



# National Cooperation for Laboratory Accreditation

## APPLICATION FOR NACLA RECOGNITION

The criteria and procedures for recognition are detailed in the *NACLA Accreditation Body Evaluation Procedure*, which is available from the NACLA Executive or the NACLA website.

(1) Full Name of Accreditation Body \_\_\_\_\_

(2) Authorized Accreditation Body Representative \_\_\_\_\_

(3) Title \_\_\_\_\_

(4) Mailing Address \_\_\_\_\_

(5) Phone \_\_\_\_\_

(6) Fax \_\_\_\_\_

(7) E-mail \_\_\_\_\_

(8) Web Site Address \_\_\_\_\_

(9) Name of Parent Organization \_\_\_\_\_

(10) Is this accreditation body a member of NACLA? \_\_\_\_\_

(11) Is this an application for renewal of recognition: Yes \_\_\_\_\_ No \_\_\_\_\_

(a) Is this an application for additional scope: \_\_\_\_\_

(b) Is this an application for a sector specific program: Yes \_\_\_\_\_ No \_\_\_\_\_

CMET \_\_\_\_\_ Z540.3 \_\_\_\_\_ 17025 \_\_\_\_\_ Other \_\_\_\_\_

If other, please describe \_\_\_\_\_

(12) Recognition status is being applied for: Testing \_\_\_\_\_ Calibration \_\_\_\_\_ Other \_\_\_\_\_

This accreditation body provides accreditation for:

(13) Broad range of Testing Fields \_\_\_\_\_ Specific Testing Fields \_\_\_\_\_

(14) Broad range of Calibration Parameters \_\_\_\_\_ Specific Calibration Parameters \_\_\_\_\_

(15) Is your accreditation body a part of a larger organization? \_\_\_\_\_

(16) In what year did your laboratory accreditation program start? \_\_\_\_\_

(16a) If you are applying for an additional Scope or a Sector Specific Program, how long has this additional scope or program/s been operating? \_\_\_\_\_

(17) Year your accreditation body met all requirements of ISO/IEC 17011 \_\_\_\_\_

(18) Does your program require laboratories to conform to ISO/IEC 17025 Yes \_\_\_\_\_ No \_\_\_\_\_

(19) Does your program allow laboratories to conform to other accreditation standards? \_\_\_\_\_

If so, which? \_\_\_\_\_

(20) In how many technical fields of testing do you accredit? \_\_\_\_\_

(20a) If in a single field, which? \_\_\_\_\_

(21) Do you accredit calibration laboratories? \_\_\_\_\_

(22) How many laboratories are currently accredited by your program for the scope for which you are applying? \_\_\_\_\_

(23) Attach a list of the fields of testing and calibration that this accreditation body offers. Indicate which of these fields are to be included in the evaluation for recognition. Indicate how many laboratories are currently accredited in each of these fields.

(24) Describe your on-site visit cycle (e.g. assessment, surveillance, reassessment)? \_\_\_\_\_

(25) What percentage of your accredited laboratories has been through a complete cycle? \_\_\_\_\_

(26) Are laboratories required to participate in proficiency testing programs? \_\_\_\_\_

(26a) Attach a description of your proficiency testing programs. \_\_\_\_\_

(27) List mutual recognition arrangements (MRAs) and other recognitions and designations held by your laboratory accreditation body (provide descriptions where necessary). \_\_\_\_\_

(28) Include with this application all documents required in the NACLA Evaluation Procedure Annex D. If any required documents are not included, provide an explanation. *(Note: For additions to scope or addition of sector specific programs to existing recognition it is only necessary to supply applicable documents and any revised documents since last evaluation, including any revisions to your QA manual.)*

(29a) I declare that the information provided in this application is correct to the best of my knowledge.

(29b) I declare that I understand and accept that the evaluation will be conducted in accordance with the procedures and requirements set out in the NACLA "Accreditation Body Evaluation Procedure" that is currently available.

(29c) I understand that changes may be made to the NACLA requirements for recognition during the time that my evaluation takes place and I understand that my accreditation body must meet those requirements before recognition can be granted.

(29d) I understand that upon acceptance of this application by NACLA, the NACLA Board will be informed and a copy will be sent to members of the permanent Acceptance Panel. At key points in the evaluation process, relevant information about our accreditation body will be provided to, permanent members of the Acceptance Panel and NACLA Board. Recipients have agreed to hold this information in confidence.

(29e) I understand that the documents listed in the NACLA "Accreditation Body Evaluation Procedure" Appendix D must be provided to the NACLA Secretariat before any pre-evaluation or evaluation activities can begin. The documents must be provided in both paper and electronic formats. *(see note above re-additional scope or sector specific program addition)*

(29f) I have read the NACLA Accreditation Body Evaluation Procedure. I subscribe to the principles of NACLA.

(29g) This accreditation body agrees to pay NACLA fees according to the NACLA Fee Schedule.

(29h) I understand that upon approval by the Acceptance Panel, my organization shall become recognized by NACLA

(29i) In the event of a dispute between this accreditation body and NACLA, this organization will accept the use of the Alternative Dispute Resolution process to resolve the dispute.

Signature of Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

Application fee structure:

Full Evaluation or re-evaluation:	\$1500 for NACLA Members	\$3000 for Non members
Addl. Scope (Calibration or Testing):	\$1000 for NACLA Members	\$2000 for Non members
Each Sector Specific Program:	\$1000 for NACLA Members	\$2000 for Non members

(Note: For an already NACLA recognized AB, the program Maintenance Fees for an additional Scope or addition of Sector Specific Program(s) is waved for the year of application)

**Send this completed application form, with required documents and fee to:**

NACLA Treasurer  
c/o Anderson Consulting  
2081 Judith Place  
Longwood, FL 32779  
[treasurer@nacla.net](mailto:treasurer@nacla.net)

**For additional information or questions contact:**

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Website: <http://www.nacla.net>

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