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When replying please quote:

Ref.: NT-NT1-2, NT-NI-5, NT-NS2-35 — **E.OSG - NACC61954**

3 August 2016

To: States, Territories, ECCAA and CASSOS

Subject: **Invitation – First Regional Meeting/Workshop for National Continuous Monitoring Coordinators (NCMCs)**  
Mexico City, Mexico, 28 November to 2 December 2016

Action

- Required:
- 1) Submission of presentations by the deadlines provided in this letter
  - 2) Register participation by **28 October 2016**

Sir/Madam,

I wish to invite your Administration, and in particular, the National Continuous Monitoring Coordinators (NCMCs), to participate in the First Regional Meeting/Workshop for NCMCs of the Universal Safety Oversight Audit Programme - Continuous Monitoring Approach (USOAP-CMA), to be held at the ICAO NACC Regional Office, Mexico City, Mexico, from 28 November to 2 December 2016.

This event is part of the technical assistance activities performed by the ICAO NACC Regional Office under the “*No Country Left Behind*” (NCLB) strategy, to support States in the improvement of the Effective Implementation (EI) of ICAO Standards and Recommended Practices (SARPS), in accordance with the ICAO USOAP-CMA and to achieve the Safety targets agreed upon under the *Port-of-Spain Declaration* (PoS). The working languages of the meeting will be English and Spanish, with simultaneous interpretation provided, if sufficient participants of both languages provide timely registration.

The main objective of the event is to review the progress on the USOAP Protocol Questions (PQs) and Corrective Action Plans (CAPs), provide guidance on managing the USOAP CMA On-Line Framework (OLF) and identifying solutions and ways to improve EI. The Provisional Programme for this event is at **Attachment A**. You are kindly requested to complete and return the Registration Form at **Attachment B** by e-mail for each participant by **28 October 2016**.

I encourage you to share with the Meeting/Workshop a presentation on the progress of your ICAO SARPs/USOAP implementation by **28 October 2016**, using the presentation template included in **Attachment C**.

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It is an essential requirement for participants to bring a personal computer (laptop) with full administrator access rights and access to the following websites:

- ICAO iSTARS: <http://www.icao.int/safety/iStars/Pages/Register.aspx>.
- USOAP-CMA: <https://soa.icao.int/usoap/>

The list of suggested hotels, ICAO NACC Regional Office location, hotel sector maps, as well as other useful information are available on the “*Visiting Our Office?*” Section of the ICAO NACC Regional Office website ([http://www.icao.int/NACC/Pages/visitors\\_info.aspx](http://www.icao.int/NACC/Pages/visitors_info.aspx)). Participants are encouraged to make reservations directly with the hotel(s) in a timely manner.

Event presentations will be placed in the Meetings Section of the following web page: <http://www.icao.int/NACC/Pages/default.aspx> as they become available. Taking into consideration the availability of documentation in electronic format, no hard copies will be distributed during the event.

Furthermore, in accordance with the 2016 Activities Plan approved by the Steering Committee of the Regional Technical Cooperation Project for the Caribbean Region – *Multi-Regional Civil Aviation Assistance Programme (MCAAP) (RLA/09/801)*, I am pleased to inform that the Project is offering for this event one fellowship to each Project Member<sup>1</sup>.

The fellowship includes Daily Subsistence Allowance (DSA) to cover lodging and per diem. Your Administration shall provide the candidate with the air ticket to/from Mexico City, Mexico, and ensure that the candidate has the necessary travel documents, vaccinations, and visa prior to departure. The duly completed Fellowship Nomination Form must be received in this Regional Office by **7 November 2016**. The steps to apply for a fellowship, the nomination form and other useful information are published on the Project RLA/09/801 website at: <http://www.icao.int/NACC/Pages/edocs-tc.aspx>

Regarding the fellowship offered to the Eastern Caribbean States through ECCAA, please note that the candidate appointment decision should be made between your Administration and ECCAA. Once coordination has been completed, the nomination form of the candidate representing the Eastern Caribbean States **should be sent to this Regional Office by ECCAA**.

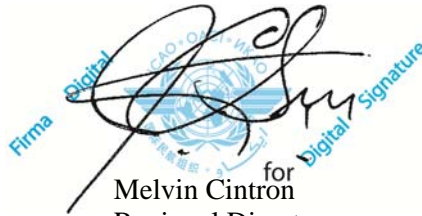
Should you require further information regarding the event, please contact Mr. Eduardo Chacin, Regional Officer, Flight Safety ([echacin@icao.int](mailto:echacin@icao.int)), or Ms. Lizette Morales, Assistant, ([lmorales@icao.int](mailto:lmorales@icao.int)).

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<sup>1</sup> *RLA/09/801 Project Member States* are: Bahamas, Barbados, Cuba, Curaçao, Dominican Republic, Haiti, Jamaica, Mexico, OECS States through ECCAA (Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), Trinidad and Tobago and Central American States through COCESNA (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua).

Accept, Sir/Madam, the assurances of my highest consideration.



for  
Melvin Cintron  
Regional Director  
North American, Central American and  
Caribbean (NACC) Regional Office

**Enclosure:**

*A – Provisional Programme*

*B – Registration Form*

*C – Template for Presentation*

*N:\NT - Air Navigation (Worldwide)\NT 1-2 - USOAP\NCMCsMeeting2016\NACC61954FS-States-NCMCsInvLetter.docx*

## ATTACHMENT A

### PROVISIONAL PROGRAMME

Time	Monday 28 November 2016	Tuesday 29 November 2016	Wednesday 30 November 2016	Thursday 1 December 2016	Friday 2 December 2016
08:30 – 09:00	Registration				
09:00 – 09:30	Opening Ceremony & Photo	CMA Online Framework (OLF) and Electronic Filing of Differences (EFOD) Module 3	Demonstration and Group Exercises (Develop and manage CAPs)	ICAO NACC Regional Office Perspective  NCMC Presentations	NCMC Presentations
09:30 – 10:00	Module 1 Introduction	Protocol Questions (PQ) Self-Assessment and Submission/Update Corrective Action Plans (CAPs) Module 4	Demonstration and Group Exercises (Manage CC/EFOD)		
10:00 - 10:15	Coffee break				
10:15 – 12:30	Overview and updates of the USOAP CMA Module 2	Demonstration and Group Exercises (Access Control/State Dashboard)	Demonstration and Group Exercises (Manage CC/EFOD)	NCMC Presentations	Conclusions
12:30 – 13:30	Lunch time				
13:30 – 14:15	Module 2 (cont'd)	Demonstration and Group Exercises (Manage PQ)	Demonstration and Group Exercises (E-Supplements)	NCMC Presentations	Meeting/Workshop Debriefing
14:15 – 15:15		Demonstration and Group Exercises (Access Control/State Dashboard)	Overview of iSTARS 2.0 SPACE Module 5		Closing Session
15:15 – 16:00			Demonstration and Group Exercises (Develop and manage CAPs)	Workshop Debriefing / Closing Session	

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North American, Central American and Caribbean Office (NACC)  
Oficina para Norteamérica, Centroamérica y Caribe (NACC)

**First Regional Meeting/Workshop for National Continuous Monitoring Coordinators (NCMCs)**  
**Primera Reunión/Taller Regional para los Coordinadores Nacionales de Supervisión Continua (NCMC)**  
**(NCMC)**

Mexico City, Mexico, 28 November to 2 December 2016 / Ciudad de México, México, 28 de noviembre al 2 de diciembre de 2016

**ATTACHMENT/ADJUNTO B**  
**REGISTRATION FORM / FORMULARIO DE REGISTRO**

1.	<b>Position in your Delegation:</b> <i>(Please select one option)</i> <b>Posición dentro de su Delegación:</b> <i>(Por favor seleccione una opción)</i>	<b>Chief Delegate /</b> <b>Jefe de la Delegación</b>	<b>Delegate / Delegado</b>				
		<b>Adviser / Asesor</b>	<b>Observer / Observador</b>				
2.	<b>Country / Organization</b> <b>País / Organización</b>						
3.	<b>Salutation / Encabezamiento</b>	<b>Mr. /</b> <b>Sr.</b>		<b>Mrs. /</b> <b>Sra.</b>		<b>Miss /</b> <b>Srta.</b>	
4.	<b>Name / Nombre</b>						
5.	<b>Official Position or Title /</b> <b>Cargo o Título Oficial</b>						
6.	<b>Official Telephone / Teléfono oficial</b>						
7.	<b>Mobile (to contact you in case of an emergency)</b> <b>Celular (para contactarle en caso de emergencia)</b>						
8.	<b>Official E-mail / Correo-e oficial</b>						
9.	<b>Hotel and address where you will be staying during the event / Hotel y dirección donde se estará hospedando durante el evento</b>						
10.	<b>Please indicate if accompanied by your family</b> <b>Por favor indique si lo acompaña su familia</b>	<b>Yes / Sí</b>		<b>#</b>			
11.	<b>Dates of total stay in the venue Country</b> <b>Fechas de estancia total en el País del evento</b>						
12.	<b>Please indicate if you have any medical condition or allergies / Por favor indique si usted tiene alguna condición médica o alergias</b>						
13.	<b>Emergency contact information in your country of origin /</b> <b>Información de contacto para emergencias en su país de origen</b>	<b>Name</b> <b>Nombre</b>					
		<b>Relationship</b> <b>Relación</b>					
		<b>Telephone</b> <b>Teléfono</b>					

Please send this form to: / Por favor envíe este formulario a:  
E-mail: [icaonacc@icao.int](mailto:icaonacc@icao.int)