RCB Terms and Conditions for Registration - APMG ISO/IEC 20000 Certified Organisation Scheme

The APM Group Limited

Related Documents

Table of Contents

1. Purpose and Structure of this Document

APMG manages the APMG ISO/IEC 20000 Certification Scheme (the Scheme). Operation of the Scheme is closely monitored by APMG to ensure consistency in the implementation of the Scheme.

This APMG ISO20000 Conditions for Registration Scheme document is intended to summarise the terms and conditions, and the duties and responsibilities of each party, and clarify how it will be applied in practice.

Certification Bodies can apply to be registered by APMG and consequently may be granted a licence to use an APMG logo which demonstrates this registration.

APMG registration will only be granted to organisations who have demonstrated that they fully meet the requirements of this APMG ISO/IEC 20000 Conditions for Registration Scheme document.

APMG maintains a register of Registered Certification Bodies (RCBs) and also a register of Certified Organisations that have been certified by RCBs as meeting the requirements of the standard. These can be found on the APMG ISO/IEC 20000 website (https://apmg-international.com/product/iso-iec-20000). A register of auditors who have met the APMG ISO/IEC 20000 Auditor criteria is also maintained, but this register is not published.

All queries about the operation of the Scheme should be addressed to registrations@apmg-international.com or by phone to +44 (0) 1494 452 450.

2. References

APMG's registration process for Certification Bodies is wholly reliant upon them holding valid, current accreditation from a National Accreditation Body which has been recognised by the International Accreditation Forum (IAF) or the European Accreditation (EA) Multilateral Recognition Arrangements (MLA) signatory.

Should there be a conflict between this document's requirements and the ISO standard's requirements, the requirements of this document shall take precedence.

2.1 Normative References

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

- ISO/IEC 17021-1:2015
  Conformity assessment – Requirements for bodies providing audit and certification of management systems
- ISO/IEC 20000-6:2017
  Information technology Service management - Part 6: Requirements for bodies providing audit and certification of service management systems
- ISO/IEC 17000:2004
  Conformity Assessment – Vocabulary and general principles
- ISO/IEC 20000-1:2018
  Information Technology Service Management – Part 1 Specification
- ISO/IEC 20000-10:2018
  Information Technology Service Management Concepts and vocabulary
- ISO 9000:2015
- Quality Management Systems – Fundamentals and vocabulary

3. Terms and Definitions

Definitions of general terms can be found in ISO/IEC 17000, ISO/IEC 17021-1 & ISO/IEC 20000-10. For the purposes of this document, the following definitions apply:

Registration Body

APMG is the Registration Body and scheme owner of the ISO/IEC 20000 registration scheme and maintains a website listing all current certificates for Registered Certification Bodies (RCB) who are part of the scheme, except those clients who wish their details to remain private.

APMG owns the intellectual property (IP) that forms the basis of the registration scheme, together with the scheme logos**.**

Certified Organisation (CO)

An Organisation certified against ISO/IEC 20000-1 by the Certification Body who is or wishes to be registered with APMG and displayed on their website

APMG Decision Maker

An approved APMG representative who reviews the Assessor recommendation and decides whether registration/re-registration should be granted, withdrawn, suspended or modified.

Certification Body (CB)

An organisation which has been accredited by an NAB which is an IAF or EA MLA signatory for ISO/IEC 17021-1 ISO/IEC 27006 accreditation certification services and whose accreditation is current.

National Accreditation Body (NAB)

An organisation that has been appointed as its country's recognised accreditation body by IAF or EA to offer accreditation services to a Certification Body in accordance with ISO/IEC 17021-1, ISO/IEC 20000-6 and ISO/IEC 27006.

Registration Cycle

The period of time an RCB is registered for, before being re-registered. The duration of the RCB registration cycle is 3 years.

Non-conformities

Non-conformities are findings arising from assessments where the RCB has not fully met the scheme requirements or has not been able to evidence that they have done so. These are raised with the RCB at the time of the assessment and an agreed timescale is given to address the issue(s), depending on the severity of the issue.

Quality Management System (QMS)

The policies, procedures, processes, documented information and resources regulating the CBs activities.

Relevant Dates

Registration starts from the date when the application is formally signed by the APMG Decision Maker

Requirement

A process, document or item that needs to be demonstrated to APMG during an assessment activity.

Use of 'Shall' and 'Should'

For the intent and purpose of this document, "Shall" indicates requirements that must be complied with. "Should" indicates requirement which are expected to be complied with, unless specific and justifiable reasons exist for not doing so.

Priority Issues

Non-conformities arising from assessments with timescales depending on the severity of the issue

- **Priority One Issue** – evidence to show how the issue raised will be dealt with to be submitted **one month** after receipt of report

- **Priority Two Issue** – evidence of how the issue raised will be dealt with to be submitted **three months** after receipt of the report

4. Initial Registration

4.1 Eligibility

An organisation is eligible to apply to be an RCB if:

- They are accredited by an NAB holding either relevant IAF or EA MLA signatory status
- The scope of NAB accreditation is one of the following:
    - ISO/IEC 17021-1 Including EA 33 – Information technology
    - ISO/IEC 27001 under ISO/IEC 17021-1

In addition, RCBs must meet the additional requirements of ISO/IEC 20000-6:2011, a*s this describes how the NAB audits the RCB's ability to certify their clients and award ISO20000 certificates.*

4.2 Application

Step One - Application

To register as an RCB, the following documents must be completed and submitted:

1. The APMG RCB ISO/IEC 20000 registration form
2. Evidence that the RCB is a registered legal entity. The address on this document MUST match the address in the APMG RCB ISO/IEC20000 registration form
3. The NAB Accreditation Certificate with a current validity date
4. The NAB schedule of accreditation or other document which describes the scope of the NAB accreditation, which meets the requirements in section 4.1 of this document.
5. Names of a minimum of two Lead Auditors/Auditors who meet the criteria listed on Annex 3 below.
6. A copy of the last NAB initial or reassessment report (NOT Surveillance) covering the accredited scope.
7. A copy of the RCB procedure for auditing and certification in accordance with the APMG RCB ISO/IEC 20000 Registration scheme

Step Two – APMG Review

On receipt of a completed and signed APMG ISO/IEC 20000 Registration Scheme: Registered Certification Body Application Form and all required supporting documentation , APMG will check the following details:

- That the applicant Organisation is a legally registered entity, able to apply for RCB status with APMG.

- That the RCB registered legal name and address supplied in the legal documents with the application matches that on the NAB accreditation certificate.

- That the NAB accreditation certificate has been issued by an IAF or EA MLA signatory as shown on www.iaf.nu and www.european-accreditation.org

- That the NAB accreditation certificate is valid for the scope listed in section 4.1 of this document

- That the nominated Lead Auditor/Auditors meet the relevant eligibility requirements detailed above and in Annex 4: Criteria for Approving APMG ISO/IEC 20000 Lead Auditors and Auditors

- That the NAB initial or reassessment report confirms ongoing conformity with their accredited scope

- The suitability of the CBs procedure for the management of its ISO/IEC 20000-1 certification scheme

Step Three - Acceptance

APMG will advise the applicant organization in writing whether their application has been accepted and will proceed to assessment.

On acceptance of the application, APMG will issue the applicant:

- An invoice for the registration fee detailed in the application. These fees must be paid before registration can be completed.

- An RCB Agreement to be signed electronically. If the RCB Agreement cannot be signed electronically via EchoSign, these should be printed, signed, and any necessary stamps applied and returned to APMG by email.

The application fee is non-refundable, regardless of whether the application process is completed. Please note that submission of the registration form and/or payment of any registration fee does not guarantee successful registration by APMG. See Annex 5 for Schedule of RCB Charges.

The registration process will not be completed until all fees have been paid.

If there has been no progress to an application within three months of receipt by APMG, the application may be terminated by APMG. If the applicant organisation decides to continue at a later date a new application shall be required.

Step Four – Assessment

Upon receipt of payment, the application form and documentation will be reviewed and certified by an APMG Decision Maker. This review ensures:

- that the organisation has adequate procedures as part of its Management System to operate the scheme and support the requirements.

- that the organisation has personnel who are APMG approved, trained and competent in working in accordance with the APMG RCB ISO/IEC 20000 Registration Scheme.

An RCB shall employ a minimum of two APMG approved ISO/IEC 20000 Lead Auditors one of whom shall lead the audit team. The team may consist of technical experts or other auditors who are not APMG approved. However, no audits shall be conducted by Lead Auditors who are not APMG approved.

ANNEX 4 describes the criteria for approving APMG ISO/IEC 20000 Lead Auditors and Auditors.

Step Five - Registration

Upon certification of the application by an APMG Decision Maker and receipt of a signed RCB agreement, the registration process is complete.

APMG will confirm successful registration to the applicant in writing and provide:

- An electronic copy of the logo.
- Access to the APMG on-line database to permit the RCB to register new COs
- An APMG certificate, which makes clear the scope and period of registration. The certification date on the issued certificate is the date when the authorised APMG decision-maker makes the certification decision. (All certificates remain the property of APMG and must be returned to APMG upon request.)

- A listing on https://apmg-international.com/product/iso-iec-20000.

- A listing on APMG website once their scopes are approved.

Registration, is not retrospective. Any initial certification and recertification carried out before the effective date of registration will not have been conducted under the APMG Scheme and therefore, cannot be certified as being an APMG registered certification. Similarly, a surveillance audit carried out on a pre-certified organisation following RCB registration is not sufficient to transition the certified client to APMG registered certification under the Scheme.

All registrations are subject to contractual terms and conditions, and conformance being maintained through surveillance and re registration as listed in Section 2 of this document.

4.3 Complaints and Appeals

Complaints and Appeals by RCBs against registration decisions taken by APMG will be considered in accordance with the APMG process for Complaints and Appeals which can be found at: https://apmg-international.com/copyright-legal-policies

4.4 Client Responsibility

In applying for registration, the applicant is responsible for implementing, maintaining and operating in accordance with the requirements of the Scheme and standards against which registration is granted. Any changes to the client's status, organisation, structure, location, scope of operation and significant changes to its systems must be notified to APMG in writing immediately. The client also agrees to refer to registration and certification appropriately, and to use registration and certification marks/logos as specified in the **Use of APMG Logo** rules (see 4.9 below).

4.5 Changes

RCBs will be notified of any changes to the Scheme and will be expected to respond to such changes in a reasonable timescale.

4.6 Use of APMG Logo

The APMG Certification logo is a registered trademark. The RCB is licensed to use the logo, either in colour or black and white, for the following purposes:

- In marketing collateral describing the Scheme and any specific service that they offer
- On certificates issued to organisations certified following a Scheme audit

When used in colour, the logo shall be reproduced in the exact colours and font of the issued logo.

The image representation of the logos is as follows. Please note that this is for **information purposes only and must not be copied**.

Logo 1 - for use by the RCB on their website and marketing collateral

An electronic copy of the logo will be supplied to RCBs on registration being granted. The logo must not be altered or used in a misleading way, for example to imply certification of something which is not certified. No other use of the logo is permitted and APMG will take strong action against any perceived abuse of the logo, whether by an RCB or any other organisation.

The RCB may not permit organisations to sub-license use of the logo which they have certified within the Scheme. The certified organisation may only reproduce an image of their certificate for use in their marketing collateral.

5. Surveillance and Reregistration

5.1 Purpose

Once registered, the RCB must maintain compliance with the relevant requirements listed in Annex 1. In order to confirm ongoing compliance, APMG will conduct surveillance and reregistration activities.

5.2 Approval Lifecycle

The duration of a standard APMG approval cycle is 3 years. The initial approval marks year zero of the cycle. Surveillance activities will be performed each year during the cycle. A reregistration will be required to start a new approval cycle. The following paragraphs detail the activities required.

5.3 Surveillance

Each year RCBs will have a remote assessment with an APMG assessor to ensure that the organisation continues to operate an adequate management system describing the method used for auditing and certification under its ISO/ ISO/IEC 20000 certification scheme.

APMG will assign an adequately skilled and suitably independent assessor for all assessment activities.

The APMG assessor will evaluate whether the organisation and/or its individuals continue to meet the specific requirements for the scope of application.

Assessments will be based on a sample of the objective evidence available and will follow the applicable structures described in ISO/IEC 17021-1 & ISO/IEC 20000-6.

For each assessment, the assessor will submit a written report on the applicant's suitability for registration based on the assessment findings and any issues found. The report will include a recommendation to APMG:

- Suitable – Registration proposed.

- Not Suitable - Not proposed for registration at this time.

Where an issue is found during the assessment, it will be documented and categorised as follows:

- **Mandatory IAR**

  Definition These are issues presenting a major threat to the services provided leading to a "Not Suitable" recommendation.

Examples include: priority 1 issues e.g. major errors, omissions, systematic occurrences of the same issue, or an accumulation of priority 2 issues. These may suggest further issues exist in non-sampled areas and that the assessed activity cannot be delivered as intended.

- Timing: From the assessment report date, a corrective action plan shall be submitted to APMG within one month, and the issue shall be closed within three months. Effectiveness of the corrective actions will be reviewed at the next assessment.

- **Recommendation**

    Definition These are issues presenting a minor threat to the result of the assessed activity. Individually, these issues do not prevent a "Suitable" recommendation, subject to satisfactory correction. However, a pattern of minor priority 2 issues in the assessment will result in a priority 1 issue.

    Examples include: minor errors or omissions in specific areas, discreet occurrences of an issue, which do not accumulate to a Priority 1 issue. These do not suggest further issues exist in the non-sampled areas and that the assessed activity does not currently threaten the achievement of the intended results.

    Timing: From the assessment report date, a corrective action plan shall be submitted within three months, and the issue shall be closed within six months, Effectiveness of the corrective actions will be reviewed at the next assessment.

- **Observation**

    Definition: These are observations the assessor makes for the RCB to consider.

    Examples include: potential future nonconformities, a situation that may result in a deterioration of the services provided if not addressed. Observations are not nonconformities at the time of the assessment.

    Timing: There is no requirement for a formal response, but they will be reviewed at the next assessment.

- **Opportunities for Improvement (OFI)**

    Definition: These are areas which, in the opinion of the assessor, may add value to the services provided.

    Examples include: examples of industry best practice widely in use, standard approaches to resolving specific issues, suggestions based on the assessor's previous experience

    Timing: OFIs are not nonconformities and do not require a formal response. OFIs are highlighted in the body of the report and are not included in the findings reports.

Upon receipt of APMG's report, the organisation shall review the findings to action any issues in accordance with the priority level assigned and the relevant timescales.

Failure to address the issues in the stated timescales shall lead to suspension/withdrawal. In exceptional circumstances, the APMG Decision Maker may authorise an extension to the timelines.

Where a Not Suitable recommendation is made, APMG may apply additional assessment fees to conduct further assessments.

Reregistration

Every 3 years an RCB must re-register. This process follows the application process in section 4.2 of this document.

5.4 Suspension

5.4.1 RCB Suspension

In circumstances where an RCB does not meet APMG's reregistration or contractual requirements, their reregistration shall be suspended.

Potential reasons for suspension of certification include:

- Failure to undergo surveillance activities within the required timescale.
- Failure to submit corrective actions within the specified timescales.
- Failure to close priority issues within the specified timescales.
- A recommendation of "Not Suitable" for an RCB currently approved.
- The RCB no longer fulfils the eligibility requirements for the service they are certified to offer.
- The RCB does not employ a minimum of two suitably approved APMG Lead/Auditors for the or audits are carried out by Lead Auditors who do not meet the APMG approval requirements
- Failure to return a signed contract.
- Any behaviour which may bring APMG or the scheme into disrepute.
- Breach of APMG IP guidelines as they relate to this Scheme
- Default of payment terms.

During suspension of certification the following shall occur:

- The RCB and its clients shall be removed from the RCB and Certified Organization (CO) web listings on the APMG-ISO/IEC 20000 Certified Organization Scheme website
- The RCB shall cease to use any marketing material that contains reference to APMG certification.
- The RCB shall not be permitted to register any new certified clients.

A notification of suspension and, where applicable, lifting of suspension will be sent to the RCB. This notification will advise the reason and the date from which the suspension applies, the corrective action required and the timescale in which this must be resolved.

To lift the suspension, the RCB must complete appropriate corrective action as noted in the formal notification. APMG may lift suspension on the condition that special measures are imposed on the RCB. These measures may include payment upfront for CO registrations, RCB surveillance or reregistration activities.

Where suspension has not been lifted within three months, the RCB will be withdrawn from the scheme for the reasons stated in the suspension letter.

5.5 Withdrawal

5.5.1 RCB Withdrawal

If certification is voluntarily withdrawn (or involuntarily, following suspension), the RCB will be notified in writing to confirm this and to ensure that the following occur:

- The RCB shall contact all their clients and advise them of the withdrawal
- The RCB will be required to return or alternatively, destroy, any valid APMG registration certificate.

- The RCB shall withdraw the certified organisations' certificates and re-issue the certificates to them without the APMG logos

- The RCB shall provide evidence to APMG that these activities have been completed

- The RCB will be removed from the list of APMG Approved RCB Organisations.

- Access to the APMG on-line database will be removed.

- The list of certified organisations will be removed from the APMG website.

- The RCB shall cease to use any marketing material that contains reference to certification and related IP.

To regain certification following withdrawal, the RCB will be required to re-apply for registration. A full assessment in accordance with the scheme conditions may be required. Details of the activity required shall depend on the circumstances and should be discussed with APMG.

6. RCB Certification of COs

6.1 Certificates

Each certificate issued by the RCB shall bear the following information:
- Unique reference number
- Date of issue and expiry
- Scope of certification
- Organisation (including division, department or locations as appropriate)
- ISO/IEC 20000 Certified Organization in accordance with the conditions above

RCBs should note that the date of issue of the certificate may not be before the date of the audit review and certification decision.

6.2 Reporting of Certifications

RCBs must provide APMG with the following details of each ISO/IEC 20000 certificate issued or withdrawn under the Scheme within 30 days:
- the organisation audited
- the certification scope
- location(s)
- the date of certificate issue (or withdrawal) and expiry
- unique certificate reference
- Whether the organisation gives or withholds permission for the certification details to be published on the ISO/IEC 20000 certification website
- The name(s) of the APMG ISO/IEC 20000 registered auditor(s) taking part in the audit.
- Any other information that may be useful in maintaining the integrity and relevance of the Scheme

APMG will also have the right to examine documentation relating to an assessment for a period of up to three years. RCBs are therefore required to retain copies of all third-party audit and assessment documentation for three years.

In the event that APMG consider that an RCB has issued a certificate to an organisation which does not meet the requirements of APMG RCB ISO/IEC 20000 Terms and Conditions for Registration or ISO/IEC 20000-1, then APMG may, after discussing the matter and failing to reach an acceptable agreement, withdraw authority for the RCB to issue the Scheme logo on that certificate.

APMG recommends that, prior to issue of a certificate and as early as practical in the certification process, the proposed scope statement is notified to APMG for validation. Guidance on scope statement is found in section 7 of this document.

6.3 Auditor Training and Competence Requirements

Before an RCB application can be approved, applicants are required to demonstrate that they have at least two auditors who have attended an APMG-accredited ISO/IEC 20000 auditor training course or equivalent and who have passed the associated examinations or have completed and passed the APMG conversion assessment through attending an alternative accredited (e.g. IRCA and PECB) ISO/IEC 20000 Auditor training course including itSMF BS 15000, holding a valid certificate plus the completion of an APMG ISO/IEC 20000 Auditor interview.

It should be noted that no recognition shall be given for any training certificate that does not relate to an ISO/IEC 20000 Auditor qualification (such as ITIL, ISO/IEC 27001 etc) or for any ISO/IEC 20000 Auditor training certificate issued through internal training within the RCB unless it is recognised by an external accreditation body, such as IRCA and PECB.

Should an RCB wish an auditor with alternate qualifications to be considered, details must be submitted to APMG for review by the Head of Accreditation. Any auditor holding an alternate qualification must undergo an interview with an APMG Assessor.

RCBs are expected to retain a minimum of two ISO/IEC 20000 Auditors that meet the above criteria under their control to ensure that all audits carried out in accordance with the APMG Scheme are conducted by an APMG approved ISO/IEC 20000 Auditor.

For more information about Auditor Training and Competence Requirements please see Annex 4

6.4 Register of Certificates Issued

APMG will maintain a register of all certificates issued by RCBs. This will be published at https://apmg-international.com/product/iso-iec-20000 and will specify the name and location/s of the certified organisation, effective dates, and scope.

Certificated organisations have the right to withhold their information from public display within the register. If they wish to do this then they must request this via their RCB who should then advise APMG.

7. APMG ISO/IEC 20000 Scheme Requirements and Guidelines for Scope Statements

The guidance is intended to align with the requirements of ISO/IEC 20000-3:2012 - Information technology — Service management Part 3: Guidance on scope definition and applicability of ISO/IEC 20000-1

7.1 Preferred Format

The preferred format for a certification scope in the APMG Scheme shall be:

'The IT service management system of <service provider> supporting the provision of <services> to <customers> from <location>'

Instead of a list of services, an alternative format is:

'The IT service management system of <service provider> supporting the provision of services to <customer> from <location> in accordance with the service catalogue.'

Note:
RCBs are reminded that it is a requirement of ISO/IEC 20000-1:2018 (Clause 4.3) that the organisation shall define the scope of the SMS.

ISO/IEC 20000-3:2012 ('Part 3') also gives guidance on this subject.

7.2 Scopes for Publication on the APMG Scheme website

It is the service management system (SMS) that is certified, not the services. Some certificates have pre-printed words which state this, so they are not repeated in the text of the scope submitted to APMG.

In these cases, scopes published on the Scheme website will have a preamble inserted reading 'The IT service management system of …' or similar words and phrases.

The published scope may also contain other information pre-printed elsewhere on the certificate to ensure that the context of the scope is clear. A scope submitted which has been translated into English may be slightly modified by APMG to improve the translation. Such modifications will not alter the context of the submitted scope.

Generally, it will not be necessary for the certificate to be re-issued as a result of minor re-translations. Where a translation cannot be easily modified, the RCB will be contacted to discuss an alternative translation.

Where APMG Assessors identify an issue with a submitted scope, clarification will be sought from the RCB. If possible, the assessors will provide a suggested alternative scope. A maximum of three attempts or three months after first submission per application are permitted to find an agreement before the Scope will be withdrawn and the RCB charged for a Scope Review at the current rates. The APMG Assessors understand that problems may be caused by asking for a scope to be charged following certification.

RCBs are therefore encouraged to submit planned scopes to APMG in advance of the certification so that these can be ratified at an early stage in the certification process.

If after submitting a Scope Statement, it is returned with comments from the Assessors and the Scope cannot be resolved to the satisfaction of all parties, the certification body shall inform APMG as soon as possible that the application is not going to be progressed. Minor differences may exist between the scope as published on the website and that on the certificate. These differences will generally be caused by changes to English grammar and syntax, or the addition of the preamble and other information, and will not affect the context of the scope.

7.3. Common Issues

There are several common issues with submitted scopes. Scopes which do not conform to the following will be returned for clarification and may not be accepted under the Scheme.

- ***Requirement: The Certificate must be in the name of a single legal entity.
  A certificate may list subsidiary offices if they share a common name and 51% or more common ownership.***

 If the services supported by a single SMS are provided under different company names, the RCB must ensure that there is no conflict of interest or risk to the integrity of the SMS. In these situations the scope may specify the service provider name as follows: 'The service management system of Company A also trading as Company B and Company C …' or similar. Alternatively, certificates may be issued in the names of the individual companies provided the certificates have the same serial number with a suffix to differentiate them. For example, the certificate numbers 1234/A and 1234/B.

- ***Requirement: When services described in a scope are limited to internal customers only, this must be specified.*** Customer names need not be specified in the scope. Locations in the scope can apply to customers and/or service provider locations depending on the relevance.

- ***Requirement: Subjective, marketing or redundant phrases are not permitted.*** For example, 'provision of high quality services …', 'mission-critical services …', 'high availability services …', and similar phrases are not allowed. Product names may be accepted where they add clarity to the scope definition. Lengthy lists of activities are discouraged, although it is acknowledged they are sometimes necessary. Please note that it is the SMS supporting the provision of **services** that is certified, not 'solutions' or 'systems'. References to business processes supported by the services should be kept to a minimum. Phrases such as 'including all the processes' and similar are redundant and will be removed.

  Requirement: Do not mention activities like consultancy, application development, project management or similar. These are generally not services supported by a service management system (SMS) and if they appear in a scope, justification will be requested.

- ***Requirement: Do not mention process names, clause names or activities such as 'design', improvement', 'development', 'delivery' and similar.*** Certification will always cover all activities of the standard and prominence should not be given to some activities over others. Where a genuine service has the same name as a process, then it must be clearly identified as a service.

- ***Requirement: Do not refer to SMS documentation in the scope (with the exception of the service catalogue.)*** Documents such as SLAs, contracts, etc. are common to every SMS, and phrases such as, 'in accordance with SLA/contract' are meaningless. When the service catalogue in mentioned, **do not** give its version number or date since the scope always refers to the current version.

- ***Requirement: Do not mention other frameworks in the scope.*** A common example is mention of ITIL® which is meaningless in this context and is also a registered trademark. ITIL® is a registered trademark of AXELOS Limited. All rights reserved.

- ***Requirement: Do not use vague phrases like 'such as', 'including', 'etc.'*** These imply that there are other services included in the scope which are NOT being described.

- ***Requirement: Agreed changes to a certificate scope must be published in the certificates issued by the RCB.*** APMG assessors will provide guidance as to how this is to be achieved, based on the nature of the required changes. In some cases, it may be agreed that the reissue can be held off until the next audit.

Please note that, in general, it can be very difficult to document an accurate scope which directly aligns with scopes from other standards such as ISO 9001 and ISO/IEC 27001. In general, keep the scope short, clear and to the point, and follow the APMG preferred format as far as possible.

7.4. ISO/IEC 20000 References

a) Requirement from ISO/IEC 20000-1:2018 (Clause 4.3):
- Name of the organization managing and delivering the services
- The services in scope

b) Consider also:
- Location(s) the service is delivered from
- The customer and their location(s)
- Technology used to deliver the services

ISO/IEC 20000-3:2012 ('Part 3') also gives guidance on this subject.

7.5 Aligning Certificate Dates

If you are applying to renew certificates (Re-certification), please note that APMG is aligning the certificate dates with ISO/IEC 17021-1:2015 Clause 9.6.3.2.3 so that the audit may be completed, and a decision made prior to the previous certificate expiry date.

For the new certificate date to be continuous from the previous one, the certified period shall be no longer than 4 years.

Applications for re-certification received with expiry dates of more than 4 years, even by one day, will have the expiry date amended to reflect the above, that is, the certificate expiry date will be shown as exactly 4 years from the certificate start date.

Annex 1: RCBs Must meet the Additional ISO/IEC 20000-6:2017 Requirements

The following section provides a list of the additional requirements from ISO/IEC 20000-6:2018, which are required to be implemented and maintained in addition to meeting the requirements of ISO/IEC 17021-1:2015.

The full content of these requirements is contained in ISO/IEC 20000-6:2018, which RCBs are expected to have access to this International Standard and demonstrate conformity with its requirements. These are provided by this document. Only additional requirements have been included below.

Clause 5.2.1 SM5.2.1 Conflicts of Interest

7.2.1 SM7.2.1 Competence of personnel involved in certification activities

Clause 7.1.2.1 SM 7.1.2.1 The term 'technical area'

Clause 8.4.1. SM 8.4.1. Access to the client's documents, including records

Clause 9.1.2.1 SM9.1.2.1 Application review

Clause 9.1.4.1 SM9.1.4.1 Determining audit time for initial audit,

Clause 9.1.4.2 SM9.1.4.2 Adjustments to audit time,

Clause 9.1.4.3 SM9.1.4.3 Adjustments for other management system standard certifications

Clause 9.1.4.4 SM9.1.4.4 Determining audit time for surveillance and recertification audits

Clause 9.1.4.5 SM9.1.4.5 Remote Auditing

Clause 9.1.5.1 SM9.1.5.1 Criteria for multi-site sampling

Clause 9.1.6.1 SM9.1.6.1 Combining management system audits

Clause 9.2.1.1 SM9.2.1.1 Determining audit objectives

Clause 9.2.3.1 SM9.2.3.1 Sampling accuracy

Clause 9.3.1 SM9.3.1 Identification of other parties

Clause 9.3.2 SM9.3.2 Integration of SMS document with that for other management systems

Clause 9.4.8.1 SM9.4.8.1 Audit report

Annex 2: APMG/ISO 20000 Auditor Competency Requirements

No recognition should be given for any training certificate that does not relate to an ISO/IEC 20000 Auditor qualification (e.g. ITIL, ISOIEC 27001, etc.)

No recognition should be given to an ISO/IEC 20000 Auditor training certificate issued through internal training within the RCB unless it is recognized by an external accreditation body, such as IRCA and PECB.

APMG RCBs shall ensure through their initial application review processes that ISO/IEC 20000 Auditors are assigned to audits under the APMG Scheme, that have been qualified through either;

A direct route of completing an APMG ISO/IEC 20000 Auditor training course and hold a valid certificate, or

An indirect route of an alternative accredited (e.g. IRCA and PECB) ISO/IEC 20000 Auditor training course and valid certificate plus the completion of an APMG ISO/IEC 20000 Auditor examination and award of a valid certificate OR conference call interview with a competence evaluation by APMG.

No.	Conditions	Outcome
1	Auditors holding an itSMF BS 15000 Auditor certificate	This certificate is not accepted within the APMG RCB Scheme as it refers to a British Standard before ISO/IEC 20000 Auditors holding an itSMF BS 15000 certificate should consider qualifications using one of the other options 3 & 4, below.
2	Auditors holding an un-accredited (e.g. not recognised by IRCA or PECB or internally issued certificates within the RCB) ISO/IEC 20000 Auditor certificate	These certificates cannot be accepted as evidence of competence. Auditors holding an unaccredited ISO/IEC 20000 Auditor certificate should consider qualifications using one of the other options 3 & 4, below.
3	Auditors holding an itSMF or APMG ISO/IEC 20000 Auditor certificate	These certificates can be, directly, accepted as evidence of competence and the names of Auditors holding these certificates can be entered onto the APMG database.
4	Auditors holding an accredited (e.g. IRCA or PECB) ISO/IEC 20000 Auditor certificate	These certificates cannot be, directly, accepted as evidence of competence. An additional APMG Interview will need to be conducted to ensure that the Auditors has ISO/IEC 20000 competence or completion of the APMG ISO/IEC 20000 Auditor examination. Successful completion of the interview will lead to the Auditor holding these certificates being entered onto the APMG database.

No.	Conditions	Outcome
5	APMG ISO/IEC 20000 Practitioner certificates could be accepted as well as APMG ISO/IEC 20000 Auditor certificates	The APMG ISO/IEC 20000 Practitioner certificates can be accepted if the following criteria is fulfilled – 1. An accredited Auditor training certificate for a Type A Management System Standard (e.g. a MSS that follows the Annex SL High-level structure – ISO 9001, ISO/IEC 27001 etc). 2. Two years auditing experience comprising at least 20 days auditing in the same Type A Management System Standard as the above training certificate.

APMG 7.2.4: All technical experts used on audits must have successfully completed the three-day APMG accredited ISO/IEC 20000 Consultant training course or the APMG Auditor equivalent, hold the associated certificate and have two years relevant IT service management experience, or have completed and passed the APMG conversion assessment.

APMG 7.2.5: The following criteria shall be applied for each auditor in the ITSMS audit team. The auditor shall have:

a) at least four years full time practical workplace experience in information technology, of which at least two years in a role or function relating to IT Service Management;

b) successfully completed a minimum of a five day training programme on the subject of auditing and audit management, two days of which shall have been an itSMF accredited ISO/IEC 20000 Auditor training course or the APMG equivalent and hold the associated certificate;

c) prior to assuming responsibility for performing as an auditor, the candidate should have gained experience in the entire process of assessing an ITSMS. This experience should have been gained by participation in a minimum of two ITSMS assessments, including review of documentation and improvement programmes, implementation assessment and audit reporting;

d) Maintained their own knowledge and skill in auditing ITSMS.

Auditors performing as lead auditor shall additionally fulfil the following requirements:

1. have acted in the role of audit team leader in at least three ITSMS audits, under the direction and guidance of an auditor competent as an audit team leader

2. have demonstrated they possess adequate knowledge and attributes to manage the assessment process;

Any variations to these pre-requisite levels shall be documented by the certification body e.g. for personnel already qualified as auditors in a related discipline.

APMG 7.2.10: Auditors shall be able to demonstrate their knowledge and experience, as outlined above, for example through:

    a) recognized ITSMS-specific qualifications;
    b) registration as an auditor;
    c) approved ITSMS training courses;
    d) up to date continual professional development records;
    e) practical demonstration through witnessing auditors going through the ITSMS audit process on real client systems
    f) at least annually recorded personal reviews and fee

APMG 8.1: The certification body shall inform APMG of any new certifications or changes in certification status within twenty working days of the decision being taken.

SM 8.3: The APMG Scheme certification mark is a registered trademark. Certification bodies are licensed to use the logo, either in colour or black and white, for the following purposes:

    a) in marketing collateral describing the APMG Certification Scheme and any specific associated service that they offer
    b) on certificates issued to organisations successfully passing an audit

When used in colour, the mark shall be reproduced in the exact colours and font of the issued logo. The mark will be supplied to certification bodies on acceptance of their application to join the scheme.

The certification body may sub-license organisations, which they have certified under the Scheme, to use the mark subject to the conditions above on their corporate collateral. The certification body will inform such organisations of the permitted uses of the mark when issuing a certificate. In particular the mark must not be altered or used in a misleading way, for example to imply certification of something which is not certified. No other use of the logo is permitted and APMG will take strong action against any perceived abuse of the mark, whether by a certification body or any other organisation.

SM 9.1.1:
A certification body may offer other management system certification linked with ITSMS certification or may offer ITSMS certification only. The ITSMS audit can be combined with audits of other management systems. This combination is possible provided it can be demonstrated that the audit satisfies all requirements for certification of the ITSMS. All the elements important to an ITSMS audit shall appear clearly, and be readily identifiable, in the audit reports. The quality of the audit shall not be adversely affected by the combination of the audits.
NOTE ISO 19011 provides guidance for carrying out combined management system audits. Please also refer to Annex A of ISO 19011.

SM 9.2.2: The following requirements apply to the audit team as a whole.

    a) In each of the following areas at least one audit team member shall satisfy the certification body's criteria for taking responsibility within the team:

        1) managing the team
        2) management systems and process applicable to ITSMS
        3) knowledge of ITSMS processes and their implementation
        4) knowledge of ITSMS effectiveness review and measurement of the processes
        5) related and/or relevant ITSMS standards, industry best practices and procedures
        6) knowledge of incident handling methods,
        7) knowledge of the current technology where service management might be relevant or an issue,
        8) knowledge of risk management processes and methods.

    b) The audit team shall be competent to review all aspects of the service level agreements in the client organization's ITSMS back to the appropriate elements of the ITSMS.

c) The audit team shall have appropriate work experience and practical application of the service management processes (this does not mean that an auditor needs a complete range of experience of all areas of service management, but the audit team as whole shall have enough appreciation and experience to cover the ITSMS scope being audited).

Technical experts with specific knowledge regarding the process and IT service management issues and legislation affecting the client organization, but who do not satisfy all of the above criteria, may be part of the audit team. Technical experts shall work under the supervision of the lead auditor. An audit team may consist of one person provided that the person meets all the criteria set out in a) above.7.3

SM 9.1.4 Certification bodies shall allow auditors sufficient time to perform the activities related to an assessment. Annex A, ISO/IEC 20000—6:2017 provides a framework for determining auditor time expected for an effective audit.

SM 9.1.5: Multiple site sampling decisions in the area of ITSMS certification are more complex than the same decisions are for quality management systems. Where a client organization has a number of sites meeting the criteria from a) to c) below, certification bodies may consider using a sample-based approach to multiple-site certification audit:

> a) all sites are operating under the same ITSMS, which is centrally administered and audited and subject to central management review;
> b) all sites are included within the client organization's internal ITSMS audit programme;
> c) all sites are included within the client organization's ITSMS management review programme.

A certification body wishing to use a sample-based approach shall have procedures in place to ensure the following.

> a) The initial contract review identifies, to the greatest extent possible, the difference between sites such that an adequate level of sampling is determined.
> b) A representative number of sites have been sampled by the certification body, taking into account:
>
> 1) the results of internal audits of head office and the sites
> 2) the results of management review
> 3) variations in the size of the sites
> 4) variations in the business purpose of the sites
> 5) complexity of the ITSMS
> 6) complexity of the service management systems at the different sites
> 7) variations in working practices
> 8) variations in activities undertaken
> 9) any differing legal requirements.

> c) A representative sample is selected from all sites within the scope of the client organization's ITSMS; this selection should be based upon judgmental choice to reflect the factors presented in item c) above as well as a random element.

> d) The surveillance programme has been designed in the light of the above requirements and covers all sites of the client organization or within the scope of the ITSMS certification within a reasonable time.

The audit shall address the client organization's head office activities to ensure that a single ITSMS applies to all sites and delivers central management at the operational level. The audit shall address all the issues outlined above.

SM 9.2.3.1: The audit plan shall identify any network-assisted auditing techniques that will be utilized during the audit, as appropriate.

NOTE Network assisted auditing techniques may include, for example, teleconferencing, web meeting, interactive web based communications and remote electronic access to the ITSMS documentation and/or ITSMS processes. The focus of such techniques should be to enhance audit effectiveness and efficiency, and should support the integrity of the audit process.

SM 9.4: The certification body may adopt reporting procedures that suit its needs but as a minimum these procedures shall ensure that:

> a) a meeting takes place between the audit team and the client organization's management prior to leaving the premises, at which the audit team provides:

> 1) a written or oral indication regarding the conformity of the client organization's ITSMS with the particular certification requirements,

> 2) an opportunity for the client organization to ask questions about the findings and their basis;

> The audit report should provide the following information:

>> a) an account of the audit including a summary of the document review;
>> b) an account of the certification audit of the client organization's implementation of the service management core processes;

SM 9.3.1: Those who make the certification decision shall not have participated in the audit.

9.2 Initial audit and certification

SM 9.3.1: The certification body shall ensure that the scope and boundaries of the ITSMS of the client organization are clearly defined in terms of the characteristics of the business and the organization. Information on scope statements is contained in the document BS ISO/IEC 20000-3:2012 Information technology — Service management Part 3: Guidance on scope definition and applicability of ISO/IEC 20000-1

SM 9.5.1.1: The entity, which may be an individual, which takes the decision on granting/withdrawing a certification within the certification body, should incorporate a level of knowledge and experience in all areas which is sufficient to evaluate the audit processes and associated recommendations made by the audit team.

SM 9.4.8.2: Integration of ITSMS documentation with that for other management systems.

The client organization can combine the documentation for ITSMS and other management systems (such as quality, information security, health and safety, and environment) as long as the ITSMS can be clearly identified together with the appropriate interfaces to the other systems.

Note: ITSM organizations and ITSMS processes can be complex and subsequent to frequent change. In such situations annual audits may not be appropriate and certification bodies should demonstrate they have considered these issues.

9.5.1.1: The entity which takes the decision on granting certification should not normally overturn a negative recommendation of the audit team. If such a situation does arise, the certification body shall document and justify the basis for the decision to overturn the recommendation.

9.6 Suspending, withdrawing or reducing the scope of certification

SM 9.6.5.1: Any suspensions, withdrawals or reductions of certification or certification scope shall be notified to APMG within twenty working days of the occurrence.

Annex 3: Audit Times based on ISO/IEC 20000-6:2017

ISO/IEC 20000-6:2017

Clause 9.1.4.1 SM9.1.4.4 – Determining audit time initial audit

Table 1 – Relationship between effective number of personnel and audit time before adjustments (initial audit)

For auditor time, please refer to Table 1 from ISO /IEC 20000-6:2018 and its Notes together with Clause 9.1.4.2 SM9.1.4.2 to 9.1.4.5 SM9.1.4.5

Annex 4: Criteria for Approving APMG ISO/IEC 20000 Lead Auditors and Auditors

ISO/IEC 20000-6:2017 Clause 7.2.1 SM7.2.1 Competence of personnel involved in certification activities shall apply.

The following referenced documents are indispensable for the application of this section:

ISO/IEC 20000-1:2018

ISO/IEC 20000-2:2012

ISO/IEC 20000-3:2012

ISO/IEC 20000-10:2018

No recognition should be given for any training certificate that does not relate to an ISO/IEC 20000 Auditor qualification (e.g. ITIL, ISO/IEC 27001, etc.)

No recognition should be given to an ISO/IEC 20000 Auditor training certificate issued through internal training within the RCB unless it is recognized by an external accreditation body, such as IRCA and PECB.

APMG RCBs shall ensure through their initial application review processes that ISO/IEC 20000 Auditors are assigned to audits under the APMG Scheme, that have been qualified through either;

A direct route of completing an APMG ISO/IEC 20000 Auditor training course and hold a valid certificate, or

An indirect route of an alternative accredited e.g. IRCA and PECB, ISO/IEC 20000 Auditor training course or itSMF BS 15000 and valid certificate plus the completion of an APMG / ISO 20000 Auditor examination and award of a valid certificate OR conference call interview with an APMG competence evaluation.

Annex 5: Schedule of RCB Charges

5.1 Fee Structure and Definitions

The price list is available on the APMG RCB Portal: https://iso20000.apmg-international.com/. APMG prices are reviewed annually and are subject to amendment at any time.

5.2 Travel Rechargeable Time

Total travel time to reach assessment destinations outside of the United Kingdom and/or offshore work which is based in the UK will be charged at the relevant day rate in days, half days or quarter days per person. For the purposes of calculating total travel rechargeable time, United Kingdom will include the Crown Dependencies where the total travel time is less than 3 hours.

APMG reserves the right to charge for travel time for an assessment resource to travel from outside of the UK to conduct an assessment in the UK, where that assessment resource is specifically required by the customer.

Time spent during trapped weekend days are not generally billed, unless worked at customer's request. However, assessment team expenses for trapped days will be billed (See below for current Travel and Subsistence rate).

5.3 Expenses

See website for details as above.

5.4 Cancellation Policy and Charges

Where the customer cancels or postpones the date of a visit after it has been agreed, a fee is payable as set out below.

Surveillance and Reassessment visits will normally be booked and agreed with the customer three or more months in advance. Other assessments, including witnessed assessments associated with surveillance and reassessment visits are booked at shorter notice.

If a customer cancels or postpones a visit, once this has been agreed, the costs incurred by APMG will be invoiced in full. APMG reserves the right to withhold any grant, maintenance or renewal of accreditation until it is settled.

Non-payment of invoices which require payment in advance of the assessment date on the due date of the invoice is considered as a cancellation of the assessment by the customer and the cancellation policy will apply.

5.5 Quotations

Customers are entitled to quotations before work begins and are required to confirm their acceptance of the quotation within 14 days of the date of issue. Once work has started, the customer is deemed to have accepted the quotation and is committed to paying for the quoted quantity of effort and any expenses incurred in arranging the visit.

Although we will endeavour to carry out the job within the effort allowed by the quotation, we reserve the right to agree and bill for a different quantity if this is what is actually worked. Accordingly, it is in customers' interests to ensure that their records and evidence are of the agreed standard. Any non-conformities that are identified during an assessment will require additional effort and therefore will result in additional charges.

5.6 **Invoicing**

Invoices are normally raised in sterling and are due and payable in full, are raised in electronic format and sent via email. We may, on a case by case basis, be able to invoice in other currencies, upon application.

Value Added Tax will be applied according to UK rules. Any non-UK taxes and all other transaction charges relating to the payment remain the responsibility of the customer.

5.7 **Payment Terms**

For UK customers, our standard payment terms are 30 days from the date of the invoice, except where indicated that payment is required before any work is undertaken. We reserve the right to withdraw credit, (for example in cases of bad credit or payment history) in which case payment is required in advance of any work being undertaken.

For customers who are required to pay in advance of any work undertaken, invoices will be issued as soon as work is scheduled and no more than four months in advance of the day that work is to be undertaken.

Fees up to and including initial assessment and any associated supplementary or close out work must be paid before accreditation is granted.

5.8 **Payment Methods**

For applications submitted via the online portal, there are two options for payment: one via a third-party online payment system using credit cards or via electronic bank transfers upon receipt of an invoice after successful completion of the application.