APPLICATION FOR ACCREDITATION

Gateway® Accreditation Program

Part 1 – Provider Information

Part 2 – Course Design & Delivery

Part 3 – Primary Training Facilities & Equipment

Part 4 – Instructors

Part 5 – Knowledge / Skills Assessments & Grading

Part 6 – Course Management, Administration, Quality

Instructions

To facilitate processing of an accreditation application, this form must be used by the applicant to describe the structure, format, facilities, equipment, processes, and course(s) offered. Please follow the instructions provided for each section. All responses should be printed or typed.

All items in this document must be completed. If an item is not applicable, it should be marked 'N/A'. When multiple requirements are listed in a subsection, those required items are delineated by upper case letters for use in cross-referencing these requirements in correspondence between IADC staff and training providers.

Applications must be completed in English. Course and supporting documentation may be submitted in the language of the training, but processing of these applications may be delayed for translation.

The training provider shall observe any and all statutes and governmental regulations that bear upon its design and delivery of this course including, but not limited to, the prevailing standards for health, labor, and safety of the country, state, and district in which it is located.

When returning this document to IADC, please securely affix attachments. **Return application to IADC *Gateway* Accreditation, 3657 Briarpark Drive, Suite 200, Houston, TX 77042 or by email at gateway@iadc.org.**

Submission of the *Gateway* application does not guarantee accreditation, but is only the initiation of the process for seeking accreditation by IADC. See *GTW-01 Handbook of Accreditation* for details.

Please complete all portions of the application and attach supporting documentation:

- GTW-02V—Course Verification Form
- GTW-03F—Floor plan(s) for each training facility
- GTW-04—Attestation & Agreement (signed)
- GTW-14—Request for Exception (if needed)

- Course outline/agenda & course manual
- Payment of application fee (See GTW-06 Schedule of Fees)
- Any other applicable supporting documentation (e.g., certificates, policies and procedures, evidence of meeting e-Learning requirements)

PART 1: PROVIDER INFORMATION

A) Name of company or institution *(designated the "accreditable unit")*:

Parent Organization *(if different from accreditable unit):*

B) Has your company operated under a different name in the past 5 years? ☐ Yes ☐ No

If so, prior name:

C) Website address:

1.1 Type of Training Provider

☐ Drilling Contractor ☐ Ancillary Service Contractor ☐ Nonprofit Training Organization

☐ Operator/Producer Company ☐ Commercial Training Organization

☐ College/University, specify name:

☐ Other, explain:

Does this applicant provide or intend to provide *Gateway* training for employees of other businesses? ☐ Yes ☐ No	Does this applicant provide or intend to provide 'traveling' *Gateway* training (e.g., training at a facility other the applicant's fixed facilities)? ☐ Yes ☐ No

1.2 Other Certifications

A) Does this applicant hold other IADC accreditations or have they held one in the past? ☐ Yes ☐ No

If **yes**, list the accreditation type and date when training was first accredited.

Type	**Accred #**	**Accreditation Date**	**Date Accreditation Suspended or Discontinued (if applicable)**

B) In the space below, list government agencies or other industry organizations that have previously approved or recognized the course(s) offered by this applicant.

Attach copies of Certificates of Prior Approvals or Letters of Recognition from government or other industry organizations (if applicable).

1.3 Contact Information

A) *Responsible Corporate Official*

First (Given) Name:	Middle Name:	Last (Family) Name:

Job Title:

Phone:	Fax:	Alternate #:

Email Address:

B) *Primary Instructor of Course*

First (Given) Name:	Middle Name:	Last (Family) Name:

Job Title:

Phone:	Fax:	Alternate #:

Email Address:

C) *Administrative Contact/Correspondent* (person responsible for ordering certificates):

First (Given) Name:	Middle Name:	Last (Family) Name:

Job Title:

Phone:	Fax:	Alternate #:

Email Address:

D) *Other Administrative Contact/Correspondent*: (if applicable)

First (Given) Name:	Middle Name:	Last (Family) Name:

Job Title:

Phone:	Fax:	Alternate #:

Email Address:

1.4 Provider's Primary Administrative Location ("Accreditation Location")

Address Line 1:

Address Line 2:

City:	State:

Country:	Zip/Postal Code:

1.5 Billing Address of Provider (if different from Primary Administrative Location)	
Address Line 1:	
Address Line 2:	
City:	State:
Country:	Zip/Postal Code:

1.6 Training Facility Locations

List all training facility locations administered from the Primary Administrative Location and to be included in this accreditation.

Facility Address	City	State	Country
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PART 2: COURSE DESIGN & DELIVERY

2.1 Course Name

Please provide your course name as it is advertised in your promotional material:

2.2 Course Curriculum

Complete and attach all of the items listed below for each course:

☐ *GTW-02V Course Verification Form*   ☐ Course Outline/Agenda   ☐ Course Manual

☐ Other:

Final Assessment time is not included in length of course calculation. Please include assessment time on the Outline.

Note: Course outline/agenda and course manual must be submitted in each language in which the course will be delivered. Refer to the GTW-01 Handbook for Accreditation for details when completing this section.

2.3 Course Language(s) (Check all that apply.)

Languages in which this course will be taught:

☐ English   ☐ Spanish   ☐ Arabic   ☐ Mandarin   ☐ Other (specify):

2.4 Class Size

Maximum class size for which the course is designed: _____ trainees

2.5 Course Duration

A) Minimum duration: _____ hrs. _____min.   Maximum duration: _____ hrs. _____min.

B) Is there a maximum length of the training day minus meals and breaks?   ☐ Yes   ☐ No

   If yes, what is the maximum length? _____ hrs. _____ min.

2.6 Content Delivery Methodologies

List approximate percentage of total course time allocated to each of the following delivery methodologies to be used.

Lecture-discussion-demonstration: %   Self-paced, independent learning (e.g., CBT, e-Learning):   %

Simulator / Live Test Well: %   Hands-on learning (not including simulator or live well):   %

Other methodologies (list below):   %

2.7 Simulation **(optional; complete this section if Simulation is required)**

Will exercises be performed individually or as a team? ☐ Individual ☐ Group ☐ Both

If performed as a team, how many trainees constitute a team?

How many exercises is each team required to complete?

How much time is each trainee given individually to work *directly** with a simulator? at least _____ minutes
Note: Not as an observer/advisor, but as the trainee operating the controls.

What are other trainees doing while each team of trainees is engaged in simulator practice exercises? Explain.

2.8 Safety / PPE

List all **PPE required** for trainees and instructors during the course: **PPE supplied by:**

1.   ☐ School   ☐ Trainee

2.   ☐ School   ☐ Trainee

3.   ☐ School   ☐ Trainee

4.   ☐ School   ☐ Trainee

5.   ☐ School   ☐ Trainee

6.   ☐ School   ☐ Trainee

7.   ☐ School   ☐ Trainee

2.9 Hands-On Learning Activities (not including simulator / live test well)

List or describe Hands-On Learning Activities used in this course:

	Are Activities Individual or Group?		**Are Skills Assessed?**	
1.	☐ Individual	☐ Group	☐ Yes	☐ No
2.	☐ Individual	☐ Group	☐ Yes	☐ No
3.	☐ Individual	☐ Group	☐ Yes	☐ No
4.	☐ Individual	☐ Group	☐ Yes	☐ No
5.	☐ Individual	☐ Group	☐ Yes	☐ No
6.	☐ Individual	☐ Group	☐ Yes	☐ No
7.	☐ Individual	☐ Group	☐ Yes	☐ No
8.	☐ Individual	☐ Group	☐ Yes	☐ No
9.	☐ Individual	☐ Group	☐ Yes	☐ No
10.	☐ Individual	☐ Group	☐ Yes	☐ No

2.10 e-Learning Delivery (optional)

Additional requirements apply if CBT or other e-Learning methodologies are used. See GTW-01E *e-Learning Requirements* for details. **If using this delivery method, submit evidence of satisfying these additional requirements.**

PART 3: PRIMARY TRAINING FACILITIES & EQUIPMENT

3.1 Facility Descriptions

Attach Form GTW-03F Facility Information Form for each facility/location listed in Section 1.6.

How many GTW-03F submissions are attached? _____

3.2 Offsite Facilities **(if applicable)**

A) Will offsite facilities be used for training or for knowledge assessments? ☐ Yes ☐ No

   If yes, list location(s) (i.e., city, state, and country) of offsite facilities:

B) Will offsite facilities be used for training or for skills assessments? ☐ Yes ☐ No

   If yes, list location(s) (i.e., city, state, and country) of offsite facilities:

Submit GTW-03F for each offsite facility location listed above.

IADC recognizes that the applicant may not have floor plan(s) available for some offsite facilities at which specific training or assessments will be held. If floor plans are not available, please describe the applicant's minimum facility requirements for these sites (e.g., minimum room sizes, minimum lighting requirements, maximum noise levels, minimum environmental controls, Internet connectivity, etc.). Sites should provide an environment conducive to learning and testing.

C) State Minimum Facility Requirements:

D) Describe any Internet issues expected at each location (if applicable):

PART 4: INSTRUCTORS

4.1 Instructor Qualifications

See the appropriate IADC Handbook of Accreditation for Instructor Qualification requirements.

List your institution's specific qualifications for program instructors (not including IADC requirements):

4.2 Instructor Selection Process

Describe your process for reviewing and approving instructors for this course.

4.3 Number of Instructors

A)   How many instructors are approved for teaching this course? _____

B)   What percent of the course's instructors are external to your institution? _____ %

4.4 Monitoring Instructor Performance

Describe the process for monitoring, giving feedback on, and assuring quality of instruction:

PART 5: KNOWLEDGE / SKILLS ASSESSMENTS & GRADING

5.1 Knowledge Assessments

Additional assessment requirements are verified through the Verification Form for the specific course.

A) What types of knowledge assessments are administered as a part of your program? **Check all that apply.**

☐ Formal assessment (final exam) at the end of the course   ☐ Informal quizzes throughout the course

☐ Frequent formative assessments (knowledge checks)   ☐ Written/Essay assessments

Attach a copy of the final exam and at least one example of each of the other assessments used.

B) What is considered a "passing" score on the final exam? _____ %

C) Is the final exam multiple choice?   ☐ Yes   ☐ No   Is it comprehensive?   ☐ Yes   ☐ No

D) If you answered no to either of the above, describe the Final Exam and/or Assessment process:

E) Are all trainees required to take the final exam?   ☐ Yes   ☐ No   If not, explain below:

F) Who scores the trainees' knowledge assessment? Check all that apply.

☐ Primary instructor ("Instructor of Record")   ☐ The instructor for each training module

☐ Student assistant   ☐ The trainees grade their own work   ☐ Other trainees   ☐ Other (explain)

G) Is it possible for a trainee to pass the course without passing the final exam?   ☐ Yes   ☐ No
If yes, explain below:

H) Is a reassessment offered for trainees who fail the final exam?   ☐ Yes   ☐ No

I) Are all trainees eligible for this reassessment?   ☐ Yes   ☐ No   If not, explain the criteria for reassessment:

J) Explain your institution's policy and/or procedures for remediation of trainees who fail the final exam:

K) Are any alterations or customizations offered for the final exam (e.g., for trainees with special needs)?

    ☐ Yes ☐ No If yes, please explain below:

5.2 Skills Assessments

Additional assessment requirements are verified through the Verification Form for the specific course.

A) List the type(s) of skills assessments conducted as a part of your program:

Attach skills assessment rubrics with this application (if applicable).

B) What is considered a "passing" score on the skills assessment? _____ %

C) Are all trainees required to take the skills assessments? ☐ Yes ☐ No   If not, explain below:

D) Who scores the trainees' skills assessment? Check all that apply.

    ☐ Primary instructor ("Instructor of Record")   ☐ The instructor for each training module

    ☐ Student assistant   ☐ The trainees grade their own work   ☐ Other trainees   ☐ Other (explain)

E) Is it possible for a trainee to pass the course without passing the skills assessment? ☐ Yes ☐ No

    If yes, explain below:

F) Is a reassessment offered for trainees who fail the skills assessment? ☐ Yes ☐ No

G) Are all trainees eligible for this reassessment? ☐ Yes ☐ No If not, explain the criteria for reassessment:

5.3 Grading

A) How many grades are typically accumulated for each trainee? _____

B) Aside from the assessments listed in Sect. 5.1 & 5.2, are there other criteria that impact the trainee's final course grade? ☐ Yes ☐ No If yes, list criteria:

C) Who grades the trainees' work (not including skills assessments)? Check all that apply.

☐ Primary instructor ("Instructor of Record")　　☐ The instructor for each training module

☐ Student assistant　　☐ The trainees grade their own work　　☐ Other trainees　　☐ Other (explain):

D) What is the passing grade for the course? _____

PART 6: COURSE MANAGEMENT, ADMINISTRATION, QUALITY

6.1 Operating Procedures

Written operating procedures are available for the following (check all that apply):

☐ Course Eligibility Verification (Prescreening)　　☐ Course Registration (Identity Check)

☐ Inspection of PPE and Equipment　　☐ Emergency Response Protocols

☐ Trainee Attendance Policy　　☐ Issuing & Reporting Certificates　　☐ Quality Control Procedures

☐ Management of Change　　☐ Instructor Approval　　☐ Records Retention

6.2 Course Eligibility Verification (Prescreening)

What process is in place to verify each student's eligibility to take this course?

Note: Course pre-requisites are described in _____ Document on page _____.

6.3 Course Registration (Identity Check)

What process is in place to verify and record each student's identity?

☐ Photo ID, such as a driver's license, passport, etc.

☐ Other, please describe:

6.4 Inspection of PPE and Equipment

A) Who is responsible for ensuring PPE and equipment are inspected?　　☐ Instructor　　☐ Administrator

B) How often are PPE and equipment inspected? (List each item for which inspection is required. Also, list frequency of inspection for each.)

6.5 Site Emergency Response Protocols

A) What kinds of site emergencies have corresponding protocols?

B) Are employees trained on each of these protocols?   ☐ Yes   ☐ No

If Yes, which employees are trained?

If No, explain:

C) For which site emergencies do students receive training or orientation? (Please list.)

6.6 Trainee Attendance Policy

Summarize your trainee attendance policy:

6.7 Issuing & Reporting of Certificates

A) Who is responsible for issuing Certificates of Completion?

☐ Instructor   ☐ Administrator

B) Who is responsible for reporting Certificates of Completion records to IADC?

☐ Instructor   ☐ Administrator

6.8 Quality Control Procedures

A) Do your students have the opportunity to provide feedback on instructor performance?   ☐ Yes   ☐ No

B) Explain your policy and/or procedures for obtaining student's feedback:

C) How is the feedback used regarding instructors?

D) Do your students have the opportunity to provide feedback on the program as a whole?   ☐ Yes   ☐ No

E) Explain how this feedback is obtained and used:

F) Who is responsible for addressing student feedback?

☐ Instructor   ☐ Administrator

G) Does your program follow standard operating procedures (SOPs)? ☐ Yes ☐ No

H) If so, are your SOPs audited? ☐ Yes ☐ No   If audited, by whom?

6.9 Management of Change

A) How do you manage changes to your program?

B) Who is responsible for managing change for your program?

☐ Administrator   ☐ Other, explain:

6.10 Instructor Approval

A) Summarize your instructor approval process:

B) Who is responsible for approving your instructors?

☐ Administrator   ☐ Other, explain:

C) Are requirements in place for retaining instructor approval? ☐ Yes ☐ No

6.11 Records Retention

A) List trainee and course records to be maintained.

B) How does the applicant maintain trainee and course records? Please explain:

C) How long does the applicant retain these records?

D) Explain methods the applicant uses to ensure confidentiality of trainees' records:

E) How does the applicant track and record trainee attendance?

F) What is applicant's policy regarding missed portions of the course? What records are retained to document missed portions of 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.

Signature of Responsible Corporate Official of Company:

Date:

Printed or typed name of Responsible Corporate Official of Company:

First (Given) Name   **Middle Name**   **Last (Family) Name**

Title of Responsible Corporate Official of Company: