



FORENSIC SPECIALTIES ACCREDITATION BOARD, Inc.

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Forensic Specialties Accreditation Board (FSAB, The Board)

Policy Manual

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INTRODUCTION

This document sets out the policies and procedures by which the Forensic Specialties Accreditation Board (FSAB) carries out its responsibilities, the most important of which is the assessment, recognition, and monitoring of entities that consider themselves certifiers of individual forensic practitioners. The FSAB, formed in the late 20th century with the support and grant assistance of the American Academy of Forensic Sciences (AAFS) and the National Institutes of Justice (NIJ), has been an independent corporation under the laws of the State of Colorado since the year 2000.

BACKGROUND

In a 1995 report, the Strategic Planning Committee of the AAFS reported that the quality and standards applied by different forensic boards for granting certification varied widely. That committee recommended that the AAFS should assume a role in establishing a formal mechanism whereby the different credentialing processes of the various certifying boards can be objectively assessed. During the review of this issue, AAFS has recognized that an important aspect of professional oversight is monitoring the quality and consistency of credentialing of forensic specialists by the various forensic boards (i.e., accrediting the certifiers). Groundwork was done on how to accomplish this in 1996 by the AAFS “Professional Oversight” Committee and the AAFS “Mini-Task Force on Criteria for Specialist Certifying Boards.” The “Accreditation and Certification Task Force,” now known as the **Forensic Specialties Accreditation Board (FSAB)**, with grant assistance from NIJ, was formed to develop a voluntary program to objectively assess, recognize, and monitor the various forensic specialty boards that seek accreditation. The FSAB was incorporated as an independent organization in Colorado on June 23, 2000. The FSAB is an independent entity with regard to its organization and operation.

While working to develop this program, the FSAB considered the accreditation of forensic boards by an independent organization as an option. There are at least two major organizations in the United States that set standards for individuals’ specialties, the National Commission of Certifying Agencies (NCCA) and the American Board of Medical Specialties (ABMS). The NCCA accredits certifying organizations which meet their standards, including standards covering education and examinations. The ABMS is a board that primarily sets standards for disciplines within the medical profession, such as radiology, surgery, etc. Forensic pathology is already listed as a specialty under the ABMS (as a subgroup under pathology). A forensic specialty board could demonstrate compliance with national standards by being accredited by the NCCA. While this course of action is objective, the forensic community would be unwisely delegating its professional oversight responsibility to non-forensic organizations. Additionally, because of the unique nature of the forensic disciplines and the relatively small numbers of specialists credentialed by each organization, the forensic boards would be better assessed by an accrediting organization dedicated to that task and which has a thorough understanding of the forensic disciplines.

1. SCOPE

The FSAB has adopted standards that it applies to certification bodies, also known as conformity assessment bodies (CABs), within the forensic specialties. For the FSAB purposes, CABs are organizations that provide testing for and maintenance of practitioner certification. This document outlines the policies and procedures by which the FSAB operates and is intended to comply with ISO/IEC 17011:2017.

2. NORMATIVE REFERENCES

ISO/IEC 17000:2004 *Conformity Assessment – Vocabulary and General Principles*
ISO/IEC 17011:2017 *Conformity Assessment – Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies*
ISO/IEC 17024:2012 *Conformity Assessment – General Requirements for Bodies Operating Certification of Persons*
ISO 9001:2015 – *Quality Management Systems-Requirements*
ISO/IEC 17000:2020 *Conformity Assessment – Vocabulary and General Principles*

3. TERMS AND DEFINITIONS

The following alphabetically listed definitions are specific to this document:

3.1 accreditation/reaccreditation

third party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks

3.2 accreditation body

authoritative body that performs accreditation

3.3 accreditation body logo

logo used by an accreditation body to identify itself

3.4 accreditation body certificate

formal document stating that accreditation has been granted for the defined scope and time period

3.5 accreditation body symbol

symbol used by accredited CABs to indicate their accredited status

3.6 appeal

request by a CAB for reconsideration of any adverse decision made by the accreditation body related to the CAB's accreditation status

3.7 application review committee (ARC)

committee assembled annually that is tasked to review and make recommendations on applications of any CAB that has applied for accreditation or reaccreditation; the term ARC and

surveillance team are interchangeable depending on whether the activity is a reaccreditation or a surveillance

3.8 assessment

process undertaken by an accreditation body to assess the competence of a CAB, based on particular standards and other normative documents and for a defined scope of accreditation

3.9 assessor

person assigned by an accreditation body to perform, as part of an ARC, an assessment of a CAB

3.10 audit

a methodical examination and review other than an assessment of a CAB (e.g., internal audit)

3.11 complaint

expression of dissatisfaction, other than an appeal, by any person or organization, to an accreditation body, relating to the activities of that body or of an accredited CAB, where a response is expected

3.12 conformity assessment body (CAB)

body that performs assessment services and that can be the object of accreditation

3.13 consultant/consultancy

participation by an FSAB Director in advising a CAB on specifics of its accreditation/reaccreditation application process, including the application, site visit, accreditation, surveillance, and complaints

3.14 expert

person assigned by an accreditation body to provide specific knowledge or expertise with respect to the scope of accreditation to be assessed

3.15 extending scope of accreditation

process of enlarging the scope of accreditation

3.16 interested parties

parties with a direct or indirect interest in accreditation

3.17 lead assessor

assessor who is given the overall responsibility for specified ARC activities

3.18 management review

an annual review of the FSAB management system in order to assess its continuing adequacy and effectiveness

3.19 provisional accreditation

an extension of accreditation status in modified form under reasonable exigent circumstances to allow applicant CAB additional time to meet the FSAB Standards for full accreditation

3.20 *reducing accreditation*

process of reducing the scope of accreditation

3.21 *risk*

the effect of uncertainty on achieving the objectives of the FSAB

3.22 *scope of accreditation*

specific conformity assessment services for which accreditation is sought or has been granted

3.23 *surveillance*

set of activities, except reaccreditation activities, to monitor the continued fulfillment by accredited CABs of requirements for accreditation

3.24 *surveillance team*

the presidentially appointed members who conduct surveillance activities of a CAB; the term ARC and surveillance team are interchangeable depending on whether the activity is a reaccreditation or a surveillance

3.25 *suspending accreditation*

process of temporarily rescinding accreditation in full or for part of the scope of accreditation

3.26 *withdrawing accreditation*

process of revoking accreditation in full

3.27 *witnessing*

observation of the CAB carrying out conformity assessment services within its scope of accreditation

4. THE FSAB AS AN ACCREDITATION BODY

4.1 Legal Responsibility

The FSAB is a registered legal entity, being incorporated and existing as a non-profit corporation under the Colorado Revised Non-profit Corporation Act (see Bylaws 1.2 and Articles of Incorporation).

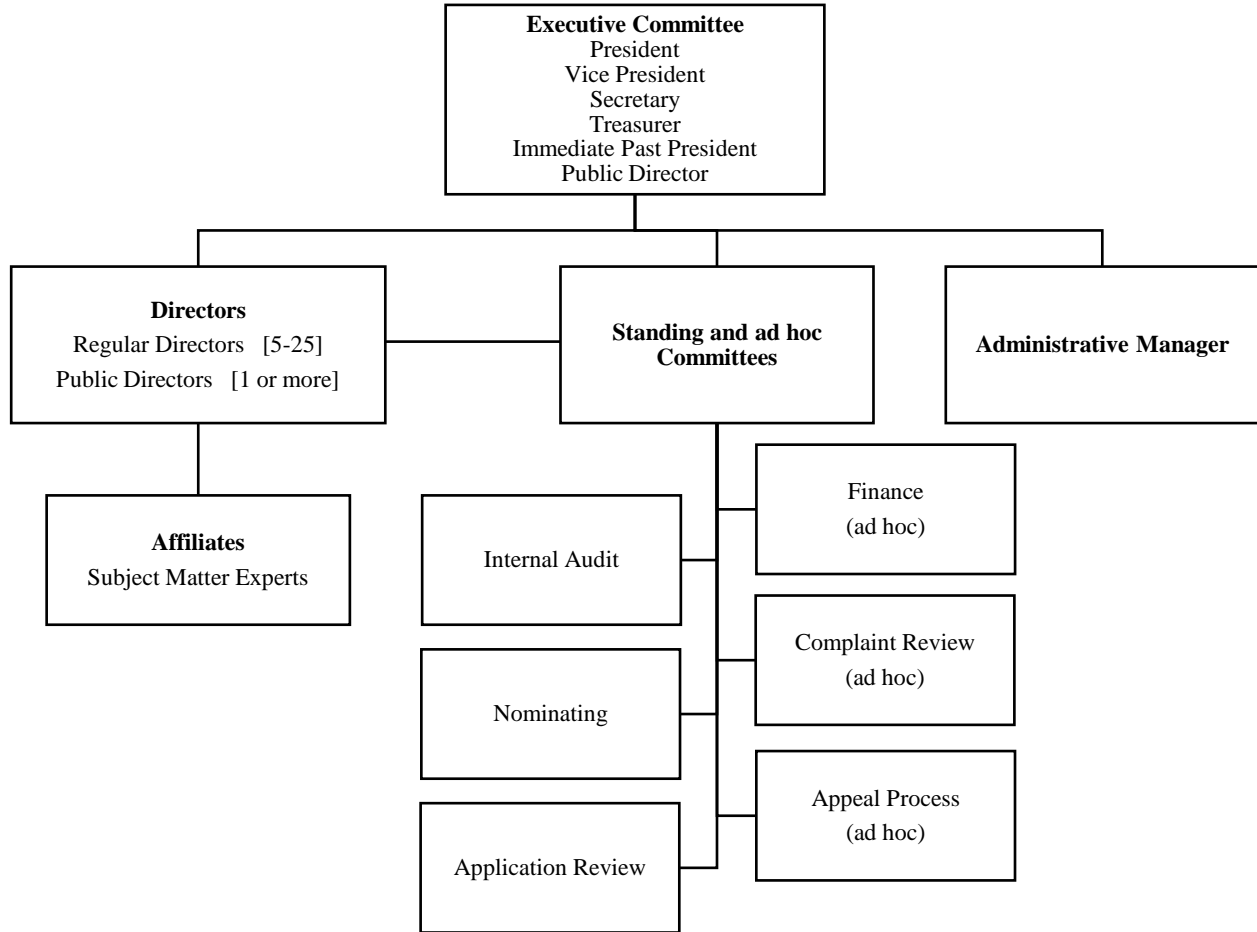
4.2 FSAB Structure

4.2.1 The FSAB is guided by the Colorado Revised Non-profit Corporation Act (2018) <https://leg.colorado.gov/sites/default/files/images/olls/crs2018-title-07.pdf>, a set of FSAB Bylaws, Standards, Policy Manual, and Procedures, which can be accessed by the public on the FSAB website.

4.2.2 The FSAB is solely responsible for its decisions on matters involving accreditation (including the granting, maintaining, suspending, renewing, extending, and withdrawing thereof).

4.2.3 The FSAB's legal status is described in its Bylaws (Section 1).

Organizational Chart



4.2.4 The FSAB’s Board is led by the the Executive Committee (see the Organizational Chart). The duties, responsibilities, and authorities of the Officers and Directors can be found in the Bylaws (Sections 5 and 6).

- a. The Officers are the President, Vice President, Secretary, Treasurer, and Immediate Past President, who together with a Public Director comprise the Executive Committee.
- b. The Board is comprised of five to twenty-five Directors, the exact number to be set by Board action.
- c. The standard term for each Director shall be three years; no one shall serve as Director for more than four consecutive full terms, though this limitation does not preclude subsequent election after an interruption in service.
- d. There shall be two categories of Director: Regular and Public. Regular Directors must be certificants of the FSAB accredited CABs. Public Directors are representatives of interested, non-certificate holding stakeholders.
- e. At least one Director of the FSAB shall be a Public Director.
- f. Affiliates (typically former Directors) from various forensic specialties are appointed by the President as needed for assistance in an advisory role.

4.2.5 The FSAB shall ensure that it has access to necessary expertise for advice on matters directly relating to accreditation.

4.2.6 The FSAB identifies personnel responsible for the following:

- a. Development and review of policies relating to the operation of the accreditation body – Internal Audit Committee
- b. Supervision of the implementation of the Policy Manual and Procedures – Board
- c. Supervision of the finances of the FSAB – Treasurer and the Immediate Past President
- d. Decisions on accreditation – Board (pursuant to recommendation of an Application Review Committee [ARC])
- e. Contractual agreements – President/Executive Committee
- f. Delegation of authority to committees or individuals, as required, to undertake defined activities on behalf of the Executive Committee – President
- g. Administrative matters in support of the FSAB – Administrative Manager

4.2.7 The FSAB rules for the appointment, purview and operation of committees follow. In addition, participating parties are identified. For details of the organizational structure of the FSAB, see the website at <http://thefsab.org>. Standing and ad hoc committees include:

- a. Executive Committee
 1. The Committee consists of the President, the Vice President, the Secretary, the Treasurer, Immediate Past President and a Public Director. The President serves as the Chair as specified in the Bylaws 6.8.1. The Executive Committee is empowered to act for and on behalf of the Board on matters that require action between Board meetings.
- b. Application Review Committee (ARC)
 1. Membership: The President shall appoint an Application Review Committee and its Chair for each application received for accreditation or reaccreditation. The President shall oversee the work of all the Application Review Committees (see Procedure 1: Operation of Application Review Committee (ARC)).
 2. There shall be a minimum of three members (Directors or Affiliates) on the Committee. The ARC Chair must be a Director. The term of the appointment shall be one year and may be renewed.
 3. Non-voting invited specialists may be used to assist the ARC pending approval of the President. The ARC Chair may appoint individuals other than Committee members to serve as coordinators for various Committee responsibilities, such as maintaining records.
 4. Confidentiality agreements shall be part of any contractual or volunteer arrangements.
 5. Duties of the ARC are to: review all application materials to assess compliance with FSAB Standards, maintain all application materials for the CAB under assessment, conduct site visits and make recommendations to the Board as to accreditation (see Section 7.2 and Procedure 1: Operation of Application Review Committee (ARC)).
 6. Directors shall not serve on ARCs for the CAB by which they are certified or for other CABs in their forensic specialty.
- c. Internal Audit Committee
 1. The Internal Audit Committee shall be appointed by the President and shall consist of three or more Directors who are not members of the Executive Committee. The Internal Audit Committee Chair is elected by the Committee.
 2. The Internal Audit Committee shall conduct an annual audit of the FSAB Bylaws, Standards, Policy Manual, Procedures, and records.

3. The Internal Audit Committee shall provide an annual report on its review of the records for the corporation to the Board during the annual meeting (see Procedure 2: Performing Internal Audits).
- d. Nominating Committee
1. The President shall appoint a Committee to provide nominations for Board and Officer positions to be voted on at the annual meeting. The Immediate Past President, where possible, shall serve as Chair of the Nominating Committee.
 2. Candidates for officer positions shall be nominated from current Directors.
 3. The Board shall solicit from its accredited CABs one or more nominees for Regular Director positions.
 4. When a Director position opens, prior to the annual meeting, a request for nominations is sent to all accredited CABs, along with a job description. Solicitations shall also appear on the FSAB website. Selection and approval of Directors is done at the annual meeting. Training is initiated within the first year of directorship and is an ongoing process.
- e. Other ad hoc Committees
1. The President shall create an Appeal Process Committee in the event of an appeal or a Complaint Review Committee in the event of a complaint.
 2. The President may appoint a Finance Committee to make recommendations to the Treasurer and the Board regarding fiscal matters.
 3. The President may create other ad hoc committees as needed. Committee members shall be Directors or Affiliates. A Committee Chair for each committee shall be appointed by the President. Non-voting Affiliates may be used to assist the committees, with the approval of the President.

4.2.8 Committee Chair duties: Each Committee Chair shall review the procedures for their committee annually. Each Committee Chair shall provide a written report to the Board on the results of this review (see Procedure 2: Performing Internal Audits).

4.3 Impartiality. The FSAB is organized and operated in a way that safeguards the objectivity and minimizes risks to the impartiality of its activities through the following means:

4.3.1 The FSAB has documented and implemented a structure that provides opportunity for effective involvement by interested parties. Meetings are open to the public with the exception of executive sessions. The FSAB website also allows for public interaction. The FSAB ensures a balanced representation of interested parties with no single party predominating.

- a. The FSAB shall maintain a website to disseminate information regarding the FSAB and accreditation activities.
- b. Website design and content shall be approved by the FSAB.
- c. The website may be maintained and secured by an affiliate or independent contractor.
- d. The current URL is <http://thefsab.org> and is registered with <http://register.com>.

4.3.2 The FSAB Policy Manual and Procedures are non-discriminatory and are administered in a non-discriminatory way. The FSAB makes its services available to all applicants whose requests for accreditation fall within the activities and the limitations as defined within its policies and rules. Access to accreditation is not conditional upon the number of certificants of the applicant

CAB, is not conditional upon the number of CABs already accredited, nor upon the number of CABs within the same discipline.

4.3.3 All of the FSAB personnel and committee members who could influence the accreditation process are required to act objectively and be free from commercial, financial, and other pressures that could compromise impartiality. The *Annual Agreement and Disclosure Concerning Impartiality, Conflict of Interest, and Confidentiality for Persons Involved in FSAB Accreditation Activities* must be signed by all Officers, Directors, Affiliates and Contractors annually (see Section 4.4.1).

4.3.4 The FSAB ensures that each decision on accreditation is taken by competent individuals or committees different from those who carried out the assessment.

- a. ARC members do not vote on the final decision regarding accreditation/reaccreditation of the CAB that the ARC reviewed.
- b. Directors do not vote on the accreditation/reaccreditation decision regarding CABs in their forensic specialty.

4.3.5 The FSAB does not offer or provide any service that affects its impartiality, such as (a) those conformity assessment services that CABs perform (such as proficiency testing or competency training) or (b) consulting services.

4.3.6 The FSAB does not have related bodies that may compromise its objectivity or the impartiality of its accreditations.

4.3.7 The FSAB identifies, reports, analyzes, evaluates, resolves, monitors, and records its possible risks to impartiality during regular activities (e.g., ARC reviews). At a minimum, the identified risks to impartiality are considered formally at Executive Committee meetings and at annual Board meetings. The results of the consideration of risks to impartiality are recorded in the minutes of the meetings and a copy of the *Strengths, Weaknesses, Opportunities, and Threats (SWOT)* form shall be included. When risks to impartiality are identified, the FSAB records the actions taken to minimize or eliminate the risks. Identified risks are monitored and reviewed no later than the next Executive Committee or Board meeting. Risks identified during an ARC review shall be resolved adequately.

4.4 Confidentiality

The FSAB has adequate arrangements to safeguard the confidentiality of the information obtained in the process of its accreditation activity at all levels, including committees or external bodies or individuals acting on its behalf. The FSAB does not disclose confidential information about a particular CAB outside its purview without written consent of the CAB, except where the law requires such information to be disclosed regardless of such consent.

4.4.1 The *Code of Ethics and Conduct* and the *Annual Agreement and Disclosure Concerning Impartiality, Conflict of Interest, and Confidentiality for Persons Involved in FSAB Accreditation Activities* forms are signed annually and thereafter at the time of appointment or selection.

4.4.2 The Board's administrative manager shall release records to Directors with the approval of the President and to parties external to the FSAB only with the approval of the Executive Committee.

4.4.3 Confidentiality of records

- a. All records, including application and re-application material, are confidential.
- b. The FSAB does not release records without the written approval of the President, except as required by law.

4.5 Liability and Financing

4.5.1 The FSAB has a Directors and Officers insurance policy.

4.5.2 The FSAB has financial resources, demonstrated in its records and documents, that are required for the operation of its activities. The FSAB sources of income are accreditation fees, reaccreditation fees, and annual maintenance fees (see Section 9).

4.6 Accreditation activity

4.6.1 The history and purpose of the FSAB are described in the Introduction to this document. The FSAB sets standards for forensic specialty CABs. The FSAB serves as an accreditation body that applies its Standards to evaluate and monitor CABs.

4.6.2 The FSAB refers to International Standards such as ISO/IEC 17011:2017 and ISO/IEC 17024:2012 and others as guidance documents.

4.6.3 The FSAB procedures for responses to parties expressing an interest in accreditation can be found in Procedure 4: Guidance for Parties Interested in Accreditation.

The procedures may include:

- a. Discussion with potential applicants regarding the suitability of the FSAB accreditation
- b. Discussion with accredited CABs regarding extension or reduction of scope of accreditation

5. MANAGEMENT

5.1 General

5.1.1 The FSAB has established, implemented, and maintains a management system and continually improves its effectiveness in accordance with the requirements of ISO/IEC 17011:2017.

5.1.2 The FSAB has documented and implemented its procedures as laid out in this document and maintains them.

5.2 Management System

5.2.1 The FSAB has defined and documented policies and objectives, as presented in this document and its Standards; this includes a quality policy for its activities. The Executive Committee seeks to maintain effective communication with interested parties via open meetings and a publicly accessible website. The FSAB also seeks to have its policies understood, implemented, and maintained.

5.2.2 The FSAB operates a management system that is appropriate to its type, range, and the volume of work performed. The requirements of ISO/IEC 17011:2017 are addressed in the Policy Manual, Procedures, or the Bylaws. The documents are accessible to the FSAB personnel to maintain effective implementation of the system's procedures.

5.2.3 The Vice President has the responsibility and authority to conduct an annual management review that includes:

- a. Verifying that the procedures needed for the management system are established and followed.
- b. Reporting to the Board on the performance of the management system and any recommendations for improvement.

5.3 Document control. The FSAB has established procedures to control all documents that relate to its accreditation activities (see Procedure 5: Document Control).

5.3.1 The procedures define the controls to:

- a. approve documents for adequacy prior to issuance.
- b. review and update as necessary and re-approve documents.

Note 1: The FSAB votes with majority approval on all documents before they are issued.

- c. confirm that the changes and the current revision status of documents are identified and are available to all interested parties via the FSAB website.
 - i. The FSAB shall confirm that all documents/forms are current on its website on March 1 each year.

Note 2: Footers appear on every document indicating current revision status.

Note 3: Non-current documents are archived.

- d. confirm that documents remain legible and readily identifiable.
- e. prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose.
- f. safeguard, where relevant, the confidentiality of documents.

5.3.2 Confidentiality agreements

- a. Applications and their supporting material are confidential and are not available for inspection by outside parties.
- b. Discussions on the status of a CAB's application are confidential and are not discussed outside of the FSAB meetings.
- c. All Officers, Directors, ARC members, Affiliates, and Contractors are required to sign the *Annual Agreement and Disclosure Concerning Impartiality, Conflict of Interest, and Confidentiality for Persons Involved in FSAB Accreditation Activities* upon assuming their duties and annually thereafter.
- d. The Secretary is responsible for obtaining the signatures of relevant parties on the *Annual Agreement and Disclosure Concerning Impartiality, Conflict of Interest, and Confidentiality for Persons Involved in FSAB Accreditation Activities* each year.
- e. Violation of the *Annual Agreement and Disclosure Concerning Impartiality, Conflict of Interest, and Confidentiality for Persons Involved in FSAB Accreditation Activities* is a violation of the *Code of Ethics and Conduct* and may be sanctioned as set forth in Procedure 17: Handling Complaints Regarding the FSAB and/or Its Personnel.

5.4 Records

5.4.1 The FSAB procedures for identifying, collecting, indexing, accessing, filing, storing, maintaining, and disposing of records are detailed in Procedure 3: Record Control.

5.4.2 Records are retained for a period of 10 years, consistent with the FSAB contractual and legal obligations. Access to these records is consistent with the FSAB confidentiality policy (see Procedure 3: Record Control).

5.5 Nonconformities and Corrective Actions

5.5.1 The FSAB procedures for the identification and management of nonconformities in its operations are in place. The FSAB takes action to eliminate causes of nonconformities to prevent recurrence. Corrective actions shall be appropriate to the problems encountered. The FSAB procedures for dealing with nonconformities include:

- a. Identification of nonconformities (e.g., from complaints and internal audits).

Note 1: The Internal Audit Committee uses internal checklists annually for internal audits, document reviews, complaint reviews, and corporation status.

- b. Determination of the cause of nonconformities.

Note 2: The Internal Audit Committee annual report notes the cause for any nonconformity.

- c. Correction of nonconformities.

Note 3: The Internal Audit Committee annual report notes corrective action taken for nonconformities.

- d. Actions to prevent recurrence of nonconformities.

Note 4: The Internal Audit Committee annual report of the following year shall note results of evaluation of recurrence or non-recurrence of nonconformities.

- e. Actions for timely implementation of corrective measures.

Note 5: The Internal Audit Committee annual report of the following year shall contain recommendations for corrective measures and flag them for the upcoming audit.

- f. Recording of the results of actions taken.

Note 6: The Internal Audit Committee annual report shall note the results of actions taken on any nonconformity occurring the year prior.

- g. Review of the effectiveness of the corrective action(s).

Note 7: The Internal Audit Committee annual report shall address the effectiveness of the corrective action(s) taken for prior nonconformities.

5.6 Preventive Actions

5.6.1 The FSAB undertakes preventive actions to identify opportunities for improvement and to minimize future nonconformities. The procedures for preventive actions are:

- a. Identification of potential nonconformities and their causes (Internal Audit Committee annual review/audit).
- b. Determination and implementation of the preventive actions needed (Internal Audit Committee annual review/audit).
- c. Recording of the results of actions taken (Internal Audit Committee annual review/audit).
- d. Review of the effectiveness of the preventive actions taken (Internal Audit Committee annual review/audit).

5.7 Internal Audits

5.7.1 The FSAB procedures for internal audits assess the conformance to ISO/IEC 17011:2017 and that the management system is implemented and maintained (see Procedure 2: Performing Internal Audits). The Internal Audit Committee performs an annual internal audit for this purpose.

5.7.2 During the internal audit, the Internal Audit Committee considers the importance of the processes and areas to be audited, as well as the results of previous audits. The FSAB shall ensure that:

- a. Internal audits are conducted by qualified personnel who are knowledgeable in accreditation, auditing, and the requirements of ISO/IEC 17011:2017.
- b. Internal audits are conducted by personnel different from those who perform the activity to be audited.
- c. Personnel responsible for the area audited are informed of the outcome of the audit.
- d. Actions are taken in a timely and appropriate manner.
- e. Risks, opportunities for improvement, and actions taken in response to them are identified.

5.8 Management Reviews

5.8.1 The FSAB management reviews are conducted annually to assess continuing adequacy and effectiveness in accordance with ISO/IEC 17011:2017 (see Procedure 6: Conducting Management Reviews).

5.8.2 Inputs to management reviews include, where available, current performance and improvement opportunities related to the following:

- a. Results of audits
- b. Results of peer evaluation, where relevant
- c. Participation in international activities, where relevant
- d. Feedback from interested parties
- e. New areas of accreditation
- f. Trends in nonconformities
- g. Status of preventive and corrective actions
- h. Follow-up actions from earlier management reviews
- i. Changes that could affect the management system
- j. Appeals
- k. Analysis of complaints
- l. Risk assessment

5.8.3 Management review reports include proposed actions related to:

- a. Improvement of the management system and its processes.
- b. Improvement of services and accreditation process in conformity with the relevant standards and expectations of interested parties.
- c. Need for resources.
- d. Definition or re-definition of policies, goals, and objectives.

5.9 Complaints

5.9.1 Upon receipt of a complaint concerning the FSAB or any of its accredited CABs, the President shall appoint a three-member ad hoc Complaint Review Committee (CRC) to include the Vice President as Chair. If the President has a conflict of interest, the Vice President shall appoint the CRC. If the Vice President has a conflict of interest, then the Secretary shall become the Chair of the CRC.

- a. The complaint may be based upon information from individuals or public sources such as news media, internet, court records, etc.
- b. The CRC shall determine if the complaint has sufficient merit to go forward (see Procedure 7: Handling Complaints Regarding a CAB and Its Personnel).
- c. The CRC shall have authority to solicit assistance from non-FSAB members (lawyers, investigators, etc.).
- d. Such outside assistance must be subject to a signed *Annual Agreement and Disclosure Concerning Impartiality, Conflict of Interest, and Confidentiality for Persons Involved in FSAB Accreditation Activities*.

5.9.2 The CRC takes appropriate actions and assesses their effectiveness (see Procedure 7: Handling Complaints Regarding a CAB and Its Personnel).

6. HUMAN RESOURCES

6.1 Personnel Associated with the FSAB

6.1.1 The FSAB has a sufficient number of personnel having the education, training, technical knowledge, skills, and experience necessary for handling the type, range, and volume of work performed.

6.1.2 The FSAB has access to sufficient personnel to serve on ARCs, including ARC Chairs, and experts to cover all of its activities.

6.1.3 The FSAB makes clear to each individual concerned the extent and the limits of their duties, responsibilities, and authorities.

6.1.4 The FSAB requires all personnel to commit themselves formally by signature or equivalent to comply with its Code of Ethics and Conduct. This commitment considers aspects relating to confidentiality and to independence from commercial and other interests, and any existing or prior association with CABs to be assessed.

6.2 Personnel Involved in the Accreditation Process

6.2.1 The FSAB describes for each activity involved in the accreditation process the qualifications, experience and competence required for participation on an ARC or a CRC. Members of those Committees shall be trained and shall read and understand the FSAB Standards, Policy Manual, Procedures, et al. The Regular Directors originate from accredited CABs, and therefore have competency in at least one forensic specialty. The initial and ongoing training required includes ANSI-sponsored ISO/IEC 17024:2012 and internal ARC training.

6.2.2 The FSAB has procedures for selecting, training, and formally approving ARC members and experts used in the ARC process (see Procedure 15: Monitoring Personnel Performance and Training).

6.2.3 The Vice President shall manage the competency requirements and expectations for all Directors. This includes required regular training (one-time and annual) as well as annual and remedial evaluations.

6.2.4 The FSAB identifies the specific tasks or areas for which each ARC member has demonstrated assessment competence. Personnel records are maintained for all Directors.

The FSAB ensures that ARC members:

- a. are familiar with accreditation procedures, accreditation criteria, and other requirements.
- b. have undergone relevant accreditation assessor training.
- c. have knowledge of the relevant assessment methods.
- d. communicate effectively both in writing and orally in the required language.
- e. conduct themselves in a professional manner.

6.3 Monitoring

6.3.1 The FSAB ensures the satisfactory performance of the assessment and accreditation decision-making process through its procedures for monitoring performance and competence of the personnel involved. In particular, the FSAB reviews the performance and competence of its personnel in order to identify training needs (see Procedure 15: Monitoring Personnel Performance and Training).

6.3.2 The FSAB conducts monitoring (e.g., by on-site observations or by using other techniques, such as review of annual reports, feedback from CABs, and peer monitoring of assessors) to evaluate the assessors' performance and to recommend appropriate follow-up actions to improve performance. Each assessor is observed on-site once every three years, unless there is sufficient supporting evidence that the assessor is continuing to perform competently.

6.4 Personnel Records

6.4.1 The FSAB maintains records of relevant qualifications, training, experience, and competence of each individual involved in the accreditation process. Records of training, experience and monitoring are kept up to date (see Procedure 3: Record Control). The FSAB maintains up to date digital records on Directors consisting of:

- a. name, mailing address, phone number and email address
- b. position held by external assessors and experts, and the position held in their organizations
- c. educational qualifications and professional status
- d. work experience/consulting
- e. training in management systems, assessment, and conformity assessment activities
- f. competence for specific assessment tasks
- g. experience in assessment and results of their regular monitoring.

(See Procedure 3: Record Control)

7. ACCREDITATION PROCESS

7.1 Accreditation Criteria and Information

7.1.1 The general criteria for accreditation of CABs are set out in the relevant normative documents (Application, Application Guidelines, the FSAB Standards).

7.1.2. The FSAB makes information publicly available on its website and updates this information at adequate intervals including detailed information about its assessment and accreditation processes, and arrangements for granting, maintaining, extending, reducing, suspending, and withdrawing accreditation.

Note 1: This information shall be updated annually by March 1.

7.2 Application for Accreditation

7.2.1 The application and the FSAB website provide documents (Application Guidelines and Application) containing the requirements for accreditation.

7.2.2 Applicants or potential applicants shall have access to information about the fees relating to accreditation.

7.2.3 Applicant organizations shall be evaluated on standards in force at the time of receipt of on-time application/re-application materials. Any changes in standards that occur between the time of receipt of application materials and final Board action on the application shall not affect the current application.

7.2.4 The FSAB requires a duly authorized representative of the applicant CAB to make a formal application that includes the following:

- a. General features of the CAB, including corporate entity, name, addresses, legal status, and human and technical resources.
- b. General information concerning the CAB such as its activities, its relationship in a larger corporate entity, if any, and all of its physical locations, if any, to be covered by the scope of the accreditation.
- c. A clearly defined, requested scope of accreditation.
- d. An agreement to fulfill the requirements for accreditation and the other obligations of the CAB as described in Section 8.1.
- e. Submitted on forms approved by the FSAB. The forms are available for download from the FSAB website. Any updated versions are available on March 1 of the application year.
 1. Instructions for completing the forms shall be included with the forms.
 2. Instructions for supporting documentation shall be included with the forms.
 3. Applicants must ensure use of most recent application form on the FSAB website (<http://www.thefsab.org/>).

7.2.5 The FSAB requires the applicant CAB to provide at least the following information relevant to the accreditation prior to commencement of the assessment:

- a. A description of the conformity assessment services that the CAB undertakes, and a list of standards, methods, or procedures for which the CAB seeks accreditation, including limits of scope where applicable.
- b. A copy (on paper or in electronic form) of the quality manual and/or policies and procedures manual of the CAB, and relevant associated documents and records.
- c. Four hardcopies of the application and all attachments, as well as a PDF version shall be submitted to the Application Review Committee via the Administrative Office (see Procedure 1: Operation of Application Review Committee).
- d. The application fee shall be submitted with the application. The application shall not be considered complete prior to the receipt of the application fee.
 1. The date for the application shall be the date all appropriate forms, supporting documentation, and application fee are received by the Administrative Office.
 2. The Administrative Office shall acknowledge the receipt of the application in written or electronic communication.

7.2.6 The FSAB reviews for adequacy the information provided by the CAB. This entails:

- a. Following the application timeline that has been developed as a guide for the FSAB (see Procedure 8: Dealing with Late CAB Submissions and Failure to Submit Requested Information).
- b. All application materials must be received by the Administrative Manager by May 1 in any year for the applicant to be accredited or re-accredited the next year. For example, a CAB seeking accreditation/reaccreditation in 2019 must submit an application by May 1, 2018.
- c. The ARC shall review the completed application to determine compliance with the standards and notify the applicant of any deficiencies by August 1.
- d. The applicant shall address the deficiencies with the ARC no later than October 1.
- e. A site visit or visits are scheduled thereafter.
- f. The ARC and CAB point of contact shall communicate as necessary with the goal of resolving any deficiencies by January 15.
- g. The ARC shall make a written recommendation to the Board by February 1.
- h. The Board shall consider and vote on the recommendation of the Application Review Committee at its annual meeting. By March 1, the Board shall notify the applicant organization of its decision.
 1. Applicant organizations may attend, at their expense, Board discussions on their application but shall not attend the vote.
 2. All notifications shall be made in writing. Written electronic notification is permitted with acknowledgement by recipient.
 3. ARC members do not vote on accreditation decisions that they recommend.

Note 1: Prior to submitting an application for accreditation by the FSAB, a certifying body must have been awarding certifications for a minimum of two years.

7.3 Resource Review

7.3.1 The FSAB reviews its ability to carry out the assessment of the applicant CAB, in terms of its own policy, its competence, and the availability of suitable assessors and experts.

7.3.2 The review shall also include the ability of the FSAB to carry out the assessment in a timely manner.

7.4. Contracting the Assessment Prohibited

7.4.1 The FSAB undertakes the assessment on which accreditation is based. The FSAB does not contract for assessment activities.

7.5. Preparation for Assessment

7.5.1 The FSAB formally appoints an ARC consisting of a Chair and two or more Directors and additional Directors and/or experts as needed. When selecting the ARC, the FSAB ensures that the expertise brought to each assignment is appropriate. In particular, the ARC as a whole:

- a. shall have appropriate knowledge of the specific scope for which accreditation is sought.
- b. shall have understanding sufficient to make a reliable assessment of the competence of the CAB to operate within its scope of accreditation.

7.5.2 The FSAB shall ensure that ARC members act in an impartial manner. In particular:

- a. ARC members shall not have provided consultancy to the CAB that might compromise the accreditation process and decision.
- b. In accordance with the provisions of Sections 4.3.3 and 6.1.4, the ARC members shall inform the accreditation body, prior to the assessment, about any existing, former or envisaged link or competitive position between themselves or their organization and the CAB to be assessed.

7.5.3 The FSAB informs the CAB of the names of the members of the ARC and the organization to which they belong, sufficiently in advance to allow the CAB to object to the appointment of any particular assessor or expert. The FSAB has a policy for dealing with any such objections (see Procedure 10: On-site Assessment of CABs).

7.5.4 The FSAB clearly defines the assignment given to the ARC. The task of the ARC is to review the documents collected from the CAB and to conduct the on-site assessment (see Procedure 10: On-site Assessment of CABs).

7.5.5 The FSAB has procedures for sampling (if applicable) where the scope of the CAB covers a variety of specific conformity assessment services. The procedures ensure that the assessment team witnesses a representative number of examples to ensure proper evaluation of the competence of the CAB.

7.5.6 The FSAB considers and addresses the potential risks to a comprehensive and thorough assessment if it chooses to sample a portion of CAB activities, locations, and personnel covered by the scope of accreditation.

7.5.7 For initial assessments, in addition to visiting the main or head office, visits shall be made to all other premises of the CAB from which one or more key activities are performed and which are covered by the scope of accreditation. Key activities include policy formulation, process and/or procedure development, and as appropriate, contract review, planning conformity assessments, review, approval and decision on the results of conformity assessments.

7.5.8 For surveillance and reaccreditation where the CAB works from various premises, the FSAB has procedures for sampling to ensure proper assessment (see Procedure 11: CAB Surveillance). All premises from which one or more key activities are performed should be assessed within a defined timeframe. Key activities for the FSAB-accredited CABs include, but are not limited to, storage and maintenance of documents and records and certification testing.

7.5.9 The FSAB works with the CAB and the assigned ARC to identify a mutually agreeable date and schedule for the assessment. However, it remains the responsibility of the FSAB to pursue a date that is in accordance with the surveillance and reaccreditation plan.

7.5.10 The FSAB ensures that the ARC is provided with the appropriate criteria documents, previous assessment reports, and the relevant records of the CAB.

7.6 Document and Record Review

7.6.1 The ARC shall review all relevant documents and records supplied by the CAB (see Sections 7.2.4 and 7.2.5) to evaluate its system, as documented, for conformity with the relevant standard(s) and other requirements for accreditation.

7.6.2 The FSAB may decide not to proceed with an on-site assessment based on the nonconformities found during document and record review. In such cases, the nonconformities shall be reported in writing to the applicant CAB.

7.7 On-site Assessment

7.7.1 The FSAB shall commence the on-site assessment with an opening meeting at which the purpose of the assessment and accreditation criteria are clearly defined, and the assessment schedule as well as the scope for the assessment are confirmed.

7.7.2 The ARC shall conduct the assessment of the conformity assessment services of the CAB at the premises of the CAB from which one or more key activities are performed and, where relevant, shall perform witnessing at other selected locations where the CAB operates, to gather objective evidence that the applicable scope the CAB is competent and conforms to the relevant standard(s) and other requirements for accreditation.

7.7.3 Please refer to Procedure 10: On-site Assessment of CABs, which includes a checklist, worksheet, and report form to be used by the ARC.

7.8 Analysis of Findings and ARC Report

7.8.1 The ARC shall analyze all relevant information and evidence gathered during the document and record review and the on-site assessment. This analysis shall be sufficient to allow the team to determine the extent of competence and conformity of the CAB with the requirements for accreditation. The ARC's observations on areas for possible improvement may also be presented to the CAB.

7.8.2 If the ARC cannot reach a conclusion about a finding, the team should contact the FSAB for clarification.

7.8.3 The FSAB's reporting procedures shall ensure that the following requirements are fulfilled:

- a. A meeting shall take place between the ARC and the CAB prior to leaving the site. At this meeting, the ARC shall provide a written and/or oral report on its findings obtained from the analysis. An opportunity shall be provided for the CAB to ask questions about the findings, including nonconformities, if any, and their bases.
- b. A written report on the outcome of the assessment shall be promptly sent to the CAB. This assessment report shall contain comments on competence and conformity and shall identify nonconformities, if any, to be resolved in order to conform to all of the requirements for accreditation.
- c. The CAB shall be invited to respond to the assessment report and to describe the specific actions taken or planned within a defined time to resolve any identified nonconformities

7.8.4 The FSAB is responsible for the content of the assessment report, including reported nonconformities.

7.8.5 The FSAB ensures that the responses of the CAB to resolve nonconformities are reviewed to see if the actions appear to be sufficient and effective. If the CAB responses are found to be not sufficient, further information shall be requested. Additionally, evidence of effective implementation of actions taken may be requested, or a follow up assessment may be carried out to verify effective implementation of corrective actions.

7.8.6 The results of the assessment are provided to the Board in the form of an ARC report. The ARC report shall include the following, at a minimum:

- a. unique identification of the CAB
- b. date(s) of on-site assessment
- c. name(s) of assessor(s) and/or experts involved in the assessment
- d. unique identification of all premises assessed
- e. proposed scope of accreditation that was assessed
- f. on-site assessment results with a statement on the adequacy of the internal organization and procedures adopted by the CAB to give confidence in its competence, as determined through its fulfillment of the requirements for accreditation
- g. information on the resolution of all nonconformities

- h. any further information that may assist in determining fulfillment of requirements and the competence of the CAB
- i. where applicable, a summary of the results of any proficiency testing or other comparisons conducted by the CAB and any actions taken as a consequence of the results
- j. a recommendation to grant full or provisional accreditation, or to reduce, extend, or deny accreditation for the proposed scope

(see Procedure 1: Operation of Application Review Committee (ARC), which includes a checklist and report form)

7.9 Decision-Making and Granting Accreditation

7.9.1 The FSAB shall, prior to making a decision, be satisfied that the information (see Section 7.8.6) is adequate to decide that the requirements for accreditation have been fulfilled.

Note 1: In this section accreditation includes reaccreditation.

7.9.2 The FSAB shall, at its annual meeting, make the decision on whether to grant or deny accreditation, or reduce or add to the scope of an accreditation on the basis of an evaluation of all information received (see Section 7.8.6) and any other relevant information. The Board may also award provisional accreditation.

- a. The FSAB shall notify a CAB in writing of the decision pertaining to accreditation. If accreditation is not granted, the Board shall include the reasons therefore.

Note 2: The CAB may appeal the decision of the Board regarding accreditation according to the appeals process (see Section 7.10).

Note 3: Any misrepresentation of fact in the application is cause for denial of accreditation or reaccreditation.

7.9.3 The FSAB provides an electronic accreditation certificate to the accredited CAB signed by the President. This accreditation certificate shall identify the FSAB, the scope of accreditation, the date of granting and expiration, and exhibit its logo.

- a. There shall be an approved FSAB logo.
 1. Reference to the function of the FSAB in any advertising or informational literature, including websites, published by the accredited certifying body shall state: “The Forensic Specialties Accreditation Board (FSAB) is an independent board established to accredit professional bodies that certify forensic scientists and other forensic specialists.”
 2. The FSAB name and logo shall not be used in any manner that could be construed as personal endorsement of an individual.
 3. The design of the logo may not be changed and may not be used in color without permission.

Note 1: The official logo may be used by an FSAB-accredited certifying body subject to the guidelines below.

Note 2: The size of the logo must not be reproduced larger or placed in a more prominent position than the logo of the accredited certifying body.

Note 3: The FSAB reserves the right to immediately withdraw permission to use its logo, or to use the logo in a specific placement, upon written notice to the CAB's representative.

- b. The name of the FSAB may be used by an accredited organization recognizing the fact that the organization is accredited (i.e., "Accredited by FSAB").
- c. The certificate issued by the FSAB shall contain the following:
 - 1. The unique identity of the accredited CAB
 - 2. All premises from which one of more key activities are performed and which are covered by the accreditation
 - 3. The unique accreditation number of the accredited CAB
 - 4. The effective date of granting of accreditation and, as applicable, the expiry date
 - 5. A brief indication of, or reference to, the scope of accreditation
 - 6. A statement of conformity and a reference to the standard(s) or other normative document(s) including issue or revision used for assessment of the CAB

7.10 Appeals

7.10.1 The FSAB has procedures to address appeals by CABs (see Procedure 14: Handling Appeals).

7.10.2 Right of appeal. The CAB or applicant CAB may appeal the decision of the Board to deny accreditation/reaccreditation; deny provisional accreditation; suspend or withdraw accreditation; or deny extension of the scope of accreditation.

7.11 Surveillance and Reaccreditation

7.11.1 Surveillance occurs during an accreditation cycle. It is a set of activities, except reaccreditation activities, to monitor the continued fulfillment by accredited CABs of requirements for accreditation.

7.11.2 The FSAB has procedures for carrying out periodic surveillance including on-site assessments, other surveillance activities, and reaccreditation assessments at sufficiently close intervals to monitor the continued fulfillment by the accredited CAB of the requirements for accreditation.

7.11.3 The FSAB requires annual reports from its CABs as part of its regular surveillance program.

- a. Each CAB shall submit an annual report.
- b. The annual report template is on the FSAB website.
- c. The report is due by March 31 of each year.
- d. If an organization sponsors more than one CAB, a separate annual report must be submitted for each CAB.

- e. Failure to submit an annual report shall result in loss of the FSAB accreditation.

7.11.4 The FSAB has designed its procedures for surveillance and reaccreditation assessments of each accredited CAB so that representative samples of the scope of the accreditation are assessed on a regular basis. The interval between on-site surveillance, depends on evidence of stability of the CAB.

- a. Surveillance occurs every year with the submission of the annual report from each CAB, along with additional surveillance as deemed appropriate by the FSAB.
- b. The FSAB may conduct special assessments as part of its surveillance program because of changes described in Section 8.1.2. The FSAB shall advise CABs of this possibility.
- c. Reaccreditation assessments take place at five-year intervals.

7.11.5 Assessments for reaccreditation are similar to initial assessments, as described in Sections 7.5 to 7.9, except that experience gained during the previous assessments is considered. The FSAB reaccreditation process entails re-application for accreditation by the CAB with ensuing on-site assessments. Reaccreditation is required every five years.

7.11.6 Timeline for reaccreditation:

- a. To maintain the accreditation, the CAB must apply for reaccreditation by May 1 of the year prior to expiration of the accreditation certificate.
- b. The Administrative Manager shall notify the CAB of upcoming expiration approximately six months prior to the application due date.
- c. The Board, upon a written request submitted by the organization explaining the extenuating circumstances, may grant an extension for application for reaccreditation.

7.11.7 Eligibility for reaccreditation. To be eligible for reaccreditation, the CAB must meet the following criteria:

- a. hold a valid accreditation certificate
- b. comply with the current accreditation standards
- c. apply for reaccreditation using the current application

Failure to apply shall result in expiration of accreditation. The forms and procedures for reaccreditation are the same as for initial accreditation (see Section 7.2 above). The Board, based on the recommendation of the ARC, shall determine reaccreditation status.

7.11.8 When, during reaccreditation assessment, nonconformities are identified, the FSAB defines the observation requiring a corrective action to be implemented (see Procedure 13: Resolution of Nonconformities Discovered During Assessment and Surveillance Activities).

7.11.9 The FSAB confirms the outcome of the assessment based on the results of the reaccreditation process as described above.

- a. The reaccreditation recommendation shall be acted on by the Board based on the recommendations of the ARC and a review of the supporting documentation by the Board.

- b. The Board shall grant a new certificate of accreditation to the CAB based on successfully meeting the current accreditations standards as determined by the Board.

7.12 Modification of accreditation status

7.12.1 The FSAB procedures for accreditation modifications, including suspension or withdrawal of a Conformity Assessment Body's (CAB) accreditation, the reduction of a CAB's scope of accreditation, and the grant of provisional accreditation can be found in Procedure 12: Modification of Accreditation Status.

7.12.2 The FSAB shall suspend or withdraw accreditation when an accredited CAB has:

- a. failed to meet the requirements of accreditation.
- b. failed to abide by the rules for accreditation.
- c. submitted false or misleading information to the FSAB.
- d. made any misrepresentation of fact in the application for reaccreditation.
- e. failed to file an annual report.

Note 1: The FSAB may suspend, withdraw, or reduce/extend the scope of the accreditation at the request of a CAB.

7.12.3 The Board shall notify the CAB in writing of the suspension or withdrawal of its accreditation or the reduction in scope of accreditation. The Board shall state the reasons for the change in accreditation status.

7.12.4 The FSAB shall note on its website the reduction in scope of accreditation.

7.12.5 Upon notification of suspension of accreditation, the FSAB shall note the CAB's status on its website.

7.12.6 If accreditation is withdrawn, the FSAB certificate must be removed from the CABs website within ninety days, and the CAB shall refrain from displaying the certificate in relation to the CAB's activities. The FSAB shall post a public notice on its website stating that the accreditation has been withdrawn.

7.12.7 If deficiencies that may prevent full accreditation are discovered during an ARC review that cannot be brought into conformity by January 15 prior to the annual meeting at which the reaccreditation shall be considered, then provisional accreditation may be conferred for a period of twelve months at the annual meeting if there are substantial ongoing efforts to address the deficiencies that continue to foreclose full accreditation.

- a. The failure to meet the standards for the FSAB accreditation must be attributable to reasonable exigent circumstances, such as a national pandemic, natural disasters, significant, sweeping changes in the FSAB Standards or a CAB's internal processes.

7.12.8 Suspension, withdrawal, reduction/extension of the scope of accreditation or refusal to provide provisional accreditation requires a 2/3 vote of the Board.

7.12.9 The CAB may appeal the withdrawal of accreditation, the suspension of accreditation, the reduction of scope of accreditation, and refusal to grant provisional accreditation to the Board according to the appeals process outlined in Section 7.10.

7.13 Records on Conformity Assessment Bodies (CABs)

7.13.1 The FSAB maintains records on CABs to demonstrate that requirements for accreditation, including competence, have been effectively fulfilled

7.13.2 The FSAB keeps records on CABs secure to ensure confidentiality. The records on CABs are managed appropriately and in the manner described in Section 5.4.

7.13.3 CAB records include:

- a. relevant correspondence
- b. assessment records and reports
- c. records on committee deliberations, if applicable
- d. accreditation decisions
- e. copies of accreditation certificates

8. RESPONSIBILITIES OF THE FSAB AND THE CAB

8.1 Obligations of the CAB

8.1.1 The FSAB requires the CAB to conform to the following:

- a. The CAB shall commit to fulfill the requirements for accreditation set by the accreditation body for the areas where accreditation is sought and granted. This includes agreement to adapt to changes in the requirements for accreditation, as set out in Section 8.2.3.
- b. When requested, the CAB shall afford such accommodation and cooperation as is necessary to enable the FSAB to verify fulfillment of requirements of accreditation. This applies to all premises where the conformity assessment is conducted to include on-site assessments/surveillance.
- c. The CAB shall provide access to information, documents, and records as necessary for the assessment and maintenance of accreditation.
- d. The CAB shall provide access to those documents that provide insight into the level of independence and impartiality of the CAB from its related bodies, where applicable.
- e. The CAB shall arrange the witnessing of the CAB services when requested by the FSAB.
- f. The CAB shall claim accreditation only with respect to the scope for which it has been granted accreditation.
- g. The CAB shall not use the accreditation in such a manner as to bring the FSAB into disrepute.
- h. The CAB shall pay fees determined by the FSAB.
 1. The Board sets the accreditation and reaccreditation application fees.
 2. The Board shall set and collect an annual maintenance fee from all accredited organizations.
 3. The fee schedule is found in Appendix A: Fee Schedule.
 4. The Treasurer and Administrative Manager shall create invoices for annual fees for the following calendar year to all accredited organizations on or before October 1, and fees are due by December 31. Invoices shall be distributed by the Administrative Office.
 5. If applicable, the Treasurer shall send a notice on February 1 advising an accredited organization of fees in arrears, including the late fee assessment of \$100.
 6. If fee and late fee payments are not received by May 31, the President shall send a notice by certified mail, return receipt requested, to the point of contact as identified in the annual report of the CAB that its accreditation shall be **suspended** effective June 30.
 7. If fee and late fee payments are not received by October 31, the President shall send a notice by certified mail, return receipt requested, to the Treasurer/Administrative Office of the accredited organization on November 1 notifying the organization that its accreditation shall be **withdrawn** effective December 31.
 8. Late Fees/Suspension/Revocation for Non-Payment of Dues. All fees as described in Appendix A shall be paid by December 31 of the year for which they are in arrears.
 9. An accredited organization shall be deemed in arrears if fees are not received by June 30 and accreditation shall be suspended.

10. A suspended accredited organization may be reinstated by payment of fees in arrears, plus a late fee of \$100, plus a reinstatement fee of \$300, if all such fees are paid by December 31 of the year for which they are in arrears.

11. If all fees as described in Appendix A are not paid by December 31 of the year for which they are in arrears, the organization's accreditation shall be withdrawn, and the organization must reapply for accreditation.

8.1.2 The FSAB requires the accredited CAB to inform the Secretary immediately of significant changes relevant to its accreditation, in any aspect of its status, including but not limited to changes in:

- a. legal, commercial, ownership or organizational status.
- b. organization, top management, or key personnel.
- c. main policies.
- d. resources and premises.
- e. scope of accreditation.
- f. other matters that could affect the ability of the CAB to fulfill requirements of accreditation.

8.2. Obligations of the FSAB

8.2.1 The FSAB shall make publicly available information about the current status of the accreditations that it has granted to CABs. This information shall be updated regularly. This information shall include the following:

- a. name and address of the accredited CAB
- b. dates of granting accreditation and expiry dates, as applicable
- c. scopes of accreditation, condensed and/or in full

8.2.2 The FSAB shall, where applicable, provide information about international arrangements in which it is involved.

8.2.3 The FSAB shall give due notice of any changes to its requirements for accreditation (a minimum of forty-five days). It shall take into account views expressed by interested parties before deciding on the precise form and effective date of the changes. Following a decision on, and publication of, the changed requirements, it shall verify that each accredited body carries out any necessary adjustments within the next surveillance period/reaccreditation cycle.

8.2.4 The FSAB EC shall hold a mid-year meeting.

8.2.5 Website maintenance and content. The FSAB shall maintain its website for interested party accessibility as well as Director use. Website content (minimum requirements):

- a. introduction to and history of Board functions
- b. current standards for accreditation and archives
- c. current Bylaws of the Board and archives
- d. application for certifying organizations seeking accreditation and reaccreditation
- e. annual report format

- f. list of Directors with email links and addresses
- g. list of accredited organizations with dates of accreditation/reaccreditation, expiration, and available web links
- h. links to websites of forensic interest to be determined by the Board
- i. summary of meeting minutes
- j. secure area to include materials solely for the use of Directors, accessible only by username and password
- k. past revisions of standards, bylaws, applications
- l. policies and procedures
- m. expense reimbursement forms
- n. logo in a format allowing use by accredited organizations
- o. letterhead in a format allowing use by Directors

8.3 Reference to Accreditation and the Use of Symbols

8.3.1 The FSAB, as owner of the accreditation symbol that is intended for use by its accredited CABs, has a policy governing its protection and use. An accredited CAB is allowed to use the symbol on its reports or certificates issued within the scope of its accreditation.

8.3.2 The FSAB takes effective measures to ensure that the accredited CAB:

- a. fully conforms with the requirements of the FSAB for claiming accreditation status, when making reference to its accreditation in communication media such as the internet, documents, brochures, or advertising.
- b. does not make any statement regarding its accreditation that the FSAB may consider misleading or unauthorized.
- c. takes due care that no report or certificate nor any part thereof is used in a misleading manner.
- d. upon suspension or withdrawal of accreditation (however determined), discontinues its use of all advertising matter that contains any reference to an FSAB-accredited status.
- e. does not allow the fact of its accreditation to be used to imply that a product, process, system, or individual has been specifically endorsed by the FSAB.

The FSAB shall take suitable action to deal with incorrect references to accreditation status or misleading use of accreditation symbols found in advertisements, catalogues, etc. Suitable actions include request for corrective action, withdrawal of accreditation, publication of the nonconformity and, if necessary, legal action.

9. FISCAL POLICIES

9.1 Documentation

9.1.1 Receipts are necessary for reimbursement of expenses. See examples of allowable expenses in Section 9.3 through 9.6.

9.1.2 If no receipts are available, written documentation must be supplied to support any expense claims.

9.1.3 The standard expense report form should be used to submit expense claims.

9.2 Expense Approvals and Reimbursement

9.2.1 The President and Treasurer each have authority to approve expenses.

9.2.2 The President and Treasurer cannot approve their own expenses.

9.2.3 The Board authorizes the Administrative Manager to disburse funds on behalf of the Board as approved by the President or Treasurer.

9.2.4 The President may approve expenses up to \$2500. Expenses greater than \$2500 require President and Treasurer approval.

9.3 Fiscal Policy Details

9.3.1 The fiscal year is March 1 – February 28/29.

9.3.2 General – The Board policy pertaining to travel, lodging and other expenses incurred in the accomplishment of the FSAB business is as follows:

9.3.3 All activities performed, purchases made, or contracts entered into must have the prior approval of the Board or its delegated and authorized committees or employees, except as provided for in 9.2.4.

9.3.4 Following are examples of acceptable documentation:

- a. Air transportation – passenger ticket coupon
- b. Bus or limousine service – ticket stub or personal receipt
- c. Taxi/Rideshare fare – personal receipt
- d. Parking or toll fees – stubs or personal receipt
- e. Hotel bill – hotel issued itemized receipt
- f. Meals – cashier or personal receipt
- g. Phone calls – personal receipt
- h. Convention/meeting fee – registration receipt
- i. Purchases or contracts – itemized receipt or copy of contract

9.4 Travel Policy

9.4.1 The Board or President or Treasurer must approve all travel on behalf of the Board, in advance.

9.4.2 Travel for the annual Board meeting shall be at the expense of the Director or their nominating organization, unless approved by the Board.

9.4.3 The Board may approve travel costs to attend the FSAB functions based on available funds.

9.4.4 Reimbursement shall not exceed the limits approved by the Board.

9.5 Travel – Transportation

9.5.1 If the FSAB-approved travel is combined with other business, vacations, etc., payment of travel shall be on a basis to be agreed upon in advance.

9.5.2 Air travel shall be restricted to coach, tourist, or economy class.

9.5.3 Travel by train, bus or automobile shall be authorized at a reimbursable cost not to exceed the cost of the most direct coach air route. Reimbursable costs incurred in the use of a personal car shall be restricted to the owner. Passengers shall be transported at no additional cost to the FSAB. Subsistence shall be provided for only one day of travel to and from the event.

9.5.4 Authorized automobile trips shall be reimbursed on the basis of the prevailing government announced rate per mile, as determined by the shortest and most usually traveled route between the point of origin and the destination. Toll costs shall be reimbursed.

9.6 Travel – Hotel and Per Diem

9.6.1 Per diem claim shall be based on the prevailing government-announced rate per location.

9.6.2 The hotel room must be booked at the most advantageous rate.

9.7 Other Expenses

9.7.1 Other unforeseen business-related expenses may be authorized by the Treasurer.

9.8 Budget

9.8.1 The Treasurer shall propose an annual budget at the annual meeting.

9.8.2 The Board shall approve a budget at the annual meeting.

9.9 Insurance for the Board

The Board shall obtain appropriate liability and other insurance indemnifying the Officers and Directors of the Board.

9.10 Income

9.10.1 The FSAB income originates from fees.

9.10.2 The FSAB maintains its financial assets in checking accounts.

APPENDIX A: FEE SCHEDULE

Application Fee

All applicants for the FSAB accreditation shall pay an application fee of \$2000. All applicants for the FSAB reaccreditation shall pay an application fee of \$500.

Annual Maintenance Fee

All accredited organizations shall pay an annual fee, according to number of certificants

- up to 1000 certificants: \$500 plus \$3 per certificant
- 1001 to 2500 certificants: \$3500 plus \$2 per certificant in excess of 1000
- 2501 or more certificants: \$6500 plus \$1 per certificant in excess of 2500