



**IADC**  
**WELLCAP PLUS**

## APPLICATION FOR ACCREDITATION

**Part 1: Provider Information**

**Part 2: Course Design and Delivery**

**Part 3: Facilitators and Instructors**

**Part 4: Administration**

**Part 5: Quality Control**

### Purpose and Instructions

To facilitate processing of a WellCAP® Plus (WCP) accreditation application, this form must be used by the applicant to describe the structure, format, administration, and quality control of its facilitated well control training course offered. 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 except for optional portions of Part 1. If an optional item is not applicable, it should be marked N/A.** When returning this document to IADC, please securely affix attachments. The application and attached materials should be submitted in English. Programs applying for WellCAP® Plus accreditation must submit this form with the accreditation fee (See WCP-06) to initiate the WCP accreditation process.

The applicant is not authorized to deliver WCP training until official notification of accreditation is received from IADC.

### **Please complete all portions of the application and attach the required documentation:**

- Course outline
- Course and performance objectives
- At least one exercise
- At least one example of a pre-qualification test used in this course
- Copy of custom certificate design (optional)
- Any other supporting documentation

## PART 1: PROVIDER INFORMATION

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

Accreditation #:

Parent Organization (if different from accreditable unit):

Date Submitted:

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

If **YES**, prior name:

Does the company have a website address?  Yes  No

If **YES**, please provide the web address:

### 1.1 Application Type

New application  Modifications (to accredited program)

### 1.2 Type of Program

- Drilling Contractor  Ancillary Service Contractor  Nonprofit Training Organization  
 Operator/Producer Company  Commercial Training Organization  
 University (specify name):  
 Other (explain):

Does this applicant provide or intend to provide WellCAP® Plus training for employees of other businesses?  
 Yes  No

Does this applicant provide or intend to provide traveling WellCAP® Plus training away from its primary site?  
 Yes  No

### 1.3 Contact Information

#### **Responsible Corporate Official**

First (Given) Name:

Middle Name:

Last (Family) Name:

Job Title:

Phone:

Fax:

Alternate #:

Email Address:

#### **Administrative Contact/Correspondent**

*(person responsible for ordering Certificates of Completion)*

First (Given) Name:

Middle Name:

Last (Family) Name:

Job Title:

Phone:

Fax:

Alternate #:

Email Address:

**Other Administrative Contact/Correspondent***(person responsible for reporting training records, unless already provided)*

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:

Company Phone Number:

**1.5 Billing Address of Provider (if different from Primary Location)**

Address Line 1:

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

Company Phone Number:

**PART 2: COURSE DESIGN AND DELIVERY****Section A: Pre-Qualification Tests or Entrance Exams**

When are pre-qualification tests given during a typical course?

- Prior to first day of course     First day of the course  
 At the end of the course     Midway and at the end of the course  
 Other, explain: \_\_\_\_\_

Who is responsible for administering pre-qualification tests?

Who is responsible for scoring pre-qualification tests?

Who is responsible for revising pre-qualification tests?

How often are pre-qualification tests revised?     Before/After each course     Other \_\_\_\_\_*Note: Submit a copy of a pretest with this application.* \_\_\_\_\_

**Section B: Course Duration**

Indicate scheduled amount of course time in hours and minutes. (Note: Refer to the Handbook for Accreditation, WCP-01, for required minimum course duration times.)

Total length of course (excluding testing): \_\_\_\_\_ hrs \_\_\_\_\_ min

Maximum delivery time per day: \_\_\_\_\_ hrs \_\_\_\_\_ min

**Section C: Course Outline**

*Note: Submit a copy of your course outline with this application.*

**Section D: Class Size**

Minimum and maximum number of students for which the course is designed (Note: Refer to WCP-01):

Min \_\_\_\_\_ Max \_\_\_\_\_

**Section E: Course and Performance Objectives**

*Note: Attach course and performance objectives.*

**Section F: Course Exercises**

*Note: Complete WCP-07 (WCP Course Exercise submittal template) and submit with this application.*

**PART 3: FACILITATORS AND INSTRUCTORS**

**Use this section of the form to provide the names of instructors and facilitators who have already been approved by IADC.**

**Note: Attach multiple copies of this page if necessary to identify additional instructors/facilitators.**

**Section A: Approved Facilitators**

List WellCAP® instructors who currently hold IADC facilitator certification. Indicate all the courses that each is approved to teach at the Supervisory level and the facilitator's certificate number. IADC will verify the approval status of each facilitator you list in this section. No other application or evidence of approval is required.

Name	Course approved to facilitate at the Supervisory level	Facilitator's Cert. #
	<input type="checkbox"/> Underbalanced Drilling – Supervisory	
	<input type="checkbox"/> Underbalanced Drilling – Supervisory	
	<input type="checkbox"/> Underbalanced Drilling – Supervisory	

**Section B: Currently Approved Instructors**

List instructors who are currently approved to provide WellCAP® training for your company. Indicate all the courses that each is approved to teach at the Supervisory level and the instructor's certificate number. IADC will verify the approval status of each instructor you list in this section. No other application or evidence of approval is required.

Name	Course approved to teach at the Supervisory level	Instructor's Cert. #
	<input type="checkbox"/> Underbalanced Drilling – Supervisory	
	<input type="checkbox"/> Underbalanced Drilling – Supervisory	
	<input type="checkbox"/> Underbalanced Drilling – Supervisory	

## **PART 4: ADMINISTRATION**

### **Section A: Course Registration**

What process is in place to verify and record each student's identity? (Check all that apply.)

- Photo ID, such as a driver's license, passport, etc.
- Trainee's photo taken at the beginning of course
- Other, please describe

### **Section B: Records**

How does the applicant track and record trainee attendance?

List student and course records to be maintained.

How are records to be maintained?

How long does the applicant retain records?

Explain methods the applicant uses to ensure security of tests and confidentiality of student records.

## **PART 5: QUALITY CONTROL**

### **Section A: Quality Review/Feedback**

Does the applicant have an internal review process in place that includes periodic review of WellCAP® Plus course content and delivery?  Yes  No

Describe.

How does the applicant monitor the performance and effectiveness of its facilitators and instructors?

Does the applicant have a process for obtaining student feedback on the following?

Course content  Yes  No

Facilitators and instructors  Yes  No

List method(s) of student feedback or other instructor/facilitator evaluation.

### Section B: Certificate Issuance

Will the applicant issue a certificate of completion other than the IADC WellCAP® Plus Certificate of Completion?  Yes  No

If yes, attach a copy of the certificate design for IADC review and approval.

**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:**

**Printed Name:**

**Date:**