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1. PURPOSE

The purpose of this procedure is to explain the accreditation processes such as application, evaluation, assessment, accreditation renewal, and accreditation status changes (suspension, reduction, withdrawal) of Conformity Assessment Bodies (CABs) by NAC according to national and international standards.

2. SCOPE

This procedure covers the accreditation processes of CABs to be carried out by NAC, how to perform the preparation, implementation, and reporting steps from pre-assessment to accreditation renewal, and changes in accreditation status. In addition, additional requirements for each accreditation program within the scope of NAC's services are included in the documents of the relevant program.

3. DEFINITIONS

Definitions related to this procedure are provided in INST.001-NAC Instruction for Definitions and Abbreviations Used in NAC Documentation.

4. RELATED DOCUMENTS

FR.001-NAC Accreditation Agreement
FR.035-NAC Application Review Form
FR.037-NAC Assessment Team Commitment
FR.038-NAC Assessment Team Proposal Form
FR.086-NAC CAB Feedback on Rule Changes
FR.161-NAC Notification from CAB Outside the Economy Form
GL.001-NAC Guideline on Accreditation Service Fees
GL.014-NAC Guideline on NAC Cross-Frontier Accreditation Rules
GL.031-NAC Guideline on Evaluation of Conformity Assessment Schemes
INST.009-NAC Work Instruction for Accreditation Officer
INST.010-NAC Work Instruction for Assessment Team
PR.019-NAC Procedure for Proficiency Testing and Interlaboratory Comparison Programs
PR.012-NAC Procedure for Complaint and Appeal
Assessment Report of relevant accreditation program
Self-Assessment Form of relevant accreditation program

5. IMPLEMENTATION

NAC conducts the accreditation process in accordance with ILAC, IAF, APAC, and IAAC requirements and NAC's rules. These requirements are specified in the ILAC, IAF, APAC, and IAAC documents listed in the externally sourced documents list.

The accreditation process consists of the stages described in Section 5. Throughout this process, one or several of the following various assessment techniques are used together. Which assessment technique is used at which stage of the process is defined in the relevant sections:



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Review of documents,
Review of records,
On-site assessments (office assessments and witness assessments),
Review of performance through proficiency tests and inter-laboratory comparisons,
Unplanned visits,
Interviews,
Remote audits,
Measurement audits,
Validation audit.

5.1. Receipt and Review of Application

The CAB that will apply for accreditation can obtain the necessary information from NAC's website at www.nac-us.org or by directly contacting the accreditation officer. The CAB that will apply for accreditation must have established a management system according to the accreditation standard it will apply for and have operated this system for at least 3 months. The list of documents required for the accreditation program that the CAB will apply for is provided by NAC along with the application form.

For the accreditation application, the "Application Form" related to the CAB's field of activity, "FR.161-NAC Notification from a CAB outside the Economy," and "FR.001-NAC Accreditation Agreement" are filled out, and all these forms are signed by the authorized signatory of the organization and submitted to NAC. During the accreditation cycle, if NAC revises the Accreditation Agreement, the updated agreement is sent to the CAB for review and re-signature to ensure compliance with the revised terms.

If CABs have accreditation-related activities at different addresses, these are also reported in the application form. If there are scope(s) subject to the scheme owner's permission within the scope of the applied accreditation, a document proving that the necessary permission has been obtained for the scheme(s) in question should also be attached to the application. In this case, if needed, a protocol can be established between the program owner and NAC defining mutual responsibilities regarding the accreditation of the relevant program, or a record can be prepared outlining the functions each party will undertake.

After receiving the application, the Accreditation Officer calculates the accreditation fee according to GL.001-NAC Guideline on Accreditation Service Fees and presents a preliminary offer to the CAB. If the preliminary offer is accepted, an official invoice is sent to the CAB, and the process begins following the transfer of the accreditation fee to NAC.

For surveillance assessments, if there is no request for scope extension or change, the application form is not filled out again. However, if the CAB has personnel, system, equipment, structural, etc., changes, the CAB records these changes in the FR.128-NAC Change Notification form and notifies NAC within 15 days at the latest.

NAC conducts the application-related processes in coordination with the accreditation officer and program manager of the relevant accreditation program. A user account is opened for the CAB that will apply by the Accreditation Officer on the NAC Information Management System, and login

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information and the application form are sent. A separate file number is given for each application, and all transactions in the accreditation process are followed with this file number.

The Accreditation Officer and Program Manager evaluate the application according to the following criteria:

- i. Accreditability of the applied scope (whether the scope is accredited by APAC, IAF, IAAC, and ILAC member bodies is also taken into account),
- ii. Adequacy and availability of the assessment team infrastructure and decision-making mechanism within the foreseen timeframes,
- iii. Conformity of the status and working style of the applicant organization to the nationally and internationally accepted and NAC-adopted policies and principles,
- iv. Whether NAC provides services in the field where the CAB requests accreditation, the existence of a mutual recognition agreement,
- v. NAC's cross-frontier accreditation policy,
- vi. Whether the specific application requirements defined by the program owner, if any, subject to the accreditation application are met,
- vii. Whether NAC has adequate tools in cases where remote assessment will take place.

For initial accreditation, scope extension, scope change, and accreditation renewal assessments, an application review is conducted by the Accreditation Officer. This review is recorded by filling out the FR.035-NAC Application Review Form within 7 business days after receiving the application.

As a result of the review, if there is a negative result in all or part of the application or if NAC does not have sufficient resources, the evaluation regarding the rejection of the entire application or partial rejection is presented to the President with justifications, and the decision made by the President is communicated to the CAB by the Accreditation Officer. This process is not applied for changes/reductions made in the application scope in agreement with the organization.

If records or evidence of fraud by the CAB emerge during the evaluation of the application or the initial accreditation on-site assessment process, or if it is understood that the CAB has deliberately presented false information or concealed some information, the accreditation application is rejected, or the process is terminated. The re-application for accreditation of a CAB whose application has been rejected or process has been terminated for these reasons is accepted as an initial accreditation application at least 12 months after the date of application rejection or process termination. However, in the new accreditation process, the reasons for rejection or process termination and the records of the previous process are taken into account.

CABs that have been accredited by NAC but whose accreditations have been withdrawn due to fraud, deception, continuously negatively affecting NAC's reputation, and reasons for entering into legal processes with NAC cannot re-apply to NAC.

If the review is positive, the Accreditation Officer sends an e-mail to the CAB, including the Self-Assessment Form of the relevant program, notifying them that their application has been accepted. The CAB uploads its practices and prepared documents corresponding to the relevant items in this form to the NAC IMS within 1 month. In most cases, these documents must be prepared in English, or a language understood by the personnel. The uploaded documents are quantitatively reviewed by

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the Accreditation Officer, and any deficiencies are reported to the CAB. These deficiencies must be completed within 1 week. In case of force majeure, an additional two months can be given to the CAB. If the documents requested in the application are not uploaded completely at the end of this period, the application file is closed and notified to the CAB.

After the acceptance of the application, the CAB conducts the accreditation process with the Accreditation Officer. The assessment process is initiated within 1 month after the documents requested in the application are sent to NAC completely.

5.2. Pre-Assessment Process

If the CAB has requested a pre-assessment, it is performed according to Clause 5.2.1; otherwise, the next step is proceeded.

5.2.1. Pre-assessment

Pre-assessment is a short assessment with a limited scope. Accordingly;

- a. The FR.038-NAC Assessment Team Proposal Form is prepared by the Accreditation Officer and presented to the CAB, and mutual agreement is reached.
- b. The pre-assessment is normally carried out by a lead assessor and, when deemed necessary, an assessor/technical expert. While conducting the pre-assessment, the assessment team cannot offer consultancy.
- c. During the pre-assessment visit, the CAB's key personnel should be accessible.
- d. During the assessment, at least how the management system is implemented is examined. The assessment team may also want to see the relevant departments and equipment of the CAB.
- e. For the nonconformities observed during the assessment, the assessment report is filled out and communicated to the CAB within 15 days.
- f. The CAB takes this report into consideration and communicates its decision to NAC in writing within 3 months at the latest about whether to continue the accreditation process. If the decision is positive, the accreditation process continues. Otherwise, the file is closed.

5.2.2. Formation of the Assessment Team

If the CAB has not requested a pre-assessment or has decided to continue the accreditation process after the pre-assessment, the Accreditation Officer forms a suitable assessment team to examine the documents uploaded by the CAB to the IMS during the application and to conduct the assessment. The assessment team in the initial accreditation process always consists of a lead assessor and one or more assessors/technical experts. When necessary, trainee assessors and observers are also included in the team. Assessment team members are selected from the NAC assessor and technical expert pool, taking into account criteria such as their fields of expertise, availability, potential conflicts of interest with the CAB to be assessed, etc. The selection of the lead assessor for assessments may vary depending on the type of assessment (initial accreditation, surveillance, witness, etc.) and the assessment techniques to be applied. The Accreditation Officer reviews and approves the locations where conformity assessment activities take place and the sites where significant activities are conducted. This information is considered when forming the assessment team and determining the assessment duration.

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NAC monitors whether the appointment of the assessment team compromises impartiality. The same assessment team is not assigned to the same CAB assessment for 5 consecutive years. The Accreditation Officer takes into account the risk factors specified in Section 5.3.1 when determining the assessment duration and forming the assessment team.

The Accreditation Officer forms the assessment team within 1 month at the latest after the documents are uploaded to the system. The assessment team information is sent to the CAB with the FR.038-NAC Assessment Team Proposal Form, and a response is expected within 10 days at the latest. If the CAB accepts the Assessment Team Proposal, the FR.037-NAC Assessment Team Commitment is sent to the assessment team members by the Accreditation Officer to guarantee impartiality, and the team members fill out the form and send it to the Accreditation Officer within 10 days at the latest. After receiving these forms, the Accreditation Officer makes the CAB documents accessible to the assessment team.

If the CAB has an objection to the assessment team members, it communicates its objection to NAC in writing, along with justifications, in accordance with PR.012-NAC Procedure for Complaint and Appeal. CABs can object a maximum of two times.

The reasons for rejecting assessment team members are as follows:

a. Conflict of interest with the applicant/accredited CAB due to the following reasons:

- If the assessor has worked at the CAB within the last two years,
- If the assessor has provided a specific consultancy service (including internal audit) for the CAB or one of its direct competitors within the last two years,
- If the employer of the assessor/technical expert is in direct and current commercial competition with the CAB (for example, participating in the same tenders),
- If there is a legal dispute between the two parties.

b. Assessor's behavior: If the assessor has participated in the previous assessments of the CAB and NAC has received written negative feedback from the CAB regarding this assessment, this is considered a valid reason.

If the CAB has any request for scope extension after the assessment team proposal is made, this request is evaluated by the Accreditation Officer. During this evaluation, the following points are taken into consideration.

- Whether the scopes for which the extension is requested can be assessed with the existing assessment team,
- The necessity of including a new assessor/technical expert in the assessment team,

After the evaluation, the assessment team is reviewed and renewed if necessary. Scope extension requests made after the assessment plan is sent to the CAB are not considered.

5.2.3. Review of Documents and Records

The assessment team reviews the documents and records uploaded by the CAB to the NAC IMS and fills out the "FR.028-NAC Document and Record Review Report" before the assessment and sends it to the Accreditation Officer. During this process, if there are additional documents that the assessment

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team deems missing or requests, the Accreditation Officer asks the CAB to upload these documents. If the assessment team finds serious nonconformities that would hinder the assessment, the assessment is scheduled after the CAB resolves these issues.

For the CAB to be ready for the assessment:

It must have implemented the management system for at least three months and have records of the process,

It must have obtained at least one successful PT/ILC result (for laboratories),

It must have completed its internal audit,

It must have conducted the management review.

The assessment is not carried out without fulfilling these conditions. If the deficiencies identified as a result of the document review are not remedied by the CAB within one year from the application, the application file is closed. The CAB can reapply if it declares that it is ready. The time spent for the pre-assessment (if performed) is also included in this period.

The CAB should make the necessary preparations for the assessment in a timely manner and cooperate with the Accreditation Officer and assessment team for the organization of the assessment. In case of any delay caused by the CAB, it is recorded with justification.

5.3. Accreditation Assessment

5.3.1. Assessment Plan

If there is no obstacle to conducting the assessment after the document review according to clause 5.2.3, or if the CAB has made the necessary corrections after these controls, the Accreditation Officer consults with the assessment team and prepares an assessment plan. The assessment plan prepared after the document review is confirmed with the CAB prior to the assessment.

The accreditation assessment is carried out by the pre-determined assessment team that conducted document and record review. However, in mandatory situations, changes can be made to the assessment team, and a new member can be added to the team. After the CAB approves the assessment plan, all necessary preparations for the assessment are initiated under the coordination of the lead assessor.

The Accreditation Officer takes the following risk factors into account while preparing the assessment plan:

a) The following are considered when determining the assessment duration:

- Total assessment hours the assessor can work
- Periods such as planned training activities
- Total assessment time allocated to an assessment in hours (This duration should not be much above or below the average assessment durations shaped by the assessment strategy.)

b) When selecting activities for accreditation programs, the following are taken into account, but not limited to:

- Selecting scopes that have not been assessed in previous assessments
- Selecting at least one test/calibration from each field (for laboratories)

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- Completion time of test/calibration activities (For tests/calibrations where obtaining results exceeds the assessment duration, the relevant part of the report is updated later, and the CAB is informed.) (for laboratories)
- Personnel changes and experience
- Equipment changes
- Scope changes
- Changes in locations
- Nonconformities, observations, and/or scopes that the assessment team suggested to examine in the previous assessment
- Use of subcontractors and changes in subcontractor information
- Unsatisfactory PT/ILC result
- Revised standards, in-house methods, etc., within the CAB's scope
- Changes in legal authority regulations, legislation, etc., requirements
- Corrective actions taken by the CAB for unsuitable work
- Frequency of conformity assessment activities performed within the accreditation scope and the number of reference materials/reports/certificates produced
- Feedback or complaints received from relevant parties
- Pass-fail rates in conformity assessment results, when applicable

5.3.2. On-site Assessment

After the assessment plan is accepted by the CAB, the on-site assessment is carried out according to the program specified in the plan. The assessment team and CAB representatives come together in an opening meeting chaired by the lead assessor. The on-site assessment consists of two parts: office assessment and witness assessment. When necessary, unplanned visits and remote assessments can be performed. During the office assessment, assessment techniques such as reviewing CAB documents, examining records, reviewing performance results from proficiency testing and interlaboratory comparisons, conducting interviews, etc., are used.

If the CAB operates in other locations besides its central office, these locations are included in the initial accreditation assessment. All locations where the CAB carries out its significant activities are visited in the initial accreditation assessment. Other locations where activities are carried out are also visited through sampling according to the results of the risk assessment. During witness and office assessments, the CAB's activities and the CAB personnel performing the activities related to the scope are assessed through sampling. If the scope requested for accreditation is broad, methods are selected using the sampling method within the scope applied by the CAB. In this case, the assessment is carried out by selecting a sufficient number of parameters to prove that technical competence is achieved in the relevant scope. The findings identified during the assessment are recorded clearly and understandably in the relevant program's Assessment Report and FR.041-NAC Nonconformity Form based on objective evidence. If the assessment team cannot reach a conclusion on the findings, they consult the Program Manager or the relevant Vice President to clarify this situation.

The on-site assessment is completed with a closing meeting chaired by the lead assessor with the officials of the assessed CAB. All identified nonconformities and, if any, suggestions such as follow-up assessment, suspension, withdrawal, etc., as a result of the nonconformities are explained in the closing meeting before the assessment team leaves the CAB. Approval is obtained from the CAB official that they accept the nonconformities and assessment team suggestions. If the CAB does not approve

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the nonconformities and assessment team suggestions, it is explained that they can apply to NAC in writing, along with justifications, according to PR.012-NAC Procedure for Complaint and Appeal, and the identified nonconformities and suggestions made are reported by the assessment team without obtaining CAB approval.

The assessment team leaves a signed copy of the FR.041-NAC Nonconformity and Corrective Action Form, which they prepare in 2 copies, to the CAB. The CAB uploads the plan of corrective actions they will take within 2 weeks at the latest by filling out the relevant parts of this form to the NAC IMS and informs the Accreditation Officer. The Accreditation Officer sends this form received from the CAB to the assessment team. The CAB must close its nonconformities within 3 months following the assessment date. However, in the initial accreditation assessment, this period can be extended for one more month.

5.3.3. Postponement of the Assessment

In case of critical changes in the situation of the CAB to be assessed, such as natural disasters, legal status, strike/lockout, pandemic, address change, departure of key personnel, withdrawal of certification requests by client companies where witness assessments will be carried out, etc., the assessment date is postponed to the nearest possible date upon the request of the CAB. If necessary, the assessment team is changed, and the assessment plan is updated.

5.3.4. Interruption of the Assessment

After starting the assessment, the assessment team may interrupt the assessment in the following situations, but not limited to:

- a. If the assessment conditions adversely affect the health or endanger the safety of the assessment team,
- b. If significant risks arise in terms of environment and safety due to the identified nonconformity,
- c. If it is determined that the CAB is not ready for the assessment in terms of infrastructure, personnel, and documentation, despite declaring that it is ready for the assessment,
- d. Lack of sufficient application records in the areas requested for accreditation and/or obstruction of access to records by the CAB and/or failure to provide the necessary conditions for the assessment team to gather objective evidence,
- e. Failure of the CAB officials to make organizational preparations such as logistics, etc., to enable the progress of the assessment,
- f. Detection that the records examined during the on-site assessment are largely untrue or that the records are partially or completely created in a deliberately misleading manner or that false information/documents/records are deliberately presented, obstruction of access to records by the CAB,
- g. Offering material benefits to the assessment team by the CAB.

The reason for the interruption of the assessment is recorded with a report by the assessment team and CAB officials.

If the assessment is interrupted for a reason not originating from the CAB, the assessment is carried out/completed on a suitable date without reflecting any additional fee to the CAB. However, if the assessment has to be interrupted due to the CAB's failure to fully make its preparations, the absence

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of key personnel during the assessment, and/or other deficiencies, faults, or negligence, the assessment is considered to be fully performed and concluded as unsuccessful in accordance with the provisions of FR.001-NAC Accreditation Agreement. If the interrupted assessment is the initial accreditation assessment, a new assessment can be planned upon the request of the CAB within one year from the application date. If a new assessment cannot be carried out within one year due to reasons originating from the CAB, the file is closed. If it is a surveillance assessment, the assessment is planned again following the CAB's notification to NAC that the reason for the interruption has been eliminated. If the specified periods for surveillance assessments have been exceeded, suspension/withdrawal procedures are applied. If the interrupted assessment is an accreditation renewal assessment, a new accreditation renewal assessment is planned, provided that it is within 48 months from the accreditation decision date. The duration/scope of the newly planned assessment can be reduced by taking into account the successfully completed parts in the interrupted assessment.

5.3.5. Assessment Report

All records created during the assessment process are recorded in written or digital form. Within 15 business days at the latest after the completion of the assessment, the assessment team members send the assessment report they have prepared to the CAB through the Accreditation Officer. This period may be extended with justification due to the results of pending tests/calibrations or witness assessments.

5.3.6. Corrective Actions

For the nonconformities identified during the assessment, the CAB presents the corrective action plan and deadline periods to NAC within 2 weeks using the FR.041-NAC Nonconformity and Corrective Action Form. It communicates the corrective actions to NAC within 3 months at the latest, along with the objective evidence and records, by performing root cause analysis. After reviewing the nonconformities and objective evidence, the lead assessor records their evaluations on the FR.041-Nonconformity and Corrective Action Form, taking into account the opinions of the assessment team. The assessment team will provide their feedback within a maximum of 15 days following the submission of the CAB's responses. The Accreditation Officer sends the final version of the form to the CAB.

In cases where nonconformities cannot be closed within the given time or when deemed necessary by the assessment team, a follow-up assessment decision is made. In surveillance and re-assessments, the CAB's accreditation is partially/fully suspended until the follow-up assessment is concluded. If the nonconformities are resolved, the accreditation is lifted from suspension; if not resolved, scope reduction/withdrawal is applied. In cases of natural disasters such as hurricanes, earthquakes, avalanches, strike/lockout, pandemic, or any unexpected extraordinary situations, the Accreditation Decision Committee may decide to extend the period for closing the nonconformities by 3 to 6 months, depending on the situation.

If there is a difference between the findings expressed in the closing meeting and the content of the assessment reports, the CAB is informed along with the justifications. The initial accreditation assessment must be concluded within 6 months at the latest from the assessment date.

5.4. Follow-Up Assessment

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A follow-up assessment is an additional visit performed regarding the nonconformities when deemed necessary by the assessment team. The scope of the follow-up assessment is limited to the reasons subject to the follow-up assessment. However, when the conditions requiring a follow-up assessment are completely eliminated (e.g., due to the reduction in scope, resulting in the resolution of nonconformities), a follow-up assessment is not conducted.

The follow-up assessment is planned and carried out within 5 months at the latest from the assessment date, after the CAB completes the corrective actions subject to the assessment (within 3 months at the latest). This 5-month time limitation is not applied in follow-up assessments to be carried out in case of partial or full suspension of the CAB's accreditation.

When the CAB's accreditation is partially/fully suspended due to the situations in Clause 5.8.2.1, additional assessments performed to verify that these situations have been eliminated or in other cases deemed necessary by NAC are considered as follow-up assessments. However, if the CAB does not have an ongoing assessment process, when there is a need for an additional assessment for the above reasons, this assessment is considered as a surveillance assessment.

In cases such as the CAB's relocation, personnel change, or equipment change, when the accreditation is partially or fully suspended, a surveillance or follow-up assessment is performed for the suspended scopes. When it is determined that the reasons for suspension have been resolved, the assessment report is immediately forwarded to the Accreditation Officer by the assessment team. The Accreditation Officer presents the final report to the Accreditation Decision Committee, and the lifting of suspension process is concluded as soon as possible. If it is determined that the reasons for suspension have not been resolved as a result of the assessment, the necessary reporting and decision processes are carried out in order to continue the suspension or apply withdrawal procedures in the scopes found insufficient in accordance with this procedure.

The follow-up assessment is usually performed upon the recommendation of the assessment team to check the implementation of corrective actions. However, a follow-up assessment may also be performed for the following reasons or similar reasons:

- a. To support the assessment with new evidence if full confidence in the CAB's competence is not achieved as a result of the assessment,
- b. When an unsatisfactory result is obtained in a proficiency testing or interlaboratory comparison measurement,
- c. To confirm that the reason for suspension has been eliminated in cases where the CAB's accreditation is partially or fully suspended, if there is an ongoing surveillance assessment that has not yet been concluded.

If the nonconformities are still not closed as a result of the follow-up assessment after the initial accreditation assessment, the assessment is concluded as a failure in the scope related to the nonconformities or in all scopes in line with the opinion of the assessment team. If the follow-up assessment is carried out based on the findings of the surveillance assessment, when the nonconformities cannot be closed, suspension/withdrawal procedures are applied in accordance with the relevant NAC procedure.

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5.5. Accreditation Decision

Accreditation decisions are made based on the results of the assessments, changes in the legal status and/or technical competence of the CABs, and technical decisions made by international accreditation bodies or NAC.

After the assessment team communicates the final assessment report and accreditation recommendation to NAC, the Accreditation Officer reviews the assessment report and all relevant documents and records and submits the file to the Accreditation Decision Committee chairperson for the accreditation decision to be made. The Accreditation Decision Committee states its evaluation in the "FR.042-NAC Accreditation Decision Form" after examining the content and suitability of the file and assessment reports, the adequacy of the corrective action evidence, the appropriateness of the scope definitions, and the consistency and integrity of the assessment records before making a decision. This decision form must be communicated to the accreditation officer within 1 month at the latest. All decisions regarding the CAB's accreditation (granting, maintaining, scope change, renewal, suspension, reduction, withdrawal of accreditation, etc.) are made by the Accreditation Decision Committee. Assessment team members do not take part in the Accreditation Decision Committee due to impartiality requirements.

The Accreditation Decision Committee chairperson is fixed and cannot participate in accreditation assessments. The Committee Chairperson selects two members for the relevant accreditation field and scope. These individuals are selected from among the ADC members in the FR.157-NAC Committee List created for the relevant program areas (testing or calibration, inspection, etc.). If there is a lack of members in the field/scope subject to the decision, the Committee Chairperson includes individuals from NAC's assessor pool in the Committee. According to NAC rules, members making the accreditation decision cannot be individuals assigned to the assessment subject to decision or have a conflict of interest with the CAB. The Committee makes decisions by majority vote in all cases. Members cannot abstain from voting.

The Accreditation Decision Committee, consisting of three members, convenes to examine the file after the Accreditation Officer presents the CAB's file. Optionally, members may examine the file separately and express their opinions before the final decision.

The decision made by the Committee is communicated to the Accreditation Officer via the FR.042-NAC Accreditation Decision Form, and then the Accreditation Officer communicates the decision to the CAB representative in writing. Simultaneously with the decision to grant accreditation, the CAB is registered in the list of Accredited Bodies, and its accreditation status is published on the NAC website, indicating the scopes it is accredited for.

The CAB may appeal against the accreditation decision according to the PR.012-NAC Procedure for Complaint and Appeal.

5.6. Issuance of the Accreditation Certificate

After the accreditation decision is made, the CAB is informed about the decision. The Program Manager prepares a draft of the FR.146-NAC Accreditation Certificate, including the FR.090-NAC accreditation scope in its annexes, and the Accreditation Officer sends it to the CAB via e-mail for content review. After the relevant approvals are obtained by NAC, the accreditation certificate and necessary

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information are published on the website. The addresses of the locations where the CAB carries out each conformity assessment activity within its accreditation scope are clearly stated on the accreditation certificates, scope annexes, or the web page where the accreditation information is published.

The accreditation certificate is issued once per accreditation cycle and shows (i) the Initial Accreditation Decision Date, (ii) the Current Accreditation Cycle, and (iii) a single "Valid Until" date (the end date of the cycle). The certificate remains in force throughout the cycle provided that the CAB pays each annual accreditation fee within five calendar days of invoice, maintains full conformity with the relevant ISO/IEC standard, NAC rules, and applicable ILAC / IAF / APAC / IAAC policies, and successfully completes all scheduled surveillance assessments and the cycle-closing reassessment. Failure to satisfy any of these conditions will trigger suspension or withdrawal of accreditation in accordance with clause 5.8.

When a change is required regarding the ISO/IEC 17011:2017 standard and NAC accreditation requirements, NAC sends the FR.086-NAC CAB Feedback on Rule Changes Form to the CABs. CABs express their opinions on this matter, if any, and send the form back to NAC. The final change is notified to the relevant parties through NAC's website and, if necessary, communicated in writing. NAC verifies that each accredited body complies with the changed requirements.

5.7. Accreditation Cycle

The first cycle of accreditation begins on the date the initial accreditation decision is made. The start date of the initial accreditation cycle is written on the accreditation certificate and published on the website. The start date of the current accreditation cycle is written on the page where the CAB's scope is specified. The accreditation cycle period is 48 months from the date of the initial accreditation, provided that the surveillance assessments and accreditation renewal assessments are successful, unless otherwise specified in the relevant program document. In such cases, the accreditation cycle may differ (e.g., 24 months or another period defined in the program). In cases where the accreditation renewal assessment is conducted within the 48-month accreditation cycle program but the accreditation decision cannot be made, in order to prevent a gap in the accreditation of the CABs until the relevant decision is made, the accreditation period of the organization is extended for a 4-month period from the expiry date of the accreditation validity period. CABs whose accreditation validity periods are extended in this way continue to be included in the list of accredited bodies on the NAC website with the note "accreditation validity period has been extended for 4 months". If a decision cannot be made within 4 months due to reasons originating from the CAB, the file is closed. If the CAB wants to be accredited again, it makes an initial accreditation application. In the accreditation renewal decisions made after the 48-month accreditation cycle program ends, the validity period of the accreditation is determined by taking into account the remaining time, so that the validity period is 48 months from the expiry of the previous cycle's validity period. In other words, a late accreditation renewal decision does not provide any advantage to the relevant organization in terms of the accreditation validity period.

5.7.1. Surveillance Assessment

After the surveillance assessment plan is accepted by the CAB, the surveillance assessment is carried out according to the schedule specified in the plan. The surveillance assessment consists of two parts: office assessment and witness assessment. When necessary, unplanned visits and remote assessments can be performed.

If the CAB operates in locations other than its central office, these locations are included in the surveillance assessment according to the program specified in the accreditation cycle program.

Possible surveillance activities cover the following aspects:

- a. Questioning the up-to-dateness of the CAB's management system documentation,
- b. Reviewing the statements made by the CAB regarding its activities,
- c. Internal audits,
- d. Management review,
- e. Complaints/appeals,
- f. Analyses of situations that may cause conflicts of interest,
- g. Management of impartiality,
- h. Revised documents,
- i. Corrective actions (both related to nonconformities from the previous assessment and those performed after the CAB's internal audit, etc.),
- j. Personnel competence and adequacy,
- k. The legal entity and/or organizational structure of the CAB (related to changes, if any),
- l. Performance records of the CAB,
- m. Witnessing a part of the conformity assessment activities according to the planning in FR.163-NAC Accreditation Cycle Program,
- n. For laboratories and inspection bodies:
 - Documents and records related to the CAB's participation in comparison measurements and proficiency testing,
 - Calibration and national/international traceability of equipment and references,
 - Documents of methods, method changes, validation studies, verification studies

The accreditation cycle program, which includes surveillance and renewal assessments in the relevant program's Accreditation Cycle Program form, is programmed to represent all activities within the accreditation scope (scope included in the certificate annex) and locations subject to accreditation, along with the management system. These activities and locations are prioritized within the framework of a risk-based approach. It is ensured that locations where significant activities are carried out are assessed at least once in each accreditation cycle.

The accreditation cycle program is established after the initial accreditation decision and is updated before and after each assessment and when necessary. Within the framework of the accreditation cycle program, the first surveillance assessment of the accredited body is carried out in the 12th month from the start date of the cycle. The second surveillance assessment is carried out 15 months after the 1st surveillance assessment. When NAC and the CAB mutually agree, the routine assessment interval can be extended, but this interval cannot exceed 24 months. For the re-assessment, the CAB is asked to provide information 6 months in advance. The re-assessment should be carried out at least

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4 months before the end of the cycle.

An extra 2-month deviation allowance can be given in assessments for reasonable reasons such as scope extension request, complaint, changes in CAB's field of activity regulations and standards, changes in CAB's structure, suspension of accreditation; however, the period between consecutive surveillance/re-assessments should never exceed 24 months. While 2 routine surveillance assessments are planned for each accreditation cycle, this number can be increased for the reasons specified below:

- Scope extension request, complaint, changes in CAB's fields of activity and standards, changes in CAB's structure, suspension of accreditation, etc.
- Relevant accreditation cycle program and requirements specified in the accreditation cycle program,
- In case witness assessments cannot be performed consecutively with the office assessment.

Witness assessments should be performed together with routine surveillance and accreditation renewal assessments whenever possible. However, when the witness assessment cannot be performed together with the surveillance and renewal assessment within a 3-month period, an independent witness assessment can be performed before or after the relevant assessment in accordance with the accreditation cycle program. The CAB must continuously meet the accreditation criteria and provide evidence of competence to NAC for the conformity assessment activities it could not perform for a certain period due to lack of customers.

The surveillance assessment consists of the stages of document review, on-site assessment, control of corrective actions, report and document review, as in the initial assessment. The surveillance assessment is planned, carried out, and reported in a similar manner to the initial accreditation assessment. The corrective action and reporting processes defined for the initial accreditation assessment are also valid for surveillance assessments. When a significant finding that hinders the maintenance of accreditation is detected during the surveillance assessment, the assessment team immediately sends the assessment report related to the nonconformities to NAC. The Accreditation Officer promptly submits the file to the Accreditation Decision Committee for a decision. When a significant finding that hinders the maintenance of accreditation is detected by the assessment team during the surveillance assessment, it is stated that a follow-up assessment will be conducted for the nonconformities that are identified. The CAB should send the corrective action records to NAC within 3 months at the latest from the surveillance assessment and inform the Accreditation Officer and assessment team members. The assessment team evaluates the corrective actions taken regarding the nonconformities, prepares the assessment report, and sends it to the Accreditation Officer. If an adequate corrective action cannot be performed by the CAB within the specified period, the process of partial/full suspension of accreditation is initiated. The Accreditation Officer completes the report prepared by the assessment team and the records related to the assessment and submits the file to the Accreditation Decision Committee. Surveillance assessments must be finalized within 6 months at the latest from the assessment date.

5.7.2. Accreditation Renewal Assessment

The Accreditation Officer informs the CAB 6 months before the end of the CAB's accreditation cycle, reminding them that the cycle period is about to end and asking whether they will request re-accreditation. If the CAB makes a request at least 4 months before the end of the cycle, the accreditation renewal assessment plan is sent to the CAB by the Accreditation Officer. If the CAB does

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not request renewal or the renewal assessment cannot be conducted on time due to reasons originating from the CAB, resulting in the accreditation not being renewed before the cycle is completed and the loss of accreditation status at the end of the cycle period, the responsibility lies with the CAB. If the accreditation renewal assessment is not carried out before the end of the cycle, the accreditation status is lost, and the file is closed. If the CAB wants to be re-accredited, it applies as an initial accreditation application. The accreditation renewal assessment is planned, carried out, and reported like the initial accreditation assessment. The corrective action and reporting periods defined in the initial accreditation assessment are also applied in re-accreditation assessments.

To confirm the CAB's competence, while planning the renewal assessment, information regarding the CAB's personnel and other resources for its entire scope is reviewed, and an assessment team is formed to cover the expertise areas for the scopes that need review. In this framework, all scopes and locations where significant activities are carried out that have not been assessed in previous assessments are determined and assessed by sampling, taking into account the issues defined in the relevant NAC documents within the framework of a risk-based approach.

If the CAB does not request accreditation renewal, two months before the end of the 48-month period, the Accreditation Officer confirms that the CAB has not submitted a renewal application, initiates the NAC approval process to close the file, and the file is closed at the end of the period.

5.8. Suspension, Withdrawal, Scope Change

5.8.1. Suspension, Withdrawal, and Scope Reduction of Accreditation at the CAB's Request

The accredited CAB notifies NAC via e-mail of its request for suspension/withdrawal/scope reduction of accreditation. The suspension/withdrawal/scope reduction request is evaluated by the relevant Accreditation Officer and submitted to the Accreditation Decision Committee for a decision. The CAB can request the suspension of accreditation a maximum of one time.

5.8.2. Suspension, Withdrawal, and Scope Reduction of the CAB's Accreditation by NAC

The CAB's accreditation may be suspended or withdrawn for the reasons specified in clauses 5.8.2.1 or 5.8.2.2. In this case, if the CAB objects to such decisions, the process is carried out according to PR.012-NAC Procedure for Complaint and Appeal.

5.8.2.1. Suspension of accreditation

The CAB's accreditation is partially or fully suspended if the following situations are detected:

- a. Detecting that the CAB's competence has been lost through objective evidence obtained by assessments, or as demonstrated by persistent poor performance in PT or ILC or other means such as complaints, etc.,
- b. Detecting that the CAB's structure or activities violate the impartiality requirements in the relevant accreditation standards through objective evidence obtained by assessments or other means such as complaints, etc.,
- c. Occurrence of personnel, location, equipment, and management changes affecting the CAB's

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accredited activities, and NAC's assessment of these changes as potential risks,

d. Failure of the CAB to notify NAC of the following changes within the period specified in the accreditation agreement:

- Legal, commercial, or organizational status,
- Organizational structure, top management, and authorized personnel,
- Main policies and procedures,
- Location status, resources, personnel, and equipment,
- Other issues that may affect the CAB's activities within the accreditation scope and its ability to fulfill accreditation requirements,
- Changes related to the scope, representation, address, and persons of its overseas activities.

e. Failure to submit the corrective action records related to the nonconformities identified during surveillance assessments to NAC within 3 months or the submitted corrective actions being found insufficient,

f. Rejection of the planned surveillance assessments by the CAB without force majeure or necessity, or failure to carry out the assessments on time due to reasons originating from the CAB,

g. Failure of the CAB to fulfill its obligations in the agreements signed with NAC,

h. Failure of the CAB to comply with the new requirements and criteria related to accreditation announced by NAC within the given period,

i. Failure of the CAB to fulfill its financial obligations within 5 days from the invoice date,

j. The CAB's misleading use of the accreditation certificate and accreditation mark and making misleading or unauthorized statements about its accreditation status,

k. Interruption of the assessment due to reasons arising from the CAB or CAB employees during the assessment,

l. Appointment of persons in the CAB's conformity assessment activities as managers, decision-makers, assessors, certificate/report approvers, whose activities that undermine the confidence in accreditation and conformity assessment activities such as issuing false documents, intentionally providing false information, issuing unrecorded documents, issuing reports related to audit/inspection/test/calibration without being performed, deliberately changing audit/inspection/calibration/test data, etc., within the last 3 years have been proven with objective evidence,

m. The CAB's partners or managers involved in conformity assessment activities being convicted of disgraceful crimes such as embezzlement, bribery, theft, fraud, forgery, abuse of office, fraudulent bankruptcy, or smuggling crimes, bid-rigging crimes,

n. The CAB's failure to demonstrate the necessary minimum practice in the scopes it is accredited for within the accreditation cycle as specified in the relevant guidelines, inability to organize witness

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assessments, or failure to perform the conformity assessment activity it is accredited for within the period specified in the relevant documents,

o. A CAB's engagement in activities such as certification, accreditation, recognition, or competence granting within the scope of international standards (ISO/IEC 17021, ISO/IEC 17025...) used by NAC as a basis for its accreditation activities,

p. Detection of situations specified in the relevant accreditation program that require suspension.

If a CAB whose accreditation has been suspended for the reasons stated above is unable to remedy the reasons for suspension within 6 months, its accreditation will be withdrawn.

5.8.2.2. Withdrawal of accreditation

The CAB's accreditation is withdrawn if the following situations are detected:

a. Failure to remedy the reasons requiring the suspension of accreditation within the period or the corrective actions being found insufficient,

b. The presence of objective evidence that the CAB has committed fraud in its conformity assessment activities and/or created or issued false records/reports/certificates, etc., or detection of its gross and intentional negligence,

c. The CAB's intentional misinformation of NAC, deliberate concealment of information, or presentation of false records or evidence to NAC,

d. The CAB's intentional violation of accreditation rules,

e. The CAB's intentional use of the NAC accreditation mark or ILAC/IAF/APAC/IAAC logos in scopes or areas where it is not accredited,

f. Unilateral termination of accreditation agreements by NAC due to security issues, natural disasters, etc., in cases where conditions arise that will undermine the confidence in accreditation in a particular sector/country/region/accreditation field, or due to requirements arising from changes in international accreditation rules and policies or sanctions by APAC, IAF, ILAC, and IAAC,

g. The CAB's statements and behaviors that diminish the credibility and damage the reputation of accreditation or NAC,

h. Loss of confidence in accreditation due to the CAB's loss of competence or impartiality in its conformity assessment activities,

i. Detecting persistent poor performance in PT or ILC through objective evidence,

j. Detection of other situations specified in the relevant accreditation program that require withdrawal.

However, if the situations specified in clauses 5.8.2.2 (a), (h), and (i) are only related to a specific field of activity, the scope reduction process is applied for those areas.

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5.8.3. Decision-Making and Notification of Suspension, Withdrawal, Scope Reduction

Decisions on suspension, withdrawal, and scope reduction of accreditation are made by the Accreditation Decision Committee.

The suspension period of accreditation is clearly stated in the decision text. The Accreditation Officer communicates the suspension decision to the organization via e-mail and requests confirmation that the e-mail has been read. After receiving the e-mail, the CAB starts to fulfill the obligations specified in clause 5.9. If a read receipt/response confirming that the e-mail has been read is not received, it is assumed that the CAB has started the process of fulfilling its obligations after three business days. If it is determined that the CAB has not fulfilled its obligations, NAC reserves the right to take legal action. However, if there is a document with an accreditation mark issued during the period from the decision date to the notification date, these documents are withdrawn by the CAB as they are not within the scope of accreditation. For accreditation status change decisions, the decision report date of the Accreditation Decision Committee is taken as the basis for the decision date.

After the decision date, the CAB cannot use the NAC accreditation mark and certificate in reports, certificates, websites, advertising documents, and other relevant platforms related to the suspended/withdrawn/reduced scope and cannot make any reference to accreditation. If these are done and detected, NAC has the right to initiate legal proceedings.

If a CAB's accreditation is suspended, withdrawn, or its scope is reduced, the CAB should immediately inform its affected customers of this situation. The CAB is obliged to withdraw the documents, certificates, or reports bearing the accreditation mark that it has issued due to the suspension, reduction, or withdrawal of accreditation. In this regard, it should submit the records of its activities to NAC as soon as possible. On the other hand, in case of withdrawal/reduction of the CAB's accreditation, it should take necessary measures to protect the rights of its previously certified customers. For CABs whose accreditation scope is partially suspended or reduced, necessary revisions are made by NAC on their accreditation certificates.

The accreditation information of the CAB whose accreditation status has changed is updated on the NAC website. In case of complete suspension, it is published as "suspended", in case of partial suspension, it is published as "some scopes are suspended"; in case of complete withdrawal, it is published as "accreditation withdrawn" for one year from the withdrawal date, and in case of partial withdrawal, it is published as "scope reduced". On the published page, an explanation is added as "upon the request of the organization" in cases of withdrawal/suspension at the CAB's own request, and as "address change" in case of suspension due to address change.

5.8.4. Notification to IAF

In case of sanctions related to CABs operating in accreditation programs within the scope of IAF MLA, whose accreditation has been withdrawn due to one of the reasons specified in 5.8.2.2 (b), (c), (d), and (e) or suspended due to 5.8.2.1 (o), the Accreditation Officer will inform IAF at the end of the appeal period for the decision, or after the appeal is concluded in case of an appeal, in accordance with MD 7 in the following format. According to the aforementioned IAF document, the IAF Secretariat will make the necessary notifications to other accreditation bodies.

"[NAC] has [suspended/withdrawn] the accreditation of [name of CAB] on [date] due to

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[nonconformity identified according to IAF MD 7 4.1 or 4.2]".

5.8.5. Reapplication Processes After Changes in Accreditation Status

5.8.5.1. Withdrawal of Accreditation

If a CAB's accreditation is withdrawn for the reasons specified in Clause 5.8.2.2 (b), (c), (d), (e), and (g), a new accreditation application can be accepted at least 12 months after the withdrawal decision and this is considered as an initial accreditation application. The reasons for withdrawal and previous period records are taken into account in the new accreditation process.

The application of a CAB whose accreditation is withdrawn for the second time due to the reasons specified in Clause 5.8.2.2 (b), (c), (d), (e), and (g) is not accepted.

The 12-month time limit is not applied to the accreditation application of a CAB whose accreditation has been withdrawn for a reason other than those specified in Clause 5.8.2.2 (b), (c), (d), (e), and (g).

5.8.5.2. Suspension of Accreditation

For a CAB whose accreditation has been suspended for the reasons specified in clause 5.8.2.1, the suspension status is terminated after the nonconformities causing the suspension are corrected and these corrections are verified by the necessary assessment.

If the CAB cannot remedy the nonconformities that caused the suspension within the specified period, its accreditation is withdrawn or its scope is reduced.

If the reason for suspension is non-fulfillment of financial obligations specified in FR.001-NAC Accreditation Agreement and the CAB subsequently fulfills this obligation, an additional assessment is not required to lift the suspension.

5.8.5.3. Reduction of Accreditation Scope

For a CAB whose accreditation scope has been reduced for the reasons in clauses 5.8.2.2. (a), (h), (i), the application for scope extension can be accepted at least 6 months after the scope reduction decision. In cases where the scope is reduced due to delays in processes such as address change, personnel, and equipment procurement, the 6-month restriction for reapplication is not applied.

5.8.6. Extension of Accreditation Scope

If a CAB wants to be accredited in new areas outside its existing accreditation areas, it can apply to NAC. In this case, the main focus is the assessment of the organization's technical competencies. Scope extension applications are evaluated and decided by following the same steps as the initial accreditation process. For laboratories and inspection bodies, if the requested scope extension is a continuation of the previously accredited scope, that is, it does not require any additional method or competence in terms of the organization's measurement capability, scope extension can be made based on the documents uploaded by the CAB without the need for an on-site assessment.

If the CAB has a request for scope extension, this can also be carried out without waiting for the surveillance assessment, but it is preferred to combine this assessment with the surveillance assessment.

However, scope extension requests received after the surveillance assessment plan is sent to the CAB are not evaluated together with this surveillance; a new assessment is planned after the completion of the surveillance assessment.

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Since the FR.001-NAC Accreditation Agreement previously signed by the CAB is still valid, there is no need to prepare a new Accreditation Agreement.

5.9. Obligations of Conformity Assessment Bodies

CABs must fulfill the following obligations:

- Must always comply with the relevant accreditation standard, the requirements in the documents published by NAC for CABs (notifications, regulations, guidelines, procedures, policies, etc.), and the accreditation rules determined by ILAC/IAF/APAC/IAAC.
- Must limit its statement regarding accreditation only to the scope for which it is accredited. Should establish and implement procedures that will help customers easily distinguish between the conformity assessment services within the accreditation scope and activities outside the accreditation scope.
- Cannot use its accreditation in a way that would damage NAC's reputation and cause any disputes and cannot make unauthorized or misleading statements that would invalidate NAC.
- In case of suspension or withdrawal of accreditation, cannot use promotional materials containing information about accreditation and returns all documents related to accreditation that NAC requests to return.
- In case of suspension or withdrawal of accreditation, the CAB must immediately stop the use of materials showing its accredited status and cease advertisements indicating its accredited body status.
- The CAB whose accreditation scope is suspended, withdrawn, or reduced should inform its affected clients about the suspension/withdrawal/reduction of its accreditation scope and its consequences without undue delay. In this regard, it should submit the records of its activities to NAC.
- Must prevent its accreditation from being used in a way that would imply direct approval of a product, process, system, or person by NAC.
- Must prevent the misleading use of any accreditation document, mark (symbol), report, or any part thereof, and prevent misleading and unauthorized statements related to accreditation.
- The CAB must comply with the rules set by NAC in references made in communication tools such as documents, brochures, or advertising materials related to its own accreditation status. It should comply with the conditions specified in the relevant national and international documents in advertising, promotion, and public information activities, and fulfill the requirements of correction requests and warnings from NAC on this matter.
- The CAB must notify NAC within the specified time about the following significant changes related to its accreditation:
 - Legal, commercial, or organizational status,
 - Organizational structure, top management, and authorized personnel,
 - Main policies and procedures,
 - Locations, settlement status, and resources (personnel and equipment, etc.),
 - Other issues that may affect its activities within the accreditation scope and its ability to fulfill accreditation requirements,
 - Changes related to the scope, representation, address, and persons of its overseas activities.
- The CAB is obliged to pay the fees that will be accrued to it regarding accreditation within the time and conditions specified in accordance with GL.001-NAC Guideline on Accreditation Service Fees.
- Obtains adequate professional liability insurance covering the conformity assessment activities for which it is accredited (however, it is sufficient for public institutions to provide a guarantee statement).
- Should record the transactions related to conformity assessment activities in the areas notified by NAC using video, vehicle tracking system, and other electronic recording systems.

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- The CAB accredited by NAC should provide services to its customers in accordance with the provisions of the standard it is accredited for and NAC rules.
- Must enter data related to conformity assessment activities into the web applications created by NAC and fulfill other similar obligations.
- The contract between NAC and the CAB does not prevent the CAB from fulfilling its legal obligations and responsibilities towards third parties. All legal, financial, and technical responsibility before third parties regarding the use of the document within the accreditation scope belongs to the Conformity Assessment Body.
- The CAB should keep the records of its activities within the scope of its accreditation for at least 5 years, unless there is a special arrangement.
- The CAB should provide the necessary cooperation for the investigation and resolution of complaints related to its accreditation directed to it by NAC.
- In case of suspension, reduction, or withdrawal of its accreditation, it should inform its customers affected by these situations without delay.
- It agrees to include clauses in its contracts with customers that will allow the accreditation body's assessment team to visit them on-site and obtain the necessary information about the assessment performed by the CAB for the purpose of examining the service provided by the CAB, when necessary and applicable.

In addition, CABs must fulfill all obligations in the FR.001-NAC Accreditation Agreement they have signed with NAC.

5.9.1. Obligations Regarding the Use of Subcontractors

5.9.1.1. Use of Accredited Subcontractors

The CAB should be aware of whether the subcontractor it plans to use in conformity assessment services has accreditation and its validity period and should document these. The CAB submits these documents to NAC when necessary.

The CAB should clearly state the test, measurement, inspection, or certification results performed by the subcontractor in any document, report, or certificate it issues. The CAB itself is responsible for the test, measurement, inspection, or certification results obtained from the subcontractor.

5.9.1.2. Use of Non-Accredited Subcontractors

The use of a non-accredited subcontractor is only considered in special cases. Before using a subcontractor, the CAB should check and evaluate the competence of the subcontractor according to the requirements of the relevant standard it is accredited for. The results of the evaluation should be documented and submitted to the customer and NAC when necessary. NAC may include witnessing the activities performed by the subcontractor in the assessment plan or, if deemed necessary, may supervise the activities performed at the subcontractor together with the CAB. The CAB should take measures regarding this situation.

5.10. Other Issues

All accreditation records are kept in accordance with PR.002-NAC Procedure for Control of Records. Records related to CABs are kept during the current accreditation cycle, including the previous accreditation cycle. When an undefined special situation is encountered at any stage or subject related

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to accreditation processes in NAC documents, necessary evaluations are made regarding the issue, and the final decision is recorded with the signature of the relevant Program Manager, Vice President, Quality Manager, and the approval of the President, and the implementation is carried out in the determined manner. In order to apply the same decision in case of a similar situation, the decisions taken are kept accessible to the relevant parties.

6. AUTHORITIES AND RESPONSIBILITIES

All NAC personnel, assessors/technical experts, and CAB representatives are responsible for fulfilling the requirements of this procedure.

7. REVISION TABLE

Date	Section(s)	Amendment
19.03.2020	Header	New logo added.
30.03.2022	5.3.2	"In addition, at the opening meeting and on the following days of the assessment, FR 060 Assessment Participant List shall be signed by participants including the assessment team, representatives of CAB and interviewees." added to Article 5.3.2 to indicate the form signed by the participants.
01.08.2022	5.8.1	"misleading or unauthorized statements regarding its accreditation" added to 5.8.1 Obligations of CABs.
01.08.2022	5.7.2.1	"(...)and makes misleading or unauthorized statements regarding its accreditation status," added to the rules of suspension of accreditation.
01.08.2022	5.8.1	"In the event of suspension or withdrawal of accreditation, CAB shall not make any reference to or carry out activities with its suspended or withdrawn accreditation." added to 5.8.1 Obligations of CABs.
01.08.2022	5.1.3	"NAC shall make its services accessible to all applicants whose application for accreditation falls within the scope of its accreditation activities as defined within NAC policies and rules. Access shall not be conditional upon the size of the applicant conformity assessment body or membership of any association or group, nor shall accreditation be conditional upon the number of conformity assessment bodies already accredited." added to fulfill the non-discriminatory action required by the standard.
01.08.2022	5.6	"Yet, during an accreditation cycle, CAB's accreditation certificate shall be renewed annually." added to Accreditation Cycle section.
01.08.2022	5.2.1.e)	"A finding that is an item for improvement is defined as observation." added to indicate clearly three types of findings during the assessment.
01.08.2022	5.5.1	Added "NAC shall verify that each accredited body conforms to the changed requirements."
01.08.2022	5.5.1	Changed the sentence from "Where there is a need for a change regarding the accreditation requirements(...)", to "Where there is a need for a change regarding the 17011 standard and NAC accreditation requirements (...)".
23.09.2022	5.3.3	"Special conditions resulting from CAB or AB" added as a reason for postponement. "In such cases, the case officer may extend the accreditation validity date up to 6 months after discussing with the relevant CAB authorities" added for clarification purposes.

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23.09.2022	5.4	4-month period for the follow-up assessment changed to a 6-month period.
23.09.2022	All	Assessment program changed to assessment plan to indicate the plan prepared for each assessment.
23.09.2022	5.3.2	Time limit deleted from the following sentence "FR 061 Assessment Plan shall be sent to the CAB one month before the assessment."
23.09.2022	5.3.2	"During the preparation process of the assessment plan, the case officer decides on the tests to be observed, by verifying the duration of the tests with CAB." added.
23.09.2022	5.3.4	"Assessment team members shall send their assessment reports to CAB through the case officer within a month at the latest following the completion of the assessment." changed to "Assessment team members shall leave a copy of the assessment report to CAB at the closing meeting." "In the assessment report, the assessment team shall make an accreditation recommendation at the end of the assessment. After the period for the closure of NCs end, the Lead Assessor shall record a final remark in the assessment report, taking the opinion of the assessment team." added.
17.11.2022	5.3.2	Risk factors when forming the Assessment Plan is added. "In addition, if the Conformity Assessment Body notified any changes in FR 128 Document Change Notification Form, then such changes shall be taken into consideration when forming the assessment plan." added to include new form created.
17.11.2022	5.2.2.	"In addition, the Case Officer shall check the FR 152 Personnel Confidentiality Contract signed beforehand by the NAC assessors/technical experts." added to highlight the confidentiality&impartiality requirements.
17.11.2022	5.2.2.	"Furthermore, the Case Officer shall send by e-mail the resumes of the assessment team members for CAB to review the said files." added.
17.11.2022	5.2.2.	"The Case Officer shall not allow the assessment team members access to the NAC e-portal before obtaining the signed FR 038 Assessment Team Proposal and FR 037 Assessment Team Commitments." added.
17.11.2022	5.3.4	Assessment team members shall leave a copy of the assessment report to CAB at the closing meeting "together with the recommended accreditation scope." The addition in quotation marks added for clarification purposes.
17.11.2022	5.1.3	"For surveillance and renewal assessments, the case officer shall send FR 128 Document Change Notification Form so that changed areas in CAB are carefully looked into by the assessment team." added.
17.11.2022	5.3.3	III. After the assessment section is added as a postponement reason.
17.11.2022	5.6	"The start date of the first accreditation cycle shall be written on the accreditation certificate and published on the website. The date of CAB's current accreditation cycle shall be written on the page where the scope is stated." added
17.11.2022	All	Accreditation cycle period changed to 60 months in the entire document.
17.11.2022	5.6	"The effective date of accreditation renewal decisions taken during the accreditation cycle period is the day after the date of validity of the certificate." deleted
17.11.2022	5.6	(accreditation is not valid within this period). not valid changed to suspended.

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17.11.2022	5.6	"Yet, during an accreditation cycle, the validity date of CAB's accreditation certificate shall be renewed annually provided that the CAB complies with the financial and legal obligations as well as NAC procedures. " Bold parts are added.
17.11.2022	5.7.4	"Where the reason for suspension is CAB not fulfilling its financial obligations as specified in FR 001 Accreditation Agreement, provided that CAB later fulfils this obligation, no assessment is needed to lift the suspension." added
17.11.2022	5.3.3	"In such cases, the case officer may extend the accreditation validity date up to 6 months after discussing with the relevant CAB authorities." deleted
17.11.2022	5.6.1.	Figure 1. Assessment periods within the accreditation cycle deleted. "A maximum deviation of 2 months can be allowed in routine assessments" changed to "Where NAC and CAB agrees mutually, the interval between routine assessment may be extended but this interval shall not exceed 24 months."
17.11.2022	5.5	"The accreditation decision committee meets on the 4th working day of the 3rd week of each month." deleted.
17.11.2022	5.2.3	"Following the acceptance of the submitted FR 038 Assessment Team Proposal Form by CAB, CAB's information and documents shall be sent to the assessment team." changed to "(...) the Case Officer shall provide the assessment team CAB's records and documents, appropriate requirements documents, related NAC documents and previous assessment records, if applicable.
17.11.2022	5.3.2	"(...) along with their deadlines within 2 (two) weeks at the latest after the assessment, upon the confirmation of the relevant assessment team member, and informs the team leader and the relevant assessment team member. Furthermore, CAB shall send the originals of the RP 007 Assessment Final Report to NAC." removed. Assessment closing is redefined in terms of reports.
17.11.2022	All sections	FR 163 form number assigned for accreditation cycle program.
10.02.2023	5.3.5 & 5.3.2	The first paragraph is redefined for clarifying the Corrective Action process. & "CAB sends the objective evidence documents of its corrective actions together with filled out FR 041 to the lead assessor, and if necessary, the case officer." is revised in 5.3.2
10.02.2023	5.5	Accreditation decision section revised to match the implementation process.
10.02.2023	5.2.2	Assessor rejection reasons added.
04.04.2023	5.7.3	Expired status explanation added.
15.10.2023	5.3.2	In addition, RP 007 Annex 1 shall be filled out during routine assessments; that is, initial, surveillance or reassessment to record CAB's compliance to ILAC and APAC rules.
15.10.2023	5.3.2 & 5.3.5	During this period given for corrective actions, CAB may send their responses to nonconformities through FR 041 Form only four times.
20.12.2023	5	"NAC shall carry out the accreditation process in accordance with APAC MRA and ILAC MRA requirements. These requirements can be found in the relevant APAC and ILAC documents listed in the reference documents." added.
20.12.2023	Related Documents	APAC and ILAC references added.
22.03.2024	All	Editorial changes have been made. Sections are edited for clear explanation of processes.
22.03.2024	8	Two appendices are added.

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22.03.2024	All	Cycle is defined as 48 months.
07.11.2024	5.1	Reference to the requested document lists specific to the accreditation programs is added.
07.11.2024	5.3.1	Approval of the assessment plan by CAB is detailed.
07.11.2024	5.3.6	Assessment team response period is defined. Reason for extending the nonconformity resolution period is defined.
07.11.2024	5.6	Reference to relevant document numbers are added.
07.11.2024	5.8.2.1	Maximum suspension period is defined as 6 months.
13.12.2024	5.1.	Added "During the accreditation cycle, if NAC revises the Accreditation Agreement, the updated agreement is sent to the CAB for review and re-signature to ensure compliance with the revised terms."
13.12.2024	5.4	Added "However, when the conditions requiring a follow-up assessment are completely eliminated (e.g., due to the reduction in scope, resulting in the resolution of nonconformities), a follow-up assessment is not conducted."
25.02.2025	5.8.2.1 a) & 5.8.2.2 i)	Added to item a) "or as demonstrated by persistent poor performance in PT or ILC". Added to item i) "Detecting persistent poor performance in PT or ILC through objective evidence".
17.03.2025	5.9	Bold parts are revised: "The CAB whose accreditation scope is suspended , withdrawn, or reduced should inform its affected clients about the suspension /withdrawal/reduction of its accreditation scope and its consequences without undue delay . In this regard, it should submit the records of its activities to NAC."
17.03.2025	5.2.1 b)	Added: "While conducting the pre-assessment, the assessment team cannot offer consultancy."
18.06.2025	5.3.6	Removed Within the time given for corrective actions, the CAB can send the FR.041-NAC Nonconformity and Corrective Action Form only 4 times.
18.06.2025	5.8.2.1 i)	2 months changed to 5 days.
18.06.2025	5.6	Accreditation Officer changed to Program Manager. the Accreditation Officer sends it to the CAB (...).
18.06.2025	5.6	Removed "The accreditation certificate indicates the decision date as the start date of the initial accreditation. Throughout the accreditation cycle, the validity date of the CAB's accreditation certificate is given annually. As long as the CAB fulfills its financial and legal obligations and complies with NAC procedures, the CAB's accreditation certificate is renewed annually until the end of the accreditation cycle. If a CAB does not perform the necessary procedures such as application/notification within the required time for the renewal of the certificate or does not fulfill its financial obligations, the validity of the certificate expires on the validity date written on it. However, the expiration of the certificate is published on NAC's website as "EXPIRED" for two months. Before this two-month period ends, if the CAB communicates its renewal request to NAC and approves the assessment plan (including witness assessments) and fulfills its financial obligations, the accreditation certificate can be renewed. If the renewal request is not made within this period and these conditions are not met, the CAB's accreditation is withdrawn. The CAB may extend the 'expired' status for up to one year when there are valid reasons such as pandemics, natural disasters,

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		terrorist attacks, economic crises, or serious health problems. This situation must be approved by the Accreditation Decision Committee. Before this extension period expires, the CAB must notify NAC of its decision. If the CAB does not take any action or make a request, its accreditation is withdrawn. The CAB can request to suspend or withdraw its accreditation within this period."
18.06.2025	5.6	Added: "The accreditation certificate is issued once per accreditation cycle and shows (i) the Initial Accreditation Decision Date, (ii) the Current Accreditation Cycle, and (iii) a single "Valid Until" date (the end date of the cycle). The certificate remains in force throughout the cycle provided that the CAB pays each annual accreditation fee within five calendar days of invoice, maintains full conformity with the relevant ISO/IEC standard, NAC rules, and applicable ILAC / IAF / APAC / IAAC policies, and successfully completes all scheduled surveillance assessments and the cycle-closing reassessment. Failure to satisfy any of these conditions will trigger suspension or withdrawal of accreditation in accordance with clause 5.8."
06.11.2025	5.7	Added: "The accreditation cycle period is 48 months from the date of the initial accreditation, provided that the surveillance assessments and accreditation renewal assessments are successful, unless otherwise specified in the relevant program document. In such cases, the accreditation cycle may differ (e.g., 24 months or another period defined in the program). "
06.11.2025	8	Guidelines for Biobanks added to the table as reference.

8. APPENDICES

The CAB must comply with the requirements outlined in the following documents, which are specific to the accreditation program for which the CAB is seeking accreditation.

NAC REQUIREMENTS FOR ISO/IEC 17025:2017	GL.016-NAC.TCL Guideline for Metrological Traceability
	GL.019-NAC.TCL Guideline on Scope Areas for Testing Laboratories
	GL.022-NAC.TCL Guideline on Scope Areas for Calibration Laboratories
	GL.023-NAC.TCL Guideline on Defining the Accreditation Scope for Calibration Laboratories
	GL.033-NAC.TCL Guideline on Flexible Scope Accreditation for Testing and Calibration Laboratories
	GL.035-NAC.TCL Guideline on Accreditation Program for Testing Laboratories
	GL.042-NAC.TCL Guideline for the Estimation of Measurement Uncertainty in Calibration and Testing/Analysis Results
NAC REQUIREMENTS	PR.019-NAC.TCL Procedure for Proficiency Testing and Interlaboratory Comparison Programs
	GL.005-NAC.PPS Guideline on the Accreditation of Product Certification Bodies
	GL.031-NAC Guideline on the Evaluation of Conformity

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FOR ISO/IEC 17065:2012	Assessment Programs
	GL.048-NAC.PPS Guideline on Scope Areas for Product Certification Bodies
NAC REQUIREMENTS FOR ISO/IEC 17021-1:2015	GL.037-NAC.MS Guideline on the Accreditation of Certification Bodies
	GL.049-NAC.MS Guideline on Scope Areas for Certification Bodies
NAC REQUIREMENTS FOR ISO/IEC 17020:2012	GL.039-NAC.IB Guideline on the Accreditation of Inspection Bodies
	GL.050-NAC.IB Guideline on Scope Areas for Inspection Bodies
NAC REQUIREMENTS FOR ISO/IEC 17024:2012	GL.036-NAC.PCB Guideline on the Accreditation of Personnel Certification Bodies
	GL.051-NAC.PCB Guideline on Scope Areas for Personnel Certification Bodies
NAC REQUIREMENTS FOR ISO/IEC 17043:2023	GL.034-NAC.PT Guideline on the Accreditation of Proficiency Testing Providers
	GL.032-NAC.PT Guideline on Scope Areas for Proficiency Testing Providers
NAC REQUIREMENTS FOR ISO/IEC 17029:2019	GL.038-NAC.VV Guideline on the Accreditation of Validation and Verification Bodies
	GL.052-NAC.VV Guideline on Scope Areas for Validation and Verification Bodies
NAC REQUIREMENTS FOR ISO 15189:2022	GL.028-NAC.ML Guideline on Medical Analysis Reports With NAC Mark
	GL.058-NAC.ML Guideline on the Accreditation of Medical Laboratories
	GL.059-NAC.ML Guideline on Defining the Accreditation Scope for Medical Laboratories
	GL.060-NAC.ML Guideline on Scope Areas for Medical Laboratories
NAC REQUIREMENTS FOR ASTM-2659	GL.053-NAC.TR Guideline on the Accreditation of Training Bodies
	GL.054-NAC.TR Guideline on Scope Areas for Training Bodies
NAC REQUIREMENTS FOR ISO 20387:2018	GL.062-NAC.BIO Guideline on the Accreditation of Biobanks
	GL.063-NAC.BIO Guideline on Defining the Accreditation Scope for Biobanks

The following documents apply to all accreditation programs and the CABs are required to follow these rules.

GENERAL REQUIREMENTS	GL.001-NAC Guideline on Accreditation Service Fees
	GL.002-NAC Guideline on the Obligation of Professional Liability Insurance for Accredited Bodies
	GL.007-NAC Guideline for the Use of the NAC Accreditation



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	GL.014-NAC Guideline on Cross-Frontier Accreditation Rules
	PR.012-NAC Procedure for Complaint and Appeal
	PR.025-NAC Procedure for Remote Assessment
	PR.030-NAC Procedure for the Management of Extraordinary Circumstances