



PSL 57B

ISSUE 14 DATED 1st April 2018

IMPLEMENTATION 1st May 2018 (this issue can be accepted by AQB prior to 1st May)

APPLICATION OF: RECERTIFICATION, SUPPLEMENTARY examination OR RETEST of failed examination.

**COMPLETED APPLICATIONS MUST BE SUBMITTED DIRECTLY TO THE AQB (PSL4)
DO NOT SEND TO BINDT**

Recertification exam:

1. To ensure continuity, applications for recertification shall be submitted in a timely manner to ensure the examination is taken no later than 6 weeks prior to the expiry date. Recertified certificates will be issued from the previous expiry and expire 5 years minus a day from the original expiry date, unless a late or deferred application has been submitted.
2. Recertification exams can be sat and booked within the 6 weeks prior to the expiry date, however, the candidate shall apply for late approval using document PSL-28 and shall incur the financial penalty.
3. Applications for recertification by examination submitted after the certificate has expired may be considered by BINDT, up to a maximum of 10 months after the expiry date, however, the candidate shall apply for late approval using document PSL-28 and shall incur the financial penalty.
4. If the examination was sat after the expiry date without a deferred/late approval then the results notice shall be considered invalid.
5. Candidates who require deferred/late approval shall not attempt to book a recertification examination nor shall the AQB confirm an examination booking until the status of the deferred/late application is confirmed by BINDT i.e. approved or declined by BINDT. Requirements of PSL28 must be followed.

Supplementary exams:

For all supplementary requirements and rules refer to PCN/GEN.

1. All initial supplementary exams must be sat no later than 6 months prior to the expiry date of the certificate being supplemented to ensure the results notice is received before the expiry date. Results notices received after the expiry date will not be accepted.



Extensions to retest: if an extension to retest is requested, the extension will be based on the latest retest date given on the result notice.

GENERAL INFORMATION (please read carefully before completing application).

This form is to be used by candidates applying for recertification or supplementary examinations, or for retests of previously failed examinations. Form PSL/57A is to be used for candidates applying for initial examination in any PCN designated NDT method as applied in an industry or product sector.

All candidates for PCN recertification or supplementary examinations and certification are required to fulfill the conditions specified in the current edition of document CP16 (for levels 1 and 2) or CP17 (for level 3) as appropriate.

Eligibility is defined in terms of visual acuity and continuity in the application of the certification for which recertification or supplementary examinations are sought. Candidates will be required to supply verifiable evidence of satisfying all eligibility criteria and PCN publishes the following documents, all of which are available free of charge, for use in recording and providing such information in an acceptable format:

Candidates shall supply, to the AQB, verifiable evidence of satisfying all eligibility criteria i.e. valid visual acuity and experience prior to booking an examination, in the event that BINDT discovers that the required evidence of eligibility is not submitted, any examination results or certification awarded as a result will of the examination will be null and void.

PSL/44 PCN Vision Requirements, including optional form for recording results of tests

CP/16 Renewal of level 1 and level 2 certificates

CP/17 Renewal/Recertification of level 3 certificates

Initial enquiries for examination appointments should be made to the PCN Test Centre by telephone. However, no examination appointment can be considered confirmed until a correctly completed application form and supporting information has been received. Applications should be legibly completed.

Once completed, this form and supporting information should be sent to the PCN Test Centre together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for.

Applications dependent upon the individual holding current valid PCN certification must be supported by acceptable evidence of such certification. If a photocopy is attached to this application as evidence, the candidate will be required to show the original on the day of the examination.

Where marks from earlier examinations are to be included in the average grade, the candidate should supply the relevant examination result notice (or, where unavailable, verifiable information from which the date and scope of the examination and the PCN Test Centre where the examination took place can be ascertained). Failure to comply with this requirement may result in a refusal to examine.

Please refer to the PCN/GEN document for clarification on requirements for **Retests**, **Supplementary exams** and **Distinction grading**.

INFORMATION TO BE PROVIDED BY APPLICANT

This application form asks for specific details on continuity and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. Please complete all of the following parts.

PART 1. CANDIDATE'S PERSONAL DETAILS (to be completed by all applicants)

Family name:		Given names:	
Candidate's usual residence, including post code (this is the address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent.	
CANDIDATES SIGNATURE AUTHORISING CERTIFICATE TO BE SENT TO ABOVE ADDRESS			
Telephone number:		PCN number (if known):	
E-mail address:		Date of birth (dd/mm/yyyy):	
Gender (optional):			
It may be possible to make provision in PCN examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.			

PART 2. CURRENT EMPLOYMENT DETAILS (to be completed by all applicants)

Employer's name and address (including telephone, email address and post code):	
Candidate's position in the organisation:	Employment status (employed or self employed):

PART 3. EMPLOYMENT HISTORY (applicable only to recertification applicants - list all employers during previous 5 years, continuing on a separate sheet if necessary, or attach a completed record of employment using CP16 annex D1)

Employing organisation	Period of employment (from – to)	Contact name and telephone number for verification purposes

PART 4. EXAMINATION APPLIED FOR (to be completed by all applicants - check examination availability with the Test Centre before completing)

Examination type (please state if <u>supplementary</u> , <u>recertification</u> or <u>retest</u> of a previously failed examination):								
Products or industry sector in which certification is sought (castings, welds, forgings/wrought products, pre & in-service inspection, railway or aerospace):								
NDT method (tick only ONE NDT method):		ET	MT	PT	RT	RI	UT	VT
		CRT	TOFD	PAUT				
Level (tick one box). N.B. RI is level 2 only	1	2	3	If level 3 retest, state whether Basic or Main Method:				
Radiation safety (tick only one box, and ignore sector, NDT method, level and categories):	Basic radiation safety				Radiation protection supervisor			
State in the space below the categories of certification that you seek to attain (see relevant appendix to PCN/GEN). Note that there may be limitations upon the number of categories that may be attempted at any one sitting - consult PCN or the Test Centre for further advice.								
For recertification or supplementary, provide applicable certificate number and expiry date:								
For retest, give applicable results notice number:								
Preferred examination date and venue:								

PART 5. PAYMENT (to be completed by all applicants - applicable sections only)

Name and address for invoice (if different from candidate's), including telephone/fax number:					
Some Test Centres provide accommodation or information on the availability of local accommodation. If you wish to receive assistance with accommodation, please tick here:					
Preferred method of payment (bank draft, BACS, cheque, credit card):					Tick box if cheque enclosed:
Name of senior responsible official of the organisation paying examination fees (not the candidate - unless self employed):					
Company order reference:					
For credit card payment, tick the relevant box & provide issue and expiry dates:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Switch	Issue & expiry dates:
Name on card:					
Card number:				Security code (last 3 figures on the security strip on the reverse of the card)	
Signature of above named individual:					
Address of credit card holder:					
Debit the above credit/debit card for the amount shown in respect of exam fees (check with Test Centre to confirm that credit card payment is available)					£ :

PART 6. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

CANDIDATE’S FULL NAME:

PCN NUMBER (if existing PCN certificate holder):

I have read and understand PCN General Requirements for the certification of personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience applicable to the level and NDT method for which I am seeking certification. In the event that I should be awarded PCN certification. I agree to comply with the PCN Code of Ethics (published as PCN document **CP27**). I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor. I understand that BINDT will hold and use personal data supplied by me for administration purposes. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings* containing details of events, new services, products etc...

SIGNATURE: DATE:

NOTE: BINDT will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to BINDT will not be passed on to a third-party without your permission.

BINDT would like to contact you from time to time to let you know about its other services that may be of interest, such as special offers and discounts, events and new products. If you are happy to be contacted by BINDT, please indicate by ticking the box below:

I am happy for BINDT to contact me with information that may be of interest []

You can subscribe or unsubscribe at any time, simply let us know.

Attach

- a. Vision test certificate (PCN PSL44 may be used) unless vision test arranged at Test Centre
- b. Correct examination fee (unless part 5 of this form is appropriately completed); details of fees are available from the test or examination centre.

Bring

- c. 2 passport photographs (Unless already a holder of a PCN identity card issued within the past 10 years, or if photographs are to be taken at the Test Centre – check beforehand if facilities are available on site)
- d. Your PCN record of certification and PCN identity card (if already a PCN certificate holder)
- e. Your own NDT instrument if desired (information on acceptable instruments is available from the Test Centre), together with a valid calibration certificate.

PART 7. VERIFICATION OF CANDIDATE’S STATEMENT BY THE SPONSOR, EMPLOYER OR, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.

To the best of my belief, the candidate's statement given above is correct at the time of signing.

NAME:SIGNATURE:

COMPANY:TELEPHONE:

PART 8. FOR OPTIONAL USE BY THE TEST CENTRE

EXAMINATION DATE: EXAMINATION VENUE:

EXAMINER: MODERATOR:

PAYMENT RECEIVED: RESULT REFERENCE:

EXAMINATION FILE COMPLETE AND CLOSED (initials/date):

REMARKS (if any verification sought and obtained, record details below):

PSL/44 VISION REQUIREMENTS – Issue 17

Dated 1st January 2018

Implementation date 1st February 2018

All PCN candidates and holders of PCN certification shall have natural or corrected vision satisfying the following minimum requirement:

PCN will recognise the Tumbling E Chart as a satisfactory near vision test please refer to BS EN ISO 18490 previously NANDTB 24 which has been superseded <http://www.eminspection.co.uk/visiontests/>. (Existing documentation or Tumbling E vision test charts that continue to state NANDTB/24 remain valid but ISO 18490 is the standard that must be adhered to.)

The candidate shall provide documented evidence of satisfactory vision in accordance with the following requirements:

- A. Corrected or uncorrected near-vision acuity shall permit reading a **minimum of Times Roman N4.5 or equivalent letters** (having a vertical height of not more than 1.6 mm – see note 1) at not less than 30 cm.
- B. Colour vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colours or shades of grey used in the NDT method concerned as specified by the employer see PSL/44 ANNEX A for employer guidance.

Subsequently to certification, the tests of visual acuity shall be carried out at least annually. Records of tests shall be retained by the employer or responsible agency and provided to PCN upon request. Failure to do so will invalidate all PCN certification.

NOTE 1. Laminated hand held vision test charts are available from a number of suppliers, including the Institute of Optometry*. Further information may be obtained from the Certification Services Division of the British Institute of NDT. *<http://www.ioosales.co.uk/html/practice/eye06B.html>

NOTE 2. All candidates and holders of PCN certification will be required to have had colour perception assessed by the Ishihara 24 plate test. *For VT and CRT the candidate is usually required to undergo both the Ishihara and Grey scale tests, however, the employer will need to confirm with the AQB. For Film RT and Film RI the grey scale may be sufficient without the need for the Ishihara plate test, this shall be confirmed by the employer.* The test is required every five years. **In the event that a colour perception deficiency, indicated by misreading any of the first 17 plates, is detected during the Ishihara test, a further 'trade test' is to be carried out by the employer to ascertain whether the detected colour perception deficiency affects the individual's ability to perform the NDT for which he is certificated.** This trade test is to be documented and the record of the test made available to BINDT upon request.

In such cases as a new medical issue arises candidates are required to undergo further eye examinations as some medical conditions such as diabetes or a major medical condition can affect both near vision and colour perception.

Forms overleaf may be used to record the results of near vision, colour perception and contrast tests.

BINDT accepts that a *nominated official of an Authorised Qualifying Body, a PCN Level 3 certificate holder or other medical professional, having documented proof of satisfactory training in the administration of the test, and is medically recognised as competent to conduct such tests for candidates and holders of PCN certification.

**nominated officials must provide proof of appropriate training upon request by BINDT.*

RECORD OF VISION TESTS

Name of individual tested: _____ PCN number: _____

Address: _____

Telephone: _____ Email: _____

Employer: _____

RESULT OF NEAR VISION TEST (record the smallest text capable of being read).	
CORRECTED	UNCORRECTED
Times Roman N: _____, or Jaeger number: _____	Times Roman N: _____, or Jaeger number: _____
RESULT OF NEAR VISION TEST – Tumbling E Option (candidates should correctly identify 5 out of 5 on each line, and lines 1-9)	
CORRECTED	UNCORRECTED
Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail	Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail
RESULT OF ISHIHARA COLOUR VISION TEST Record the Ishihara test results, and indicate if an alternative (trade) test is suggested.	
Please state number of Ishihara plates correctly interpreted: Failure to record this will result in vision test being rejected (MINIMUM OF FIRST 17)	Record of Ishihara plates failed (the test administrator may, optionally, provide comment on the nature of colour perception deficiency):
RESULT OF GREY SCALE TEST	
Which grey scale test was used?	Number of correct readings given for Dr Kolbl ONE/TUV/BV Eye Examination (20 minimum) Pass/Fail (delete as appropriate) The Skerik grey scale test: - Contrast modification – It is required that the contrast of 2% and above shall be clearly discriminated on pattern while contrast of less than 1% shall not be visible. Pass/Fail (delete as appropriate)

RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2) The employer should state the NDT methods and associated colours used by the employee:			
NDT METHOD	ASSOCIATED COLOURS	COLOUR DIFFERENTIATION	CONTRAST DETECTION
RESULT OF OPTIONAL FAR VISION TEST			
CORRECTED		UNCORRECTED	
Corrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres). Pass/Fail (delete as appropriate)		Uncorrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres). Pass/Fail (delete as appropriate)	
DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS			
Signature:		Name of tester:	
		Date of test:	
		Expiry date of test:	
		(note: maximum 12 months from date of test but may be prior to that)	
Organisation and telephone number (please use official stamp if available):			