Std	Summary of Requirement	Covered by NCCA ?	If not, list specific additional requirements	NCCA documentation	ISO desk review docs	Records that may be needed for audit
4.1	Evidence of legal status	Yes – new standard 2B		articles of incorporation, other legal docs		
4.2	Responsibility for certification decision is not outsourced or unduly influenced by a parent or other organization.	Partially. Standard 2B about essential cert decisions.	Staff role for application review, conferral of certificate after verification of eligibility and a passing score, any other ethics requirements, along with for decisions regarding maintaining certification, disciplinary actions affecting certification status, and any other change in certification status or scope.	Mission statement, bylaws, candidate handbook, policy and procedures document, and other publicly available documents.	Policy that confirms that all certification decisions are made solely by the organization (not vendor or any other party). Staff job descriptions showing role in certification-related actions.	Records of staff responsible for certification decision
4.3	Management of impartiality Organizational structure • Balanced representation in governing body • Nondiscrimination and fairness in applying policies • Risk analysis on conflict of interest	Partially. Standards 2A, B, C and E (all governance selection and nomination, recusal), 3A, B (firewalls), 6E (nondiscrimination), 7C (unreasonably restricting access), 11A and B (conflict of interest) 10D about access to confidential materials	Publicly available information about impartiality. Evidence of ongoing steps taken to monitor and mitigate impartiality risk. Need evidence regarding Board of Directors composition, and composition of policy and content bodies such as an Examination Committee.	a mission statement, bylaws, articles of incorporation, business plans, a policy and procedures document, a governing committee charter, certification board roster, or organizational chart.	Publicly available P&P to manage impartiality (fairness, nondiscri-mination, requirement of membership, COI, representative boards and SMEs). Terms of reference for key committees stipulating requirement for representatives from all 'interested parties'. Publicly available statement about impartiality and internal (membership, training) and external (competitors) threat analysis.	Minutes from Board and SME meetings demonstrating that impartiality was achieved through proper representation. Evidence that association or other group membership is not a requirement for certification. Fee structure that is not onerous. Demonstration of an ongoing process for identifying and addressing potential threats to impartiality and conflicts of interest

					Documented governance structure demonstrating that financial and other pressures will not impact certification decisions.	(standing item on management meeting agendas, tracking table maintained over time).
4.4	Financial sustainability – assets, sustainability	Mostly. Standards 4 A and B	Additional evidence of liability coverage or reserves	Statement of financial position or income, tax filings, budget estimates	Insurance policy Documentation of sufficient reserves may be shared.	
5.1	Key responsibilities of personnel identified: o Operations o Maintenance of certification scheme o Implementation of P&P o Assessment activities o Finances o Resources o Contracts o Scheme committee consultants Review of outsourced certification matters	Yes - Standard 5A and B. Also scheme committee is covered in standard 13 panel composition.	Show all personnel involved in the certification scheme and their roles. Contracted certification activities would also be reviewed.	Staff job descriptions, lists of volunteers (non-subject-matter experts) and their qualifications, curriculum vitae or biographies Policies and procedures related to oversight and monitoring of staff, organizational charts, and lists of contracted vendors.	Terms of reference for committees.	Specific documentation on assigned responsibilities across various certification activities (i.e., policy setting, implementation, finances, assessment, decisions, contract management, scheme maintenance, HR).
5.2	Certification and training firewalls and impartiality in all communications and materials • Review of proctors, board members and	Yes - Standards 3A and B, 11A, and 18C	Show that structure safeguards impartiality (Firewalls between education and certification staff, consultants, representative panels and boards). Need to ensure that those who train candidates do not also	Organizational chart conflict of interest statements, publicly available information about preparatory or required	Policy/agreement for instructors on a moratorium for testing to earn the certification for 2 years.	Demonstration of tracking to ensure that instructors who have access to test content are not directly involved in the training of certification candidates.

	education and training conflicts		serve an examining function for certification within 2 years.	education training demonstrating impartiality. Proctor qualifications and requirements, employee and operations manuals.		Demonstration that training recognized or approved by the certifying body does not exempt candidates from any requirements. Documentation specific to how training is kept separate from testing
6.1	Review of personnel resources (staff, board, contractors, SMEs, proctors) for currency • Sufficient? • Competencies defined Duties/responsibilities • Confidentiality agreements • Performance evaluations	Partially. In addition to standard 5 on identification of resources, standard 10A covers confidentiality	Looking for not only job descriptions of roles and responsibilities but information about the required competencies, evidence of ongoing training, performance appraisals (HR records), and qualifications of SMEs for various activities. Demonstrate sufficient personnel to get the job done. Instruction manuals for main certification tasks kept current. Personnel to sign off on following rules, guidelines, and adhering to confidentiality, impartiality and avoidance of conflicts of interest. When employ certified person, must document how impartiality is maintained.	Job descriptions, qualifications of staff and consultants, records of SME qualifications	Employee manuals, personnel records (current CVs, resumes) Organizational charts. Policy on how certification decisions and maintenance are handled for staff who also hold the credential.	Signed agreements from all relevant staff with respect to confidentiality, impartiality, conflicts of interest, and adherence to organizational policies and procedures.
6.2	Management of conflict of interest • Qualification of examiners and proctors (invigilators)	Yes. Standards 5B on oversight and monitoring, 10D on conflict, 11A on conflict of interest, and	Examiner requirements and qualifications. Method for dealing with unreliable or inaccurate examiner judgments.	Proctor and Examiner qualifications and training, conflict of interest statements, policy for training and	Requirements for examiners Requirements for proctors	Records of training and calibration of raters Documentation of examiner effectiveness (e.g., inter-rater reliability, feedback)

	• Monitoring of performance	18C, 21D on rater qualifications, training, calibration		calibrating raters		
6.3	Review of performance, monitoring of outsourced certification activities	Yes. Standards 5A and B, 18D for consultants and contracted vendors	Need legally enforceable agreements. Demonstrate taking full responsibility for work of vendors. Need to evaluate quality of work of vendors. Need list of vendors.	Lists of vendors, policy and records for monitoring and evaluation.	Legally enforceable agreements which include conflict of interest and confidentiality clauses with vendors.	
6.4	Review of non-personnel resources • Office space, exam sites • Hardware and software • Secure storage and backup	Partially. Non-personnel resources were removed from new standards. 12 A and B cover secure storage and maintenance of candidate and exam records.	Need to address non-personnel resources and backups of data. Test sites must be appropriate for testing of candidates, including equipment/computers as necessary.			Records of review for test sites or procedures for setup, onsite and offsite space. Audit reports on test site compliance.
7.1	Records control • Records retention policy • Storage • Disposal	Yes. Standard 9 addresses records management and retention, legal requirements, and disposal or destruction.	Both include candidate info – application, exams, recertification Should also include anything related to evidence supporting current certification status, as may result from a disciplinary proceeding. Recertification data (such as CE credits) must also be maintained. Need to bind candidates to alerting certifying body of any change in ability to fulfill	Directory listing, database screen shot, records retention policy including all certification development and individual candidate records.	Binding agreement with candidates for notification of changes in capability to fulfil certification requirements.	Audit report on completeness of candidates files.

			certification requirements.			
7.2	Review of publicly available information – accurate, current?	Yes. Standard 6 addresses publicly available information for candidates and stakeholders, 7 covers some. 9A for release of certification status.	Demonstrate that information is not misleading on websites, advertising, and any other method of communication.	Policy and procedures manual, a candidate handbook, website links, annual reports to stakeholders, or other publicly available documents or forms.		Website with all pre-requisites, requirements, and scope statements. Unambiguous and accurate content on website.
7.3	Confidentiality agreements- candidates, internal and external personnel with access to exam materials	Yes. Standard 10 addresses this, as does Standard 12 on security.	Release of information – when and why. Must inform candidate/certificants if required by law to release information.	Vendor contracts, SME agreements, signed staff and consultant confidentiality agreements, policy on release of information and notification to candidate		
7.4	Security • Exam development, administration • Storage, handling, disposal • Prevention of fraudulent exam practices • Proctor duties • Exam overexposure • Security breaches? • Monitoring of	Mostly. Standard 12A addresses applicant, candidate, and certificant info. 12B addresses exam development, maintenance, storage. Standard 18A addresses exam	Main gap is language around prevention of fraudulent exam practices and overexposure, which is partially covered in 18, 12 for security. It may also be covered in exam development of it addresses frequency of updates or replacement and number of forms. Policy should include steps taken candidate agreement to manage a breach. Candidate sign off that they will not engage in any misconduct.	Candidate handbook or similar document, Examination administration manual, Quality-control policy and procedure documents, Security procedures manual, Nondisclosure agreements (NDAs) , retesting policy, security	Policies and procedures for prevention of fraudulent activity. Signed candidate agreements (as part of application). Documented process for dealing with security breaches.	Analyses of item drift. Analyses to detect cheating. Audit report from observed administration event.

	contractors	administration, and 18A addresses irregularities and improper behavior. 18B and D cover some req'ts. 18C: trained proctor 1D addresses monitoring. 7F for retesting takes into account exam overexposure		and incident reporting, Security manuals for storage, conveyance, administration.		
8.1 – 8.2,	Review of certification scheme • Elements of scheme – scope, required competence, ethics, code of conduct • Identification of prerequisites	Yes. Standard 6 and 7 complete.		Job analysis, Policy and procedures manual, candidate handbook, website links, annual reports to stakeholders, or other publicly available documents or forms.	Assessment of physical abilities– if relevant to testing. Code of conduct/ethics. Clear articulation of the certification scheme.	Clear statement of how the requirements for certification relate to the competence requirements of certified persons. Meeting minutes documenting review.
8.3	Requirements for initial certification and recertification, and maintenance of certification requirements (including code of ethics and disciplinary actions)	Yes. Standard 6 and 7 complete. Recertification is covered in standard 22. 7F Includes disciplinary action, due process		Candidate handbook, recertification policy including requirements, purpose, rationale, website links. Code of ethics, disciplinary policy,	Any auditing or surveillance records.	

				complaints policy, appeals policy		
8.4	Involvement of appropriate experts	Yes. Standard 13 on panel composition and 2 on governing board	This may relate to the governing board as well as panels of SMEs. Standard 2 requires that the governing board be responsible for all essential certification activities.	Governing board charts, bylaws, panel composition		
8.5	Review and validation of certification scheme.	Yes. Review of requirements is covered in Standard 7, standard 23 on quality assurance, and 14D on frequency of job analysis	See governing board responsibilities as well as requirements for review of scheme in multiple standards.	Policies and procedures, forms, bylaws, meeting minutes, a candidate handbook, and the organization website.	Articulated process for periodic review of certification scheme.	
8.6	Ensuring standard 8 requirements are met if certification body is not scheme owner	Yes. Standard 14 A can apply to a job analysis conducted by another agency also.	Related to outsourcing of any part of the process. Cannot outsource oversight and decision. Lack of control over the scheme is not an acceptable excuse.			Contractual agreement
9.1	Review of application process • Requirements, scope, fees, description of assessment • applicant rights • Duties of certificant • Accommodations • Process of review	Mostly. Standard 6 addresses this, including requirements, scope, eligibility, accommodation.	Look specifically for language requiring applicant to comply with certification requirements. Also, Look for P&P outlining review of the application process by the CB to confirm that the applicant is eligible. Should be explicit about needing identifying information, statement of scope, agreement to comply with rules, and supporting documentation. Also need to	Candidate handbook, website, all policies and procedures with respect to earning and maintaining certification	Policy, role of personnel in application review, candidate identity, signature of compliance with requirements, nondisclosure Provision of all relevant documentation on how to request a special accommodation. Rules, rights, and obligations to candidates before they	

			explicitly state that the application will be reviewed against the requirements.		agree to participate in certification process.	
9.2 and 9.3	Assessment process • Exam development • Psychometric analysis • Standard setting • Exam administration • Accommodations • Translations? • Eligibility changes	Almost all. Standards 14-21 address all exam development, administration, cut score, equating, translation and analysis for fairness, validity, and reliability. These apply even when performed by another body (clause 9.2.6). 23C gets at some of the concerns with error handling and correction.	Main differences: **9.2.2** When there is a change in the certification scheme *which requires additional assessment*, the certification body shall document and make publicly accessible without request the specific methods and mechanisms required to verify that certified persons comply with changed requirements. (Can use recertification) If technical equipment is needed for testing, needs verification/calibration May need to be more explicit re 9.2.6. Relates to the certifying body not being able to outsource it's accountability for any portion of the certification decision. Need to have demonstrated process for identifying and rectifying deficiencies in the examination with respect to fairness and validity and fairness (9.3.5).	Exam validation studies, equivalency studies if mutual agreement or reciprocity, exam specifications, scoring, item banking, test assembly. Policy for not allowing grandfathering and evaluation of any certificants that were grandfathered. Exam administration policies and procedures Exam development Statistical reports in defined intervals Test analysis of fairness, equivalence – equating reports. Need accepted methodologies but can show repeatability	**Note:** Change in scheme require additional assessment or eligibility requires demonstration of competence of current certificants. Documented process for recording deficiencies and tracking corrective actions.	Audit report demonstrating adherence to certification scheme. Audit records for special needs accommodations. Audit records from test administration events. Documented calibration history on examination equipment.

				evidence supported with statistics and research		
9.4	Review of process for making final certification decision	Mostly. Standard 7 discussed compliance with certification requirements, and 8 talks about awarding of certification. 5B addresses personnel qualifications.	Evidence that the decision is not outsourced (see 4.2), and formal process for review and decision. Qualifications/expertise on personnel making decision. Nothing outside the scheme can be used as part of the decision making process, and that personnel involved in the examination or training of candidates are not decision makers. Qualified persons should be making the final decisions. Published requirements to earn and maintain certification (which include all certification decisions: earning and maintaining certification, complaints and disciplinary action		Also, a copy of the certificate with 9.4.7 requirements is needed. This certificate should have specific information (name, ID, CB, certification, scope, date issued, term date, and have some protection from fraud or counterfeiting. Articulation that the certifying body retains ownership of certificates. Formal statement about not outsourcing certification decisions. Qualifications and CVs/resumes of those making certification decision. Statement that factors extraneous to the scheme will not be considered when making certification decisions.	
9.5	Review of policy to suspend or revoke certification	Yes – disciplinary actions are covered in 7A and F	Standard 7F addresses all requirements to maintain a certification, which includes recertification requirements, ethics, complaints, and disciplinary actions.	Disciplinary action policies and Procedures	Enforceable arrangements for proper use of certification.	Demonstrated mechanisms for enforcing suspension or revocation. Mechanisms for tracking compliance.

9.6	Review of recertification requirements for relevancy and to changes in industry	Yes. Standard 22C aligns to 9.6.1, 3, 5. 22E aligns with 9.6.4	*Review what is meant by confirming continued competence. Alignment to JTA, retesting? See 9.6.2 and 9.6.3 details. ISO wants to some version of assessment of continued competence. A program should document how its process and requirements could at least be a proxy to directly assessing actual continued competence to the level required.	Recertification policies and procedures Procedure for review that requirements are met		Demonstration of how the recertification requirements confirm ongoing compliance to current scheme requirements. Evidence of requirements for recertification (onsite assessment, CEUS, structured interviews, work experience, examination) Documented consideration of multiple methods for ensuring continuing competence.
9.7	Policy on use and misuse of certificates, logo, marks	Mostly. Standard 8C	Requires agreement by candidate to comply with relevant provisions, not misuse or mislead, or discontinue use upon suspension or revocation. May need more detail and importantly the requirement to actually police misuse of the certification mark.	Policy for use of logo, marks, etc.	Signed candidate agreement, policy for policing misuse and actions taken.	Records of actions taken against persons who have misused marks.
9.8	Review of appeals process for of adverse certification decisions – tracking and actions	Yes. Standards 6G, 7A,7F cover this	(see additional details about corrective and preventive actions in clause 10.2.5, 7, 8 requirements below). Adverse decisions cover complaints, disciplinary actions, and appeals. Requirements to earn or maintain certification include these components in addition to initial and recertification.	Publicly available appeals policy Disciplinary action Code of ethics or conduct		Record of corrections and tracking of appeals through process. Records of suitable correspondence with appellants.

9.9	Complaints policy, tracking and actions taken (and by whom)	Yes –standard 7A and G	Policy details include regular updates and formal notice to complainant, process for handling confidentially, tracking, recording, actions taken by impartial panel.	Publicly available complaints policy and complaints handling process		Evidence of tracking of all steps taken. Records of suitable correspondence with complainants.
10.1 and 10.2	• Implement and maintain a management system • Top management support • Quality manager role	No 23A gets at some of this with a requirement for quality assurance	See clauses 10.1 and 10.2 Quality Management review	Quality assurance policies	Quality manual Identification of point of contact/responsible party from top management Standard Operating Processes Alternatively: ISO 9001 accreditation	Documented evidence of management system including quality control. Minutes of management meetings.
10.2.3	Document control (internal and external – versions, modifications, responsibility)	Partial only addressing retention but not control.	Control of versions of documents should include title, date issued, revision or version #, who develops, approves, reviews, page #s		Document approval, control and tracking policies	Audit reports on old and current documentation.
10.2.4	Records control - Naming, storage, retention, disposal	Partial: Standard 9 records retention: storage, retention, disposal	Policy on controls needed for the identification, storage, protection, retrieval, retention time and disposition of records	Records retention policy		
10.2.5 and 10.2.6	Management system review of internal and external audits • Review of appeals and complaints handling • Feedback from applicants, candidates,	Partial: Standard 6G, 7A 23A partially covers the intent	An internal audit must be conducted regularly to review compliance with all clauses of ISO 17024. Documented evidence of implementation of the various policies listed.		Internal and external audit results (impartial, third party) Audit procedures	Agendas, minutes, reports documenting management system review Review of impartiality Status of preventive and corrective actions, follow-up

	certificants, other stakeholders • Review of impartiality • Review of input and output • Progress- met objectives?					Appeals, complaints handling Review of output, improvements in effectiveness.
10.2.7	Corrective Actions • Identification of nonconformity (complaints, appeals, irregularities, interruptions, program operations) • Root cause analysis, determination of actions needed, implementation, and outcomes	Partial: Standards 6G, 7A, 7G, 23 on quality assurance. 23B and C are partial.	Define requirements for the following (usually identified in internal audit) • identifying nonconformities; • determining the causes of nonconformity; • correcting nonconformities; • actions to prevent future nonconformities • determining and implementing the actions needed in a timely manner; • recording the results of actions taken; • reviewing the effectiveness of corrective actions.			Corrective action record forms. Corrective action handling procedure. Tracking mechanism for corrective actions. Minutes of management meetings.
10.2.8	Preventive actions • Pre-emptive actions taken to mitigate or eliminate problems? • How to identify, what actions are taken, how they are implemented, • Review of outcome	Partial: Standard 23 on quality assurance. 23A is partial.	Preventive actions req'ts: (using internal audit): • identifying potential nonconformities and causes • evaluating need for action to prevent the occurrence of nonconformities; • determining and implementing action • recording the results of actions taken; • reviewing the effectiveness of preventive actions taken.		Preventive action handling procedure	Preventive action record forms. Tracking mechanism for preventive actions. Minutes of management meetings.