



WellCAP[®]

IADC Well Control Accreditation Program

APPLICATION FOR ACCREDITATION FORM WCT-3

PART 1 – BUSINESS INFORMATION

PART 2 – CURRICULUM SUMMARY AND OUTLINE

PART 3 – ADMINISTRATION AND PERSONNEL

PURPOSE

To facilitate processing of an accreditation application, this form must be used by the applicant to describe the structure, format, and administration of its well control training facilities and course(s) 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 unless indicated otherwise. If an item is not applicable, it should be marked N/A. This booklet may be disassembled and portions copied as needed to allow the applicant to provide all requested information. When returning this document to IADC, please securely affix attachments.

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 these applications may be delayed by translation.

PART 1 – BUSINESS INFORMATION			
Accreditable unit (Name of business or institution)			
Parent organization (if different from accreditable unit)			
Street address (Location of program’s administrative offices)			
City	Sta	State	Zip Code
Country			
Name of primary contact		Title	
Telephone		Fax	
Administrator or responsible person		Title	
Telephone		Fax	
E-mail address		Website URL	
TYPE OF PROGRAM <input type="checkbox"/> Operator or drilling contractor in-house program <input type="checkbox"/> Commercial training organization <input type="checkbox"/> Educational institution _____ <div style="text-align: right; margin-left: 200px;">Specify school, college, or university</div> <input type="checkbox"/> Nonprofit training organization <input type="checkbox"/> Other _____			
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 site visits of the program.			
Authorized signature		Date	

PART 1B – EQUIPMENT

SECTION A – MECHANICAL OR ELECTRONIC WELL CONTROL SIMULATORS

Use this section to list all mechanical or electronic simulators used in well control training by the applicant. Copy this form as needed for additional simulators.

Simulator manufacturer and model number

Date built

Type of simulator

Full-scale rig floor simulator Portable simulator

Other _____
Description of simulator type

Capabilities

Check each function listed below that may be demonstrated or tested on this simulator. Complete this form for each simulator.

- Displays standpipe pressure at normal and slow pump rates
- Displays drill pipe (tubing) and annulus (casing) pressures
- Simulates a kick and displays pump pressure, shut-in drill pipe (tubing) pressure (SIDPP), and shut-in casing (annular) pressure (SICP)
- Shows pump pressure as trainee brings pump on or off line and simulates bottomhole pressure changes when trainee manipulates choke and pump rate (speed)
- Shows initial and final pump pressure when trainee circulates out a kick
- Shows changes in SIDPP and SICP as trainee manipulates choke to circulate out a kick
- Allows trainees to determine choke-line frictional pressures at various slow pump rates
- Displays adjusted circulating pressures to compensate for choke-line friction
- Shows effects on SIDPP and SICP when trainee adjusts choke
- Displays effects of hole in drill pipe (or tubing) and plugged bit or workstring
- Can be configured to accommodate wireline and coiled-tubing well control problems
- Can be configured to accommodate stripping and snubbing operations

For which elements of well control training will this simulator be used?

- Demonstration or instruction only Testing only
- Demonstration, instruction, and testing

List any modifications or upgrades that have been made to this simulator

Provide approximate dates and, if possible, name of company or firm that performed modification or upgrade

PART 1B – EQUIPMENT

SECTION B – LIVE TEST WELLS

Use this section to list live test wells used in well control training by this applicant. Copy this form as needed for additional live test wells.

(NOTE: Use this section for live test well only. Do not include well simulators in this section.)

Well identification (if any)

Depth

Capabilities

Check each function listed below that may be demonstrated or tested with equipment located on this well.

- Displays standpipe pressure at normal and slow pump rates
- Displays drill pipe (tubing) and annulus (casing) pressures
- Simulates a kick and displays pump pressure, shut-in drill pipe (tubing) pressure (SIDPP), and shut-in casing (annular) pressure (SICP)
- Shows pump pressure as trainee brings pump on or off line and displays bottomhole pressure changes when trainee manipulates choke and pump rate (speed)
- Shows initial and final pump pressure when trainee circulates out a kick
- Shows changes in SIDPP and SICP as trainee manipulates choke to circulate out a kick
- Allows trainees to determine choke-line frictional pressures at various slow pump rates
- Displays adjusted circulating pressures to compensate for choke-line friction
- Shows effects on SIDPP and SICP when trainee adjusts choke
- Displays effects of hole in drill pipe (or tubing) and plugged bit or workstring
- Can be configured to accommodate wireline and coiled-tubing well control problems
- Can be configured to accommodate stripping and snubbing operations

For which elements of well control training will this well be used?

- Demonstration or instruction only
- Testing only
- Demonstration, instruction, and testing

PART 1B – EQUIPMENT

SECTION C – MISCELLANEOUS EQUIPMENT

Use this section to list miscellaneous training aids or equipment that may be used in well control training by the applicant. Do not list basic equipment such as chalkboards, flip charts, desks, chairs, etc.

Videocassette and DVD players

Number of videocassette players _____

Number of DVD players _____

Slide, film, and video projectors

Number of slide projectors _____

Number of film projectors _____

Number of video projectors _____

Interactive learning systems

Check interactive systems that are used by this applicant for well control training

- Multimedia PC (MPC) CD-Interactive (CDI) Laserdisc
 Other _____

Description

Other equipment

List other learning aids or equipment used for well control training

PART 2 – CURRICULUM SUMMARY AND OUTLINE

INSTRUCTIONS

Complete this page and attach an outline for each course for which accreditation is sought. (Copy this page as necessary for more courses.) A new application for accreditation must include at least one course at one of the levels. Additional courses and levels may be submitted later, at no additional cost, for approval by the Review Panel.

SECTION A – COURSE LEVEL AND OPTIONS

Check all that apply for the course summarized on this sheet

Course type

Drilling Workover-completion Combined drilling & WO Wireline operations
 Coiled tubing Snubbing
 Underbalanced drilling

Course level

Select only one for this course Introductory Fundamental Supervisory

Options

Surface stack only Combined surface and subsea stack

SECTION B – COURSE DURATION

Indicate scheduled amount of time in hours and minutes. (NOTE: refer to the *Handbook for Accreditation, WCT-1*, for required minimum duration times.)

Total length of course (including testing): _____ hrs _____ mins Maximum time per day _____ hrs _____ mins

SECTION C – COURSE IDENTIFICATION

List name(s) and number(s) used to identify this course

Course name(s):

Course number(s):

SECTION D – COURSE LANGUAGE

Primary language in which this course will be taught

SECTION E – CLASS SIZE

Maximum class size for which course is designed
(NOTE: refer to WCT-1)

SECTION F – COURSE COMPOSITION

List approximate percentage of time that each of the following components will be used in this course. List percentages, not times. Ranges are acceptable.

Lecture-discussion-demonstration _____% Hands-on activities and simulation _____%

Audiovisual (slides, film, video, etc.) _____%

List AV titles _____

SECTION G – REQUIRED ATTACHMENTS AND INCLUSIONS

- Attach course outline behind this form.
- Attach at least one example test that is used in this course.
- Include or attach manuals, handouts, or other student materials.
- Completed WellCAP[®] *Cross-reference Tool* for appropriate course type.

PART 3 – ADMINISTRATION AND PERSONNEL

INSTRUCTIONS

Complete this section to document the training applicant's policies and procedures in administering the operation of its educational facilities. If more space is needed, type or print responses on plain 8H × 11 or A4 paper.

SECTION A – TESTING

How often are tests given during a typical course?

Check all that apply

- Daily
- After each major topic or unit of instruction
- Midway and at the end of the course
- At the end of the course
- Other _____
Please describe

Who is responsible for scoring tests?

List functions and titles of persons responsible

What is a passing score on tests?

- Applicant follows WellCAP[®] requirements (trainees must score at least 70%)
- Applicant follows its own requirements
If applicant has its own requirements, please state the passing score ____ %

What is the applicant's policy regarding missed tests or portions of tests?

- Applicant follows WellCAP[®] policy
- Applicant follows its own policy
If applicant follows its own policy, please state

What is the applicant's policy regarding resetting of failed tests or portions of tests?

- Applicant follows WellCAP[®] policy
- Applicant follows its own policy
If applicant follows its own policy, please state

PART 3 – ADMINISTRATION AND PERSONNEL

SECTION A – TESTING (CONTINUED)

What is the applicant's policy regarding revision and redesign of tests?

- Applicant follows WellCAP[®] policy
- Applicant follows its own policy
If applicant follows its own policy, please state

Method applicant uses to record and verify ID applicant of trainees prior to testing

Check all that apply

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

Explain methods applicant uses to ensure security and confidentiality during testing

Explain procedures and methods applicant uses to ensure that tests are not improperly copied or disbursed

SECTION B – COURSE MANAGEMENT

How does the applicant track and record trainee attendance?

- Applicant follows WellCAP[®] specifications
- Applicant follows its own specifications
If applicant follows its own specifications, please state

What is the applicant's policy regarding missed classes or portions of classes?

- Applicant follows WellCAP[®] policy
- Applicant follows its own policy
If applicant follows its own policy, please state

PART 3 – ADMINISTRATION AND PERSONNEL

SECTION B – COURSE MANAGEMENT (CONTINUED)

How does the applicant maintain student and course records on courses it conducts?

- Applicant follows WellCAP® requirements
- Applicant follows another method of record keeping
Please explain

How long does the applicant retain student and course records?

- Applicant retains records in accordance with WellCAP® requirements
- Applicant retains records following another requirement
Please explain

SECTION C – PERSONNEL

How does the applicant monitor the performance and effectiveness of its instructors?
Please include examples of evaluation forms used

Does the applicant use student evaluations of instructors?

- Yes
- No
If no, please list method(s) of instructor and class evaluation

PART 3A – INSTRUCTOR(S)

Use this section of the form to record your request for instructor(s) approval. You should list both instructors already approved to teach for your company and those instructors for which you are now seeking approval.

Section A is provides for listing instructors that are currently approved to provide WellCAP training for your company. Please list the instructor’s name and circle each course, level and stack qualification each instructor is approved to teach. You will see an explanation of the codes at the bottom of the section. IADC staff will verify the approval status of each instructor you list in this section. No other application or evidence of approval is required.

Section B should be used for listing all new instructors for which you are requesting approval. **DO NOT** list instructors listed above in Section A.

Form WCT-05 should be appended to this application for each new instructor.

SECTION A - CURRENT APPROVED INSTRUCTORS (Check all that apply)

NAME	APPROVED COURSE	LEVEL	STACK QUALITY	IADC USE ONLY
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PART 4 – ATTESTATION AND AGREEMENT

The undersigned, acting as authorized agent(s) of the applicant applying for accreditation, hereby attest(s) that all information contained in this document is accurate and complete.

The training applicant agrees that to obtain and continue accreditation, it must adhere to the criteria and procedures contained in the *Handbook for Accreditation* (Form WCT-1) and abide by the terms and conditions detailed in the *Accreditation/Audit Policy Agreement* (Form WCT-4). Any variance from the procedures and criteria must be approved by the Accreditation Review Panel.

The training applicant has entered into this application and agreement voluntarily with the full knowledge and understanding that failure to comply with the aforementioned may result in rejection or revocation of accreditation or other sanctions.

Please read the foregoing statement carefully and complete the following sections

Name of company, institution, or applicant

Signature of contact person or person providing information

Date

Printed or typed name of contact person or person providing information

Title of contact person or person providing information

Signature of program administrator or responsible person

Date

Printed or typed name of program administrator or responsible person

Title of program administrator or responsible person