



IADC
DIT

APPLICATION FOR ACCREDITATION

DRILLING INDUSTRY TRAINING

Part 1: Business Information

Part 2: Course Description

PURPOSE

This form is to be used by an applicant company who is seeking accreditation through IADC Drilling Industry Training Accreditation Program. Accreditation may be requested for a custom-designed course or for a standard course designed by IADC and not accredited under other IADC accreditation programs. The applicant using an IADC standard course must adhere to all requirements for that standard course as specified in applicable course guidance documents.

This form must be used to provide applicant company information and to describe the structure, format, and administration of the course for which Accreditation is sought. **One DIT-03 Application for Accreditation Form must be submitted for each course to be considered for accreditation.**

Please follow the instructions provided for each section. All responses (except signatures) should be printed or typed. **All items in this document must be completed unless indicated otherwise.** Applicants seeking accreditation for one of the IADC standard courses will be required to supply only additional information not already defined in the official course description. Shortcut application instructions have been provided for applicants using one of the IADC standard courses.

When returning this document to IADC, please be sure that all supporting documentation is included with your electronic file via PDF or Word format. If paper documents are being submitted, please securely affix supporting documentation to the application.

For the most expedient results, this form and attached materials should be submitted in English. IADC will accept submissions in other languages, but processing of the application may be delayed by translation.

PART 1 – BUSINESS INFORMATION

Accreditable Unit (name of business or institution):		Provider DIT #
Parent Organization (if different from accreditable unit):		
Provider's Primary Administrative Location ("Accreditation Location")		
Street Address (no PO Boxes):		
City:	State:	
Zip or Postal Code:	Country:	
Billing Address of Provider (if different from Primary Location)		
Street Address:		
City:	State:	
Zip or Postal Code:	Country:	
Contact Information		
Primary Contact Information:		
Name: _____	Telephone: _____	
Title: _____	E-mail: _____	
Administrative Contact Information:		
Name: _____	Telephone: _____	
Title: _____	E-mail: _____	
Do You Have A Website Address? <input type="checkbox"/> No <input type="checkbox"/> Yes, Web address is:		
Type of Organization:		
<input type="checkbox"/> Drilling Contractor In-House Program		
<input type="checkbox"/> Ancillary Service Contractor In-House Program		
<input type="checkbox"/> Operator/Producer Company In-House Program		
<input type="checkbox"/> Commercial Training Organization		
<input type="checkbox"/> University Affiliated _____		
<input type="checkbox"/> Nonprofit Training Organization		
<input type="checkbox"/> Other _____		

Type of Accreditation:	
<input type="checkbox"/> New Accreditation <input type="checkbox"/> Existing Accreditation <ul style="list-style-type: none"> <input type="checkbox"/> Add a Course <input type="checkbox"/> Renew <input type="checkbox"/> Modification 	
Does your company or organization currently hold IADC DIT Accreditation for another course?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, number of courses:	
Location Information: <i>Any other locations in addition to Provider's main address where courses will be taught.</i>	
Is your school a travelling school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all course location(s):	

PART 2 – COURSE INFORMATION	
Instructions: <i>Part 2 must be filled out completely.</i>	
2.1 COURSE FORMAT	
<input type="checkbox"/> Instructor-led classroom or laboratory/workshop course <input type="checkbox"/> Web-based or other distance learning product (Must submit DIT-01E with application)	
2.2 COURSE TITLE	
COURSE CATEGORY	Click and Scroll to Select:
VALIDITY OF COURSE	Months
2.3 COURSE DESCRIPTION <i>Each question below should be answered in a brief statement.</i>	
A) Briefly describe course content/subject matter. <u>Do not paste course outline here.</u>	

B) What language(s) will the course be delivered in?
C) What employee(s) or position(s) does the course target?
D) Level of proficiency (i.e., introductory, fundamental, advanced, etc.)? If course is more than introductory, include prior training and experience required to attend the course.
E) Maximum class size? Minimum class size?
F) Total number of students trained in the previous calendar year? (For all DIT accredited courses)
G) Total number of students forecasted for training in the current calendar year and the next year? (For this course)
2.4 PERFORMANCE OBJECTIVES <i>List the performance objectives.</i>
At the end of the course the participant must be able to demonstrate understanding of the content. In particular, they should be able to:

2.5 LEARNING ENVIRONMENT Specify where instruction takes place, (i.e. Classroom, distance learning, on-the-job training, laboratory, etc.).

Course Location: On-site (if same as accreditable unit) Other (please specify):

Learning Environment Description: (Briefly describe the learning environment and facilities available to support the instruction, i.e. environmental controls, break and restroom areas, writing materials, books, etc.).

Use this section to list miscellaneous training aids or equipment (e.g., simulators, video equipment, computer hardware and applications, interactive learning systems) that may be used in DIT training by the applicant. Do not list basic equipment such as chalkboards, flip charts, desks, chairs, etc.

A) Miscellaneous Equipment

List all other equipment used for training and maintenance plan for each:

B) Is equipment used by other programs? Yes No

If Yes, explain policy for verifying proper working condition of equipment prior to your use in program:

C) Explain safety procedure and testing of equipment to ensure the use of equipment does not exceed recommended working conditions:

2.6 HOW INSTRUCTED List instructional methods, (i.e. lecture, reading, audio/visual, demonstration, guided observations, question and answer period, discussions, multimedia CBT, on-the-job training, etc.).

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2.7 DURATION OF COURSE Give course duration in hours, days, weeks, months (i.e. 3 months, 6 weeks, 5 days, 8.0 hours, etc.). Include the **maximum hours per day**.

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2.8 SYLLABUS Provide course syllabus. If you do not have a syllabus, please provide a detailed outline of the course. The attachment must be provided on a separate page.

Syllabus/Outline Attached

2.9 STUDENT ASSESSMENT List methods to be used to assess a participant’s knowledge, skills or abilities gained from the course. Indicate how assessment will be documented. (If testing is listed, please **indicate the minimum passing grade**).

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2.10 INSTRUCTION MATERIALS In the space provided below, provide a brief description of any instructional materials used as a part of the course (handouts, textbooks, audiovisual aids, etc).

Provide the requested information for each item.

TITLE OR DESCRIPTION: List the title of the DVD, booklet or other material. If the item has no formal title, provide a short description of the content.

TYPE: List the media format that applies to the item (i.e., DVD, PowerPoint Presentation, handbook, manual, etc.).

SOURCE: Identify the producer, publisher, developer or other source from which the item was obtained. Materials developed in-house should be identified as such.

Title or Description	Type	Source

2.11 INSTRUCTOR AND FACILITATOR INFORMATION

INSTRUCTORS:

Is any part of the course lead by an instructor?

Yes No

Is an Instructor's Manual available?

Yes No

QUALIFICATIONS: Give a brief overview of **minimum qualifications** for an Instructor (i.e. educational background, instructional experience, on-the-job-training, subject matter expertise, industry).
DO NOT ATTACH RESUME OR CV.

FACILITATORS:

Is any part of the course lead by a Facilitator?

Yes No

Are Facilitator Guidelines available?

Yes No

QUALIFICATIONS: Give a brief overview of **minimum qualifications** for a Facilitator (i.e. educational background, instructional experience, on-the-job-training, subject matter expertise).
DO NOT ATTACH RESUME OR CV.

If no Instructor or Facilitator is used, please explain:

2.12 PROGRAM ADMINISTRATION

Briefly describe administrative procedures in place:

2.13 RECORDS AND SECURITY

A) What are the security measures in place to identify the test takers, ensure confidentiality, and ensure tests are not copied or disbursed?

B) List key records maintained:

C) Where are the trainee course records maintained, and what is the retention period of the records?

2.14 CERTIFICATES OF COMPLETION

A) List position title of person who is responsible for issuing the certificates of completion?

B) Briefly describe the process for issuing certificates on completion?

2.15 ASSESSMENT REQUIREMENTS

A) What is the policy regarding missing or failed tests?

B) What are the policies regarding possible retesting?

C) What are the policies for course attendance and missed classes?

2.16 QUALITY ASSURANCE

A) Briefly describe process in place for monitoring and assuring course adherence to accreditation requirements:

B) What is the process for receiving student feedback or complaints?

C) How are the course instructors evaluated?

D) What is the policy for revising the content of the course?

The applicant certifies that the information contained herein is accurate and releases the officers and agents of IADC from liability as a consequence of this accreditation application and/or audits of the program.

Authorized Signature:	Date:
Printed Name:	Title: