Thank you for your interest in serving as a member of the Accreditation Council for the American Association for Laboratory Accreditation (A2LA).

Please complete the following information and indicate all applicable areas in which you are technically qualified. Please attach your resume detailing your direct conformity assessment related experience (i.e. laboratory testing/calibration, inspection body, proficiency testing provider, product certification, reference material production, biobanking), and the technologies and products, material or equipment directly related to your experience. Please include any training certificates that support your conformity assessment and/or technical experience.

Please forward this application, your resume and any supporting records to Ashly Carter at [acarter@A2LA.org](mailto:acarter@A2LA.org). Do not hesitate to contact me if you have any questions or need any additional information.

Respectfully,



Ashly Carter

*Program Manager, Calibration*

5202 President’s Court, Suite 220

Frederick, MD 21703-8398

**Direct:** 301 644 3238

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acarter[@A2LA.org](mailto:tmcinturff@A2LA.org)

www.A2LA.org

Name:       Phone:

Address:      City:      State:       Zip Code:

E-mail:

1. In some cases, regulatory bodies or other specifiers of accreditation will require that the AC reviewing members be comprised of individuals that are United States citizens. If you are a citizen of the United States and willing to provide evidence please check “yes”, otherwise please check “no”.

*\* If checking “yes”, please attach evidence of citizenship (e.g. copy of valid U.S. passport or Passport Card, U.S. issued birth certificate, U.S. Certificate of Naturalization or Citizenship, etc.)* Yes:  No:

1. List any conformity assessment standards (e.g. ISO/IEC 17025, ISO/IEC 17020, ISO/IEC 17065, etc.) with which you have working knowledge:
2. Do you have any hands-on experience and/or knowledge of risk-based assessment principles (i.e. planning on audit agenda, performing an audit using appropriate sampling techniques)? Yes:  No:  If yes, please specify.
3. Do you presently work for or are associated with another accreditation body as a member of their staff, contracted assessor, volunteer or committee member? Yes:  No:

If yes, please specify the organization.

1. Please list any regulatory requirements that you have received training (e.g., TNI standards, AOAC, CPSC, FCC, etc.) and attach copies of applicable certificates or other evidence of attainment:
2. Do you have conflicts of interest or any other limitations as it relates to the following:
   1. Individual CAB organizations? Please specify company name(s):
   2. Geographical areas? (e.g. environmental labs in New England)

1. Please indicate the maximum number of assessment packages you have the ability to review per month?
2. Please provide us with a list of references (with telephone numbers or email addresses) of individuals who are your technical peers and can confirm the technical experience included in your resume.

KEY WORD LIST FOR IDENTIFYING TECHNICAL CAPABILITIES

Please identify the capabilities in which you are technically qualified and can be supported with your resume and/or training certifications.

|  |  |
| --- | --- |
| **TESTING/CALIBRATION ACCREDITATION**  **(ISO/IEC 17025)** | |
| ACOUSTICS AND VIBRATION TESTING |  |
| Acoustics |  |
| Vibration |  |
| BIOLOGY TESTING |  |
| Biological |  |
| CALIBRATION |  |
| Calibration |  |
| **CHEMICAL TESTING** |  |
| Chemical |  |
| **CONSTRUCTION MATERIALS TESTING** |  |
| Construction Material |  |
| **ELECTRICAL TESTING** |  |
| Electrical |  |
| **ENVIRONMENTAL TESTING** |  |
| Environmental |  |
| **FORENSIC TESTING** |  |
| Forensics |  |
| **GEOTECHNICAL TESTING** |  |
| Geotechnical |  |
| **INFORMATION TECHNOLOY** |  |
| IT Testing |  |
| **MECHANICAL TESTING** |  |
| Mechanical |  |

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| --- | --- |
| **TESTING/CALIBRATION ACCREDITATION (ISO/IEC 17025) (cont)** | |
| **NONDESTRUCTIVE TESTING** |  |
| NDT Testing |  |
| **SUSTAINABLE ENERGY** |  |
| Sustainable Energy |  |
| **THERMAL TESTING** |  |
| Thermal |  |
|  |  |
| **INSPECTION BODY ACCREDITATION (ISO/IEC 17020)** | |
| Physical Inspection |  |
| Virtual Inspection |  |
|  |  |
| **REFERENCE MATERIAL PRODUCER ACCREDITATION (ISO 17034)** | |
| RM Producer |  |
|  |  |
| **PROFICIENCY TESTING PROVIDER ACCREDITATION (ISO/IEC 17043)** | |
| PT Provider |  |
|  |  |
| **PRODUCT CERTIFICATION BODY ACCREDITATION (ISO/IEC 17065)** | |
| Product Certification |  |
|  |  |
| **BIOBANKING (ISO 20387)** | |
| Biobanking |  |
|  |  |
| **CLINICAL (ISO 15189)** | |
| Clinical Testing |  |
|  |  |

**Comments/Notes Section**

Please add any comments or clarifying statements to further express your technical background and knowledge, if warranted.

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Date Completed:

Printed Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you.

## DOCUMENT REVISION HISTORY

|  |  |
| --- | --- |
| **Date** | **Description** |
| 04/13/20 | * Initial document publication |