

Instructor Update Form

This form is to be used by WellCAP Instructors for updating their personal information or changing their WellCAP training provider affiliation(s). The completed form should be sent to wcinstructors@iadc.org. For questions, call +1-713-292-1945.

Instructor's Name (as listed on original instructor application)		WellCAP ID #	Date of Request
1. TYPE OF REQUEST – Check all that apply.			
<input type="checkbox"/> Update Personal Information <input type="checkbox"/> Transfer or Remove Training Provider Affiliation			
2. UPDATE INSTRUCTOR'S PERSONAL INFORMATION – Use this section to update name (if different from original application), contact information, and other requested personal data. Full legal name is required by IADC.			
<i>First (Given) Name</i>		<i>Middle Initial</i>	<i>Last (Family) Name</i>
Street Address:		Phone Number:	
Address Line 2:		Language:	
City:		Country of Residence:	
State:		Country of Birth:	
Email Address:		Birth Date:	
3. WellCAP TRAINING PROVIDER AFFILIATIONS			
Current Instructor Status			
List all WellCAP training providers for whom you are currently approved to teach.			
WellCAP Training Provider	Approved Course/Level(s)	Maintain (M) or Remove (R) Affiliation with Provider	
Instructor Transfer Request			
List WellCAP training provider and course(s) for which you are requesting to teach.			
Requested Training Provider	Requested Courses	Requested Level	
Signature of Person Completing Form:		E-Mail Address:	
Printed Name:		Phone Number:	