



WellCAP® PLUS

APPLICATION FOR ACCREDITATION

Form WCP-03
Revision 080617

Programs applying for WellCAP Plus must submit this form with the initial accreditation fee (See Form WCP-05) to initiate the WellCAP Plus Accreditation Process. Once supplied a WCP Program Number by IADC, the program will be authorized to enroll participants in a WellCAP Plus Facilitator Certification Course and may provide a complete program submission for review.

Name of Accreditable Program		
Parent Organization (if different from Accreditable Program)		
Address (Location of Program's administrative offices)		
City		State
Zip/Postal Code		Country
Responsible Person/Official Contact		
Title		
Phone	Fax	E-mail

WELLCAP PROGRAM INFORMATION	
Current WellCAP Program ID	Expires:
Approved Curriculum & Level	

TYPE OF PROGRAM

- Drilling Contractor In-House Program
- Ancillary Service Contractor In-House Program
- Operator/Producer Company In-House Program
- Commercial Training Organization
- University Affiliated _____
Specify School or College
- Nonprofit Training Organization
- Other _____

REQUEST FOR FACILITATOR CERTIFICATION AUTHORIZATION

List names of persons to be enrolled in Facilitator Certification Workshops licensed by IADC and desired timeframe (Month/Year). Course date will be confirmed once authorization is provided. Once authorization is provided, course payment must be made in full at least 30 days prior to course. Refund policy: cancellations within 30 days are subject to 50 percent penalty; cancellations within seven days are subject to complete forfeiture of course fees.

Name	Preferred Scheduling	Approved WellCAP Instructor?
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

The Applicant certifies that this information 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.

Printed Name of Program Official

Signature

Date

IADC USE ONLY	
Date Received	WellCAP Plus Program Number