



Date Issued:			
CA#:	<input type="text"/>	<input type="text"/>	<input type="text"/>

IADC Accreditation & Credentialing Division Corrective Action Request (CAR)

SECTION A: TO BE COMPLETED BY INITIATOR (Auditor)

Initiator:	Corrective Action against: <input type="checkbox"/> Provider <input type="checkbox"/> Supplier Who may QA/QC contact on this issue?
Provider/Company:	Primary Name: Telephone Number: Email: Secondary Name: Telephone Number: Email:
Provider ID:	
Associated Program / Department:	Corrective Action against - <input type="checkbox"/> IADC Associated Individual(s):
Return Corrective Action Plan by:	Associated Document(s):

IADC USE
ONLY
Official
Copy

Non-conformity Description (Be brief and concise, but include all pertinent information.)

Requirement:

Failing:

Example(s) / Evidence:

Accreditation Status (Choose Only One):

Continue/Grant Full Accreditation
Comment:

Place Program on Probation (Please give reasons)
Reasons:

Withdraw/Deny Accreditation (Please give reasons):
Comment:

N/A – Internal / Issued to IADC

SECTION B: TO BE COMPLETED BY RESPONSIBLE PARTY (Training Provider)

Cause **AND** Extent of Problem:

Corrective Action(s) to Be Taken:

Target Date To Complete Corrective Action(s):

Signature of Primary Contact (as indicated on application): **Date:**

IADC USE ONLY

QA/QC Initials

QA/QC Initials

Please click in the signature field above to set up a digital signature and to sign digitally.

SECTION C: TO BE COMPLETED BY IADC

Notes to Provider:

QA/QC Notes:

Evidentiary documentation sent to the Program Coordinator? Yes No If so, date sent:

Closed By: Date Closed:

IADC Use Only: **Minor** (*Investigation) **Major** (*RCA) **Admin** (*Close)
*For Internal CAs Only

Section A: Instructions for the IADC Auditor in Completing This Form

STEPS:

- 1. Date Issued:**
Must be the date that the audit took place. Please format your date to spell out the month.
- 2. CA #:**
Please comply with format as indicated (i.e., 13 = YY, 100 = ###, EEN = 3 Auditor Initials—using “X” if no middle name). Each and every Corrective Action number MUST be unique, not only to the nonconformity but also to the provider program. No auditor should EVER use the same number.
- 3. Initiator:**
This is the Auditor’s name who is performing the audit. You may use your full name or first initial and last name, but you must use your last name.
- 4. Return Corrective Action Plan by:**
IADC’s Quality Control / Quality Assurance Division will provide the date.
- 5. Corrective Action Against:**
If the nonconformity is based on the Provider’s noncompliance of Program Requirements, your choice should be “Provider”. If the nonconformity is based on IADC’s noncompliance to Program Requirements, then your choice would be “Internal”. An Audit would never have the choice of “Supplier”.
- 6. Who may IADC contact on this issue if follow-up is necessary?**
(Only if CA is issued to the provider) The Provider may choose to have follow-up communications regarding the Corrective Action go through their secretary or someone else. IADC just needs to know that person’s name and contact information.
- 7. Associated Individual(s):**
QA/QC will fill this out if applicable.
- 8. Associated Document(s):**
(Only if CA is issued to IADC) List out any known IADC documents associated with this CA.
- 9. Provider/Company:**
List the name of the provider in this section. “Company” refers to a vendor CA.
- 10. Provider ID:**
This is the sequence of numbers that follows the “#” on the Accreditation Report and is also the same that you put on the cover page of each Audit Report form.
- 11. Associated Program/Department:**
Please list the name and the audited program that this Corrective Action is being issued under. This is especially important in case the Corrective Action and the report are sent at different times and get separated. “Department” refers to IADC in regards to an internal CA. QA/QC will fill out the department if applicable.
- 12. Requirement:**
This is the actual requirement as stated in the Handbook of Accreditation. Please use the Requirement number (i.e., “2.3.3”) and then repeat the verbiage as stated in the most current Handbook. The auditor is not required to write out the whole Program Requirement, but please provide enough of the verbiage so that Quality is sure of the non-conformity the Auditor is issuing.
- 13. Failing:**
Simply stated, please explain how the Provider has failed at the above referenced Requirement.
Example(s):
What documents did you see that are evidence of the failing. Please be specific and provide as much information as possible (i.e., names, titles, etc). If there were multiple documents that are examples of the Failing, then please provide reference to those as well.
- 14. Accreditation Status:**
 - *Continue/Grant Full Accreditation:*
This should be chosen *IF* there were no Corrective Actions issued or the Corrective Actions that were issued did not affect the integrity of the Provider’s program.
 - *Place Program on Probation:*
Choose this if the Corrective Action is a serious issue but not enough to warrant denial of accreditation.
 - *Withdraw/Deny Accreditation:*
This should be chosen when the Corrective Actions issued are so severe as to affect the integrity of the Provider’s program, as well as if there are any that are curriculum based.
 - *Not applicable:*
This is chosen only if a Corrective Action was issued against IADC (i.e., an “Internal” Corrective Action).

Section B: Instructions for the Training Provider for Resolving a Program Nonconformity

STEP 1:

The Corrective Action (CA) Form must be filled out, in English, and returned to IADC's Quality Assurance / Quality Control department no later than the date indicated in section, "Return Completed Form by." The form must be returned in the fillable state it was received so that QA/QC can finalize the document. Printed and scanned copies will not be accepted.

Please be aware that providers are required to take the necessary steps to close Corrective Actions and to maintain the associated requirements. For this, evidence of CA closure will be required by QA/QC for verification. Continued conformance will also be inspected by the auditor at the time of the next audit. Providers are also required to be communicative with QA/QC, especially in response to CAs. Failure to meet these requirements will ultimately lead to revocation of accreditation.

The responsible party must complete the following:

1. Cause **AND** Extent:
Briefly explain what caused the problem (Why did it happen?) **AND** explain the Extent of the problem as it affected the program (e.g., What all else was impacted? e.g., how many classes were held or how many students were affected by the nonconformity).
2. Corrective Action(s) to Be Taken:
Describe the immediate and future action(s) that will be taken in order to correct this program nonconformity, who will be responsible for managing those actions and how the corrective actions will be monitored. When applicable, be sure to include evidentiary documentation of the correction(s) made.

Target Date to Complete Corrective Action(s):

Indicate the date in which the problem has been or will be corrected. Please understand that this date will and must be approved by IADC's Quality Assurance/Quality Control (QA/QC) representative.

3. Responsible Party Signature and Date Complete:
The Responsible Corporate/Institutional Official must sign and date the CA document. This is the person listed as the primary contact for the program.

- STEP 2: Return the completed form and any evidentiary documentation to IADC's QA/QC. The CA may be completed by an Administrative Contact/Correspondent or a Responsible Corporate/Institutional Official, **but must be signed and dated by the Responsible Corporate/Institutional Official (as shown on the program application).**
- STEP 3: When appropriate and according to the plan given by the Training Provider on the CA, send IADC's QA/QC representative all evidentiary documentation, demonstrating resolution of each nonconformity.
- STEP 4: Once reviewed and approved by IADC, a finalized copy of the CA will be returned to the Training Provider as evidence of completion.