously delayed, the Accreditation Authority will issue an Accreditation Certificate, and enter the Organization's details into the Accreditation Register. The Organization will also be notified that the Accreditation Logo may then be used according to the terms defined in the Trademark License Agreement.

2.13   Withdrawal from the Accreditation Process

If an Organization decides to withdraw from the accreditation process, it must provide notification to the Accreditation Authority that it is withdrawing; it is not required to provide a reason for withdrawal. In the case of withdrawal, the Assessor is not required to provide the Accreditation Package Document to the Accreditation Authority.

When informed of a withdrawal by the Organization, the Accreditation Authority will archive the information that has thus far been provided to the Accreditation Authority. Any fees paid to the Accreditation Authority will be forfeited. The Organization may re-apply for accreditation at a later date though that application will be treated as a new application and, as such, will require payment of the applicable accreditation fee for submission of a full set of documents, and a full Assessment, as per an initial accreditation.

As an alternative to withdrawal, the Organization may submit a revised Scope of Accreditation to the Accreditation Authority for approval. Effectively this means restarting the Assessment process with a revised Conformance Statement and ISCA Document, and if they are approved by the Accreditation Authority, then submitting a revised Accreditation Package. However, this differs from a re-application in that some of the results of the previous Assessment may be re-used where appropriate. Only one such revision of scope is permitted and a further revision would require a new application.

3.   Conformance

This section describes the policies relating to the conformance of the Organization at the time of accreditation and throughout the duration of the accreditation.

3.1   Scope of Accreditation

Within the O-TTPS Accreditation Program, an Organization may apply for and achieve accreditation for the specific Scope of Accreditation that it chooses. The declared Scope of Accreditation is made in the Conformance Statement as described in Section 2.3.

3.1.1   More than one Scope of Accreditation

The O-TTPS Accreditation Program also allows Organizations to accredit more than one Scope of Accreditation. The program treats each declared Scope of Accreditation as a separate application and each resulting accreditation independently.

3.2   Accreditation Requirements

The Accreditation Requirements are the O-TTPS requirements against which the Assessor will be assessing the Evidence of Conformance according to the Assessment Procedures. The Accreditation Requirements document includes a description of the nature and purpose of the document, the label to be used in connection with the Accreditation Logo, the version of the O-TTPS and identification of the O-TTPS requirements necessary for accreditation, and, if applicable, a summary of the migration issues to the current Accreditation Requirements from previous versions of the Accreditation Requirements.

3.3   Conformance Statement

The Conformance Statement is the completed Conformance Statement questionnaire, which the Organization completes as described in Section 2.3 and submits to the Accreditation Authority as part of the registration process for accreditation. The Conformance Statement will be included in the Accreditation Register once accreditation is complete.

It is the responsibility of the Organization to ensure that the information supplied in the Conformance Statement is correct and complete upon submission, and also ensure that it remains accurate and up-to-date. The Organization will provide any changes to the Conformance Statement to the Accreditation Authority who will review and update the Conformance Statement as appropriate, subject to the requirements set forth in Section 7.

4. Obligations of Organizations

4.1 Achieving Accreditation

Claims of conformance with the O-TTPS or claims of accreditation may be made only in relation to the Scope of Accreditation for which the Accreditation Authority has provided written notice that accreditation has been achieved.

Claims of conformance or accreditation may not be used in relation to any other business area, geography, product line, or product that does not fall within the declared Scope of Accreditation, or that has been explicitly declared out of scope in the Conformance Statement, or in relation to any accreditations that have been withdrawn from the accreditation process (Section 2.13).

The Accreditation Agreement requires the Organization, to the best of an Organization's knowledge, to warrant and represent that:

- Within the Scope of Accreditation, the Organization conforms to the Accreditation Requirements.

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

4.2 Maintaining Accreditation during the Accreditation Period

An accredited Organization must continue to conform, within its declared Scope of Accreditation, to the Accreditation Requirements to which they were accredited at the time of their most recent prior accreditation.

Information regarding an accredited Organization's perceived non-conformance to the Accreditation Requirements may be reported to the Accreditation Authority.

In cases where the Accreditation Authority has reasonable grounds to suspect non-conformance, the Accreditation Authority has the right to review the submitted Evidence of Conformance and to request additional Evidence of Conformance for supporting the Organization's claims of conformance. In these cases, the Accreditation Authority's costs for this work will be covered by the Accreditation Authority.

If the Accreditation Authority finds that, within its declared Scope of Accreditation, the Organization no longer conforms to the requirements declared in the Accreditation Requirements applicable as of the most recent prior accreditation, the Accreditation Authority shall provide written notification to the Organization who shall:

1. Within 30 calendar days notify the Accreditation Authority that it is indeed conformant within the declared Scope of Accreditation and provide evidence to satisfy the Accreditation Authority that the Organization is conformant; or

2. Within 30 calendar days provide a plan to the Accreditation Authority for rectifying the non-conformance and within the time specified in the plan rectify the non-conformance and satisfy the Accreditation Authority of the efficacy of the rectification; or

3. Within 30 calendar days acknowledge the existence of the non-conformance and indicate an inability or decision not to rectify the non-conformance, in which case the Organization ceases to be accredited for the Scope of Accreditation in dispute; or

4. Within 30 calendar days invoke the appeals process as described in Section 10 of this Accreditation Policy document.

If the Organization chooses to invoke the appeals process (option 4), the Organization has 45 calendar days from the completion of the appeals process to provide an acceptable plan to the Accreditation Authority for rectifying the non-conformance and, within the time specified in the plan, rectify the non-conformance and satisfy the Accreditation Authority of the efficacy of the rectification. If the Organization fails to take one of the above actions within the timescale described above, the accreditation will be revoked for the Scope of Accreditation in dispute.

If the Organization is found to be conformant within its declared Scope of Accreditation, its accreditation remains active on the Accreditation Register.

4.3   Removal of Accreditation

If an Organization ceases to be accredited with respect to a particular Scope of Accreditation, the Organization may no longer make any new claim of accreditation in relation to that Scope of Accreditation. The Organization, at its own expense, shall use commercially reasonable efforts to remove existing claims of accreditation. The Accreditation Authority may inspect published materials related to the declared Scope of Accreditation.

Once an Organization loses accreditation for a particular Scope of Accreditation, any future claim of accreditation in relation to that Scope of Accreditation will require re-accreditation in advance of such claims being made.

Furthermore, the right to use the Accreditation Logo (see Section 5) in conjunction with the Scope of Accreditation that ceases to be accredited shall be immediately terminated.

5.   The Open Group Accreditation Logo

This section describes the basis for using The Open Group Accreditation Logo in accordance with the Trademark License Agreement.

5.1   Overview

Once the Accreditation Authority has notified the Organization that it is accredited, and the Trademark License Agreement has been signed, the Organization may use the Accreditation Logo in association with the Organization and its Scope of Accreditation as per the terms specified in the Trademark License Agreement.

The Accreditation Logo may be used only on or in relation to the Organization and its Scope of Accreditation. It may not be used with other business areas, geographies, product lines, or products that have not completed the accreditation process or that have been withdrawn from the O-TTPS Accreditation Program.

Award of the Accreditation Logo is not an endorsement by The Open Group of any product line or product.

5.2   Trademark License Agreement

In order to use the Accreditation Logo, the Organization is required to sign a Trademark License Agreement. This agreement is the legal contract governing the terms of use of the Accreditation Logo and defines the rights and obligations of the Organization.

Failure to adhere to the provisions in the Trademark License Agreement is a breach of the Trademark License Agreement and shall result in its termination.

5.3   Removal of the Accreditation Logo

Once the rights to use the Accreditation Logo have been removed, any future use of the Accreditation Logo requires re-accreditation in advance of such use.

If an Organization loses accreditation for a particular Scope of Accreditation, any and all rights the Organization has to use the Accreditation Logo on or in relation to that Scope of Accreditation cease immediately. The terms for removal of the Accreditation Logo are as described in the Trademark License Agreement.

5.4   Reporting Misuse of the Accreditation Logo

Customers and stakeholders of accredited Organizations who suspect a misuse of the Accreditation Logo should report such instance to the Accreditation Authority, who will undertake such review as is necessary to assess the veracity of the alleged misuse of the Accreditation Logo.

6. Accreditation Register

6.1 Inclusion in the Accreditation Register

The Accreditation Register is a web-based record of all accredited Organizations and is maintained by the Accreditation Authority. The Accreditation Register contains:

- The name of the Organization

- The duration for which the accreditation is valid before it must be renewed

- The status of the accreditation, as either current or inactive

- The version of the O-TTPS against which it is accredited

- The Conformance Statement, which includes the declared Scope of Accreditation

- A pointer to the Organization's website, which is maintained by the Organization

Once accreditation has been awarded, the Accreditation Authority will enter the accreditation information into the Accreditation Register, provided that the Organization has not requested to delay such publication, as provided for in Section 11.3.

If an Organization has more than one Scope of Accreditation, each one will have its own entry in the Accreditation Register.

6.2 Deactivate Listing in the Accreditation Register

If an accredited Organization ceases to be accredited for a particular Scope of Accreditation, the Accreditation Authority will deactivate the accreditation listing. The corresponding entry in the Accreditation Register will remain accessible, though the Accreditation Authority will update it to reflect the status as inactive and the date on which accreditation ended.

An Organization shall cease to be accredited for a particular Scope of Accreditation if:

1. The Organization is in breach of the Accreditation Agreement or the Trademark License Agreement.

2. The Organization requests that the Accreditation Authority change the status to inactive in the Accreditation Register.

3. The Organization ceases to meet the Accreditation Requirements within that Scope of Accreditation.

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

5. The Organization fails to adhere to any of the policies defined within this Accreditation Policy document.

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

7.   Alterations to the Scope of Accreditation

7.1   Changes in Scope of Accreditation

During the Accreditation Period, if an Organization wants to increase its Scope of Accreditation, the Organization will follow the re-accreditation process specified in Section 8. In addition, if the Organization is successful in the re-accreditation process, the subsequent renewal date will be set at three (3) years from the date that re-accreditation is granted.

If an Organization wants to decrease its Scope of Accreditation, and that decrease in scope represents a subset of the previous Scope of Accreditation, it is considered an administrative change. Such changes are addressed in Section 7.2. In this case, the re-accreditation date is the same as the renewal date associated with the original or previous accreditation.

7.2   Administrative Changes

If an accredited Organization wants to make changes to the Conformance Statement, including a decrease in the Scope of Accreditation, that do not have a material effect on the conformance, then the accredited Organization must notify the Accreditation Authority within 30 calendar days of such a change occurring. The Accreditation Authority will update the Conformance Statement to reflect the requested changes.

8.   Re-Accreditation

8.1   Renewal of Accreditation

Accreditation is valid for three (3) years from the date on which the Accreditation Authority provides written notice to the Organization that accreditation has been achieved, unless accreditation is subsequently terminated in accordance with Section 4.3.

The last day of the Accreditation Period is referred to as the renewal date and represents the date on which the accreditation will by default cease to be valid, unless the Organization begins renewal of the accreditation in accordance with the procedures defined in the following sections.

8.2   Timeframes for Renewal

An Organization is required to renew its accreditation periodically, as defined in this section. At least six (6) months prior to the renewal date, the Accreditation Authority will notify the Organization as to the date when the renewal is due.

If the Organization wishes to renew, the Organization must submit an application for renewal prior to the renewal date, whether or not there have been any changes to the Scope of Accreditation at that time.

The Organization is required to renew the Accreditation Agreement between the Organization and the Accreditation Authority. The Organization must review the existing Conformance Statement and update it as appropriate to reflect the current Scope of Accreditation. The Organization may choose to select a different O-TTPS Recognized Assessor to that used for its previous assessment, provided that the chosen company is selected from the current register of O-TTPS Recognized Assessors.

In order for a re-accreditation to be considered "started" prior to the renewal date, the Organization must submit to the Accreditation Authority:

- The Conformance Statement updated as appropriate to reflect the current Scope of Accreditation

- A current ISCA Document, even if it has not changed from the previous assessment

- The identity of the chosen O-TTPS Recognized Assessor

If re-accreditation has started but not completed by the renewal date, then the accreditation will be extended for a further six (6) months from the renewal date. During this time the Organization will be in a "grace period", will continue to be accredited, and will remain on the Accreditation Register.

If re-accreditation has not been completed within the six (6)-month initial "grace period", the Accreditation Authority may grant additional extensions at its sole discretion on a case-by-case basis.

An extension in accreditation to complete the Assessment is not a means to delay the obligation to periodically renew accreditation. Subsequent re-accreditation dates are always based on the previous renewal date, except in the case when re-accreditation has been brought forward for the purposes of increasing the Scope of Accreditation prior to the normal renewal date, as described in Section 7.1. In this case, the three (3)-year Accreditation Period starts on the date of receiving notification from the

Accreditation Authority that re-accreditation has been granted, provided that it is earlier than the pre-existing renewal date.

8.3   Re-Accreditation Process

When an Organization applies for re-accreditation (whether associated with the renewal date or to increase the Scope of Accreditation prior to the renewal date), all of the steps in the re-accreditation process are the same as for initial accreditation.

The Organization updates the Conformance Statement and the ISCA Document then submits them to the Accreditation Authority. The Accreditation Authority will review and approve the Conformance Statement, including the Scope of Accreditation, and review and approve the ISCA Document, including the Selected Representative Products, in the same way as described for initial accreditation.

The ISCA Document may or may not identify new Selected Representative Products. Irrespective of this, the Organization must submit a new Accreditation Package to the Assessor, with updated current Evidence of Conformance. This is the case even if one, some, or all, of the Selected Representative Products have been assessed on a previous occasion. The Assessment then proceeds as per the process defined for an initial accreditation.

Once all re-accreditation requirements are met and the outcome of the re-accreditation process is a success, the Accreditation Authority will renew the accreditation and inform the Organization. The Accreditation Authority will update the Accreditation Register and issue an updated Accreditation Certificate to reflect that accreditation has been renewed.

8.4   Withdrawal of Accreditation Associated with Renewal

During the renewal process, the Accreditation Authority may revoke the accreditation and deactivate the listing on the Accreditation Register in accordance with Section 6.2 if:

- The Organization declines to renew accreditation:
  - Either actively in written form
  - Or passively by not responding to follow-up notifications to do so by the Accreditation Authority
- The Organization fails to start the re-accreditation process by the renewal date.

If the Organization's listing has been deactivated on the Accreditation Register, the Organization is no longer considered accredited for the Scope of Accreditation.

9. Problem Reporting and Resolution

This section describes how potential errors with the O-TTPS, the Assessment Methodology, or the associated Accreditation System are managed.

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 or any other party involved in the O-TTPS Accreditation Program, including Assessors, may file a Problem Report using the Accreditation Authority's website to obtain resolution to the issue. The Accreditation Authority is the sole interface with the submitter of the Problem Report, though others will be involved in determining the resolution.

The types of problems that may be found include:

- Errors or ambiguities in the O-TTPS against which conformance is based
- Errors or ambiguities in the Assessment Methodology
- Errors in the Accreditation System

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

Problem Reporting may not be used to dispute the outcome of the assessment and accreditation process. Such issues should instead use the appeals process defined in Section 10.

The Accreditation Authority maintains a public website of all resolved Problem Reports.

9.2 Problem Report Resolution Process

The Accreditation Authority is responsible for reviewing and providing a resolution to all Problem Reports.

The Accreditation Authority will perform a preliminary review and provide an initial response 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 Accreditation Authority to resolve Problem Reports for issues related to the O-TTPS or the Assessment Methodology, an opinion from the Specification Authority is required. These opinions must be provided within ten (10) business days of the Problem Report submission in order for the Accreditation Authority to provide its preliminary response on time.

In some cases, 15 business days are sufficient to provide a final Problem Report resolution. 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.

Decisions by the Specification Authority on Problem Reports are made using the voting rules of The Open Group Standards Process (www.opengroup.org/standardsprocess).

The Problem Report resolution process allows the Organization to remain anonymous, so pre-accreditation activity is kept confidential. This requires that requests be filtered automatically prior to viewing by anyone other than the Accreditation Authority. Filtering removes the sections of the Problem Report specific to identification of the Organization; these are the only sections that should contain the company name or other confidential information. If Organization-specific information is included in the sections reserved for the detailed problem descriptions, the report will not be anonymous because filters are not applied to these sections.

If an Organization is not satisfied with the final resolution, the Organization may invoke the appeals process; see Section 10.

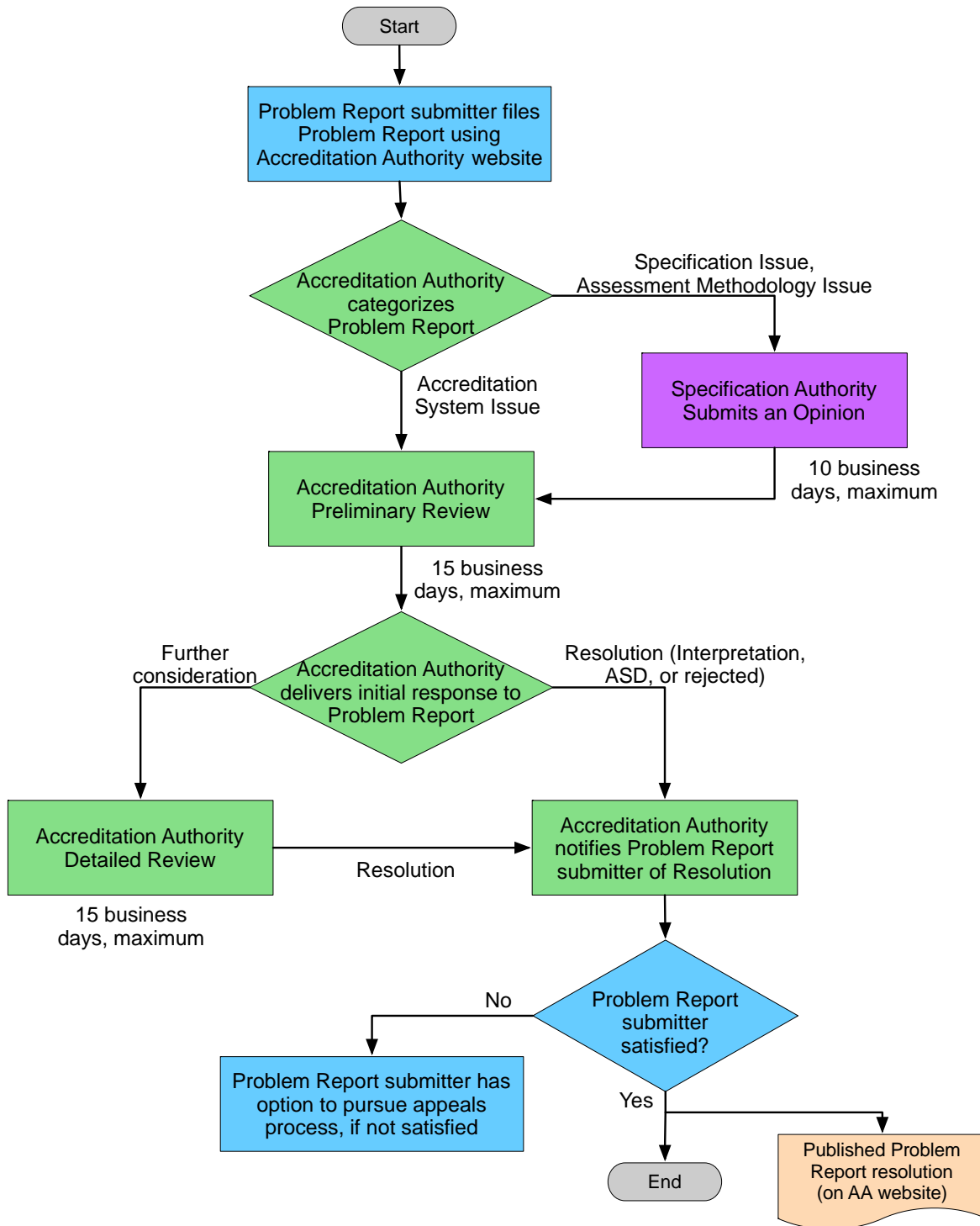The Problem Reporting process is outlined in the following diagram:

Figure 3: Problem Report Resolution Workflow

9.3　　Resolution of Problem Reports

The possible outcomes for Problem Report resolution are:

- Accepted as an error or ambiguity in the O-TTPS (an Interpretation)

- Accepted as an error or ambiguity in the Assessment Methodology (an Assessment Methodology Deficiency)

- Accepted as an error in the Accreditation System (an Accreditation System Deficiency)

- Rejected

The issuance of an Interpretation, an Assessment Methodology Deficiency, or an Accreditation System Deficiency will not cause an Organization and a previously declared Scope of Accreditation to be revoked for accreditation to a given version of the O-TTPS. Interpretations and Problem Report resolutions are optional for the Organization. The Organization, at its sole discretion, may cite a Problem Report resolution.

Any Problem Report not related to ambiguity in the O-TTPS, the Assessment Methodology, an error in the Accreditation System, or correctness of the accreditation materials will be rejected.

9.3.1　　Interpretations

An Interpretation elaborates or refines the meaning of the O-TTPS, therefore clarifying an error or ambiguity in that specification. Interpretations apply to a specific version of the O-TTPS and are permanent against that version. They remain in force until that specification is updated, at which time, the elaboration or refined meaning should be incorporated into the updated version of that specification.

Interpretations always apply to a particular version of the O-TTPS. Therefore, if a Problem Report submitted against the O-TTPS includes a rationale that cites conflict with a previous or subsequent version of that specification, the Problem Report will be assessed without reference to such rationale. Conflict with another version of the same O-TTPS 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 only within the context of the O-TTPS. Problem Reports regarding any such underlying or referenced specifications in the context of O-TTPS accreditation will be processed as normal. However, any Problem Report that seeks to change the base requirements of underlying normative specifications over which the Specification Authority has no direct control will be rejected.

Problem Reporting may not be used to dispute the outcome of the assessment and accreditation process. Such issues should instead use the appeals process defined in Section 10.

9.3.2　　Assessment Methodology Deficiencies

An Assessment Methodology Deficiency elaborates or refines the meaning of an Assessment Methodology document. Assessment Methodology Deficiencies apply to a specific version of a document and are permanent against that version. They remain in force until that document is updated, at which time the elaboration or refined meaning should be incorporated into the updated document.

9.3.3 Accreditation System Deficiencies

An Accreditation System Deficiency is an agreed error in the Accreditation System.

Accreditation System Deficiencies apply to the version of the system or document in which they are found. The Problem Report will be approved as an Accreditation System Deficiency against the current version of the system or document. If the problem is in the information systems and is blocking the accreditation effort, an update or workaround will be made in a timely manner to enable accreditation to proceed. If the problem is not fixed immediately, the problem will be fixed in a future update of the system or document and the Accreditation System Deficiency will remain in force until such update.

9.4 Problem Report Repository

The Accreditation Authority will maintain a web-accessible repository of all submitted Problem Reports, and their associated resolutions including Interpretations, Assessment Methodology Deficiencies, and Accreditation System Deficiencies. 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 a resolved Interpretation, Assessment Methodology Deficiency, or Accreditation System Deficiency to address discrepancies or to support its 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 Specification Authority or the Accreditation Authority. The occasions that may give rise to an appeal include, but are not limited to, the following:

- The Organization disagrees with the resolution of a Problem Report.

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

- The Organization disagrees with a formal notification of the need to rectify a non-conformance.

Appeal requests should be made to the Accreditation Authority.

There are two levels of appeal:

- A Technical Review by the Technical Review Board, which comprises the OTTF Steering Committee

- A Board Review by The Open Group Board of Directors

Review decisions will be made in accordance with The Open Group policies.

At each level of appeal, the Organization has the right to representation at the review meeting to make its case, though it 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 Accreditation Authority will remove the details of the Organization and its products from all information provided for the Technical and Board Reviews.

An Organization wishing to dispute a decision may request a Technical Review. A Technical Review requires the Technical Review Board to consider the matter and produce a response with a recorded vote according to the Technical Review Board's voting rules, within 30 calendar days of the request. Decisions by the Technical Review Board in the appeals process are under the same formal voting rules as per The Open Group Standards Process. The outcome of the appeal will be:

- Upheld – if approved by at least 75% of votes cast (excluding abstentions)

- Denied – if rejected by at least 75% of votes cast (excluding abstentions)

- Unresolved – in all other cases

An unresolved outcome of a first vote is subject to a second vote to attempt to gain a clear outcome, but if it is still unresolved it will be escalated to a Board Review.

The Technical Review Board may commission reports from independent experts, including Assessors, 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 Accreditation Authority of the results of the Technical Review.

The Open Group Board of Directors may ask for technical reports from the relevant working groups and may also ask for reports from independent experts. The Board Review will be completed within 90

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. In the event that the Organization requesting the appeal is also a member of The Open Group Board of Directors, that Organization should recuse their company from the Board Review.

11.   Confidentiality

11.1   Confidentiality

All information relating to an Organization and the declared Scope of Accreditation will be held confidential during the accreditation process; that is, prior to the award of accreditation.

The Assessment Report shall not be disclosed by the Accreditation Authority or the Assessor. The Organization may, at their sole discretion, disclose that Assessment Report to whomever they wish. The only information that is made public by the Accreditation Authority is on the Accreditation Register, as described in Section 6.1. Any other information regarding the Assessment shall not be disclosed publicly, or to any third party, by or by any party acting on behalf of the Accreditation Authority, the O-TTPS Recognized Assessor, or its Assessors, without explicit permission by the Organization.

In addition, the Accreditation Authority and Assessor 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 Scope of Accreditation, and the associated Conformance Statement. Any claims of conformance or information related to the accreditation process may be made public only after the Accreditation Authority has notified the Organization in writing that accreditation has been awarded.

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

11.3   Delay Listing in Accreditation Register

On occasion, an Organization may want to delay listing their accreditation in the public Accreditation Register for a period of time after being awarded accreditation. The Organization may request that the listing be delayed and the accreditation remain confidential for a maximum period of six (6) months from the date that the Accreditation Authority notifies the Organization that it has achieved accreditation.

During this period, the Organization may not publicly represent that they are accredited, use the Accreditation Logo, or make any representation of conformance with the O-TTPS with respect to the declared Scope of Accreditation.

The Organization may request to list the accreditation in the Accreditation Register at any point during this six (6)-month period. In the event that the Organization wishes to keep the accreditation information confidential permanently, the Organization may request withdrawal from the accreditation process. See Section 2.13.

The accreditation information will be published in the Accreditation Register upon the earlier of notice by the Organization to list the accreditation or at the end of the six (6)-month period, provided that the Organization has not requested withdrawal.

Delay in listing in the Accreditation Register does not extend the Accreditation Period. The accreditation is valid for three (3) years from the date on which the Accreditation Authority provides written notice to the Organization that accreditation has been achieved, as stated in Section 8.1.