

**Peer Evaluator Nomination Form**

# *(Please complete this form electronically in MS Word and forward it to the Chair of the APAC MRAMC with any necessary attachments)*

|  |  |
| --- | --- |
| Family Name: | |
| Given Name: | Mr/Ms/Dr (please indicate) |
| Organisation: | |
| Position within Organisation: | |
| Economy: | |
| Email Address: | |
| Post-Secondary Educational Qualifications; *including technical areas of qualification*: | |
| Accreditation Body Experience; *including:*   1. *positions, their dates/time periods and descriptions; and* 2. *a summary record of assessment experience (number of assessments, types of conformity assessment bodies) to support the scope(s) or subscope(s) that are included in this nomination.* | |
| Evidence of ISO/IEC 17011**:2017** and Lead Assessor and/or Evaluator Training Courses, *including dates, length of course, course provider:* | |

|  |
| --- |
| Evaluation Competencies: (*please answer “yes” or “no” to each category*)  *Yes/No* Testing (ISO/IEC 17025). Specify areas:      *Yes/No* Medical/Clinical Testing (ISO 15189)  *Yes/No* Calibration (ISO/IEC 17025). Specify areas:      *Yes/No* Inspection  *Yes/No* Reference Material Producer (RMP) accreditation  *Yes/No* Proficiency Testing Provider (PTP) accreditation  *Yes/No* PT[[1]](#footnote-1)  *Yes/No* Management systems certification (ISO/IEC 17021). Specify sub-scopes:      *Yes/No* Product certification (ISO/IEC 17065). Specify areas or sub-scope if applicable:      *Yes/No* Persons certification (ISO/IEC 17024). Specify areas or sub-scope if applicable:      *Yes/No* Greenhouse gas verification and validation |
| Other Relevant Professional Experience (prior to joining accreditation body): |
| Other Relevant Experience (e.g. standards body membership; experience as a trainer in the area of accreditation): |
| Date of Completion of this Summary Biography form: …………. / …………… / ……………. |
| ***Please attach a statement from the applicant’s accreditation body, MRA Council Delegate or Alternate that the applicant possesses the attributes required of an APAC Evaluator or Technical Expert and that the applicant will have his/her accreditation body’s support to participate in APAC evaluations.***  ***Also attach a*** [***APAC FGOV-007***](https://www.apac-accreditation.org/publications/gov-series/) ***Confidentiality Declaration signed by the person being nominated.*** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For APAC MRA MC use only:** | | | | | | | | | |
|  | | | | | | | | | |
| **Application Accepted:** | | | |  |  |  |  |  | |
|  | | | | | YES |  | NO |  | |
| **Stated competencies accepted:** | | | |  |  |  |  |  | |
|  | | | | | YES |  | NO |  | |
| **If NO, commentary / actions required:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Review completed by:** |  |  | |  | | | | |  |
|  | DATE |  | MRA MC Chair | | | | |  | |
| **Follow-up Review (if required) – Commentary & Decision:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Follow-up completed by:** |  |  | |  | | |  | | |
|  | DATE |  | MRA MC Chair | | | | |  | |
| *Completed form to be forwarded to APAC Secretariat* | | | | | | | | | |

1. Competency in PT is not related to the accreditation of PT Providers, but rather to the ability to critically evaluate how PT programs are operated (generally in accordance with ISO/IEC 17043 expectations) and critically evaluate PT performance. [↑](#footnote-ref-1)