International Association of Drilling Contractors

Competence Assurance Accreditation

Second Edition,
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1 Introduction

1.1 Objectives of IADC's Competence Assurance Accreditation (CAA®)

International Association of Drilling Contractors (IADC) implemented the Competence Assurance Accreditation (CAA®) Program to promote quality and consistency in competence assurance programs throughout the oil and gas industry. This international program is intended to help companies develop effective ways to achieve, measure, and maintain employee competence within a scope determined and customized by each company.

The CAA® Program provides industry recognition and accountability for companies that are managing their own programs using company-specific structure, policies, and processes for achieving, monitoring, and verifying employee competence.

This *CAA® Handbook* is a road map for developing, implementing, and maintaining a competence assurance program that meets accreditation requirements. Additional best practices for a competence assurance program can be found in IADC's *Competence Assurance—Guidelines for Building a Successful Program* document, which can be downloaded from the IADC website. Competencies based on the knowledge, skills, and abilities (KSAs) required for each rig position are available through IADC's KSA Database (also linked on the IADC website) and then searched, customized, and downloaded as a resource for building a competence program.

1.2 Unique Components of IADC's CAA® Program

IADC's CAA® Program is structurally and substantively different from other IADC accreditation programs:

- All technical content is unique to the company owning the program.
- CAA® assessments are required to take place at the jobsite during actual operations (except for competencies that meet the criteria provided in Section 2.5).
- Companies are expected to develop and implement a program with a scope and structure that best fits their needs, business model, organization, and culture.
- Training contributes to the program rather than being the focus of the program.

1.3 Development Process for IADC's Accreditation Criteria

1.3.1 Creation of the Criteria

The criteria for competence assurance accreditation, which are defined in this *CAA® Handbook*, were developed by IADC members acting through the Workforce Development Committee (WDC) and working with IADC staff.

1.3.2 Updates to the Program Documentation

This version of the *Handbook* incorporates all program requirements instituted prior to the published date of this document. Additional updates to the program's documents and forms are communicated through bulletins and notices and are provided through IADC's CAA® webpage.

1.4 Overview of the Process

To achieve and maintain accreditation, a participating company must do as follows:

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1. Implement a competence assurance program that conforms to all CAA® criteria, which are provided in Section 2 of this Handbook.
2. Apply for accreditation and provide all requested supporting documentation and fees within the specified timeframe. Section 3 of this Handbook provides the full process for gaining accreditation.
3. Successfully complete the initial and biennial audits.
4. Upon achieving accreditation, continuously adhere to all CAA® criteria and operating procedures.

Before applying for accreditation, the program must be fully implemented for the scope as defined in the application for accreditation (CAA-03). Date of the program's implementation must be provided.

Once accredited, the program must continue to operate continuously as described and accredited. Section 4 of this Handbook comprises all requirements for maintaining accreditation.

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2 Requirements for Accreditation

IADC's CAA® Program is open to companies and organizations operating in the oil and gas industry that have fully established competence assurance programs. IADC's CAA® Program calls for companies seeking accreditation to identify the scope, framework, processes, and management methodology used in their competence program. As in any formal accreditation system, IADC expects applicants to provide a clear explanation of how their program satisfies the CAA® criteria.

2.1 Accreditable Unit

The Accreditable Unit manages and administers the competence program and is the entity IADC holds accountable for the program's accreditation

The Accreditable Unit may embody any of the following structures:

- A public or privately-owned company or institution
- A nonprofit organization
- A government agency
- A department or division within the company/institution/organization/agency
- A subsidiary of a company

2.2 Accreditation Management Models

IADC-accredited CAA programs are managed by (1) an In-House Accreditable Unit, in which a company manages its own in-house competence program, or 2) a Ready-to-Work, Accreditable Unit, in which an institution such as a college/university or third-party training center manages a program and is the accreditable unit.

In the Ready-to-Work model, the training institution is the Accreditable Unit (is awarded and maintains the accreditation). Therefore, the training institution is responsible for ensuring that all competence accreditation program requirements are met. A training institution may have more than one oil and gas company or institution (e.g., a governing body) as partners within its accreditation that sends their current employees through the Competence Assurance Program.

As a prerequisite for obtaining CAA® accreditation under the Ready-to-Work model, the training institution is required to obtain and implement IADC's Gateway® accreditation for entry-level positions and/or other relevant IADC accreditations, depending on the job positions of their program participants (e.g., WellSharp® Driller Level for participants in the Driller position).

The Gateway® accreditation program focuses on preparing individuals to enter the Oil and Gas industry. For more details on Gateway®, see the program handbook (GTW-01).

Participants can enter a Ready-to-Work training in two ways:

1. Participants enter the program through a training institution before they have been hired by a company.
2. Participants enter the program through a training institution and are currently employed by an oil and gas company.

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The Ready-to-Work model has two pathways of assessment:

1. After completing assessments related to IADC's Gateway® program or other IADC-accredited training relevant to their position, participants complete the Ready-to-Work Assessment at the training institution training site and/or through simulation in lieu of a competence assessment being conducted on the actual jobsite. Records are maintained by the accredited training institution.
2. After completing assessments related to IADC's Gateway® program or other IADC-accredited training relevant to their position, participants complete a Competence Assurance Assessment at the jobsite. The employee's company conducts the competence assessment and the training institution verifies the assessment. Records are maintained by the accredited training institution.

2.3 Competence Program Variations

No two competence programs are the same. Each program reflects the culture, structure, and needs of the Accreditable Unit. The contents of a competence program will vary in the following ways:

- Framework: the structure in terms of competence categories
- Scope: e.g., size

This section describes each of these required aspects of a program, which all program applicants must define specifically in their applications for accreditation.

A company may obtain separate accreditations for separate entities within a company if those entities need to define their scope and/or framework differently. In such cases, these programs would be separate Accreditable Units.

2.3.1 Program Frameworks

A program's framework comprises how the competencies are categorized and how they apply to personnel who are included in the program's scope. Companies and organizations can have either a position/role-based or a system-based program framework.

- Position/Role-based competencies: The competencies are defined and categorized according to job positions or roles. All of the competencies for an employee's position or role are included in the program. For example, a Toolpusher who is included in the program could be subject to 1) all functional competencies of the Toolpusher position, 2) all competencies for personnel in the role of a supervisor, or 3) both.
- System-based competencies: The competencies are categorized by type of operation (e.g., drilling, completions, well control, manufacturing, rig move, construction, HSE) or product line (e.g., drilling fluids, piping, pumps, manifolds, BOPs). The competencies represent tasks performed by employees within those "systems."

The following program-framework information is required on the application for accreditation:

- Position/Role-Based
  - A list of job positions included in your program.
  - A brief job description of each position.
  - A list of the competencies required for each of these positions.

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Note: If multiple positions are within the scope of your program, your application must include the required competencies for at least two of these positions (one supervisory and one non-supervisory).

- System-Based
  - A list of the systems included in your program.
  - A brief description of each system included in your program.
  - The job-related competencies required for each of these systems.

  Note: If multiple systems (i.e., operations) are included in this program, the application must include the competencies for at least two systems.

2.3.2 Program Scope

Competence programs may comprise all of a company's job titles/tasks, departments, and product lines, or may comprise only specific job titles/tasks, departments, and product lines. The program can be a global program, applicable to all regions in which operations occur, or can be applicable only to specific geographical areas (or jobsites) where operations occur. In the simplest terms, the scope of a program is how many of the company's positions or job functions are included and the geographical area in which the program is implemented. There is no minimum or maximum size for a competence program. As a program grows and evolves, changes that affect its scope must be reported to IADC.

The following program-scope information is required on the application for accreditation:

- A list of positions/systems to be included in the program.
- A list and description of all regions, divisions, product lines, or types of job locations (e.g., rig types)—unless the program applies to all personnel employed by the organization.

2.4 Documented Program Policies and Procedures

2.4.1 Roles and Responsibilities of Personnel

All levels of responsibility (e.g., job titles) for the program must be identified. The Accreditable Unit shall submit an organizational chart along with a description of the responsibilities of each position involved in managing or administering the program.

2.4.2 Management Commitment

The success of a competence program depends upon the full support and active role of the company's upper management. Therefore, a written statement expressing the commitment, expectations, and responsibilities of upper management is required.

2.4.3 Standard Operating Procedures (SOPs)

The program's standard operating procedures (SOPs) must be written. The procedures must include, but are not limited to, the following:

- Program administration (see Section 2.4.4 below)
- Quality control/assurance (see Section 2.4.5 below)
- Resources/Assets list (see Section 2.5 below)
- Competence assessment system (see Section 2.6 below)
- Document and records control
- Defining and approving competencies

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- Management of change (see Section 4.3)
- Periodic review of the competencies included in and assessed through the program

2.4.4 Program Administration Procedures

The program must include written administrative procedures. Some of these procedures overlap with quality assurance procedures (see section below) and will include, but are not limited to, the following:

- Maintaining accurate and up-to-date records of assessments
- Protecting the privacy of personnel subject to the program

2.4.5 Quality Control/Assurance Policies and Processes

In terms of the CAA® Program, written quality assurance policies and procedures essentially comprise verifying conformance to the SOPs and identifying opportunities to improve policies and processes.

Each program must have quality assurance policies and procedures that include the following elements, at a minimum:

- The job title and qualifications of the person responsible for managing quality assurance
- The frequency, methods, and conditions of internal audits
- Maintenance and control of records
- Monitoring and evaluating program effectiveness
- Management of the verification process
- Methods for gathering feedback from personnel subject to the program

2.5 Resources/Assets Required for Program Operation

The program application must include a list of resources that are required to support the program. These may include, but are not limited to, the following:

- Personnel (job titles and responsibilities)
- Equipment
- Computer applications and databases
- Program documents, forms, and records
- Facilities

2.6 Competence Assessment Requirements

A well-defined and effective assessment system must be implemented to assess employee competence for their current job or for the tasks they are required to perform within a specific system, or operation. The assessment system must define timeframes for assessing employees and for employees to meet the competence requirements.

Competence is determined (assessed) in the employees' actual work environment as they perform specific job tasks (exceptions listed in the subsections below).

2.6.1 Policies and Procedures

Documented policies and procedures shall be in place for assessment of personnel included in the program's scope. These policies and procedures must include, but are not limited to, the following:

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- Timeline for employees to start the competence assessment process
- A plan and tracking system for program implementation among business units, product lines, geographical regions, worksites, and/or other categories within the program's scope
- Expected timeframes for employees to achieve the defined level of competence, as well as the protocol for failure to do so
- "Triggers" indicating the need for a competence assessment (e.g., new hire, change in role/position)
- Intervals in which assessments take place
- Assessor and verifier qualifications
- Methods of assessment and their rationale
- Materials used for assessments
- How candidates are assessed in the Ready-to-Work program, if relevant
- How candidates receive feedback on assessments
- Verification of competence assessments and adherence to the process
- Remediation for employees who are deemed "not yet competent"

2.6.2 Assessors and Verifiers

Assessors and verifiers must be deemed qualified through a standardized process defined by the accredited company. The process of identifying and qualifying assessors and verifiers must be documented, communicated, and implemented to ensure consistency within the program.

Assessors perform the competence assessments with personnel one-on-one, typically at the jobsite during operations.

Verifiers ensure that the documented assessment process is adhered to, proper assessment methods are consistently being used, and records of assessments are properly completed and retained.

For the In-House program model, assessors and verifiers must be either an employee of the oil and gas company or employed by a third party that is contracted to perform this role.

If applying under the Ready-to-Work model, additional requirements include the following:

- For a Ready-to-Work assessment, assessors must be employed by a partner company, contracted through a third party, or employed by the training institution.
- For a Ready-to-Work competence assessment, assessors must be employed by the partner company or contracted (by the partner company) through a third party. They shall not be employed by the training institution.
- Verifiers must be employed by the training institution.
- Trainees not yet employed by a partner company and who, therefore, are not able to be assessed at a worksite during operations may be deemed "Ready to Work," rather than "Competent," after completing a Ready-to-Work assessment in lieu of a competence assessment until such time as they are hired and can be assessed performing their required tasks at the worksite.

2.6.3 Methods of Assessment

Methods for assessment will be defined and may include, but are not limited to, the following:

- Observation (primary method for competence assessment)—In this method, the assessor directly observes the candidate carrying out a task without assistance and then records details of the demonstrated skill in an evaluation form. In particular, the assessor must

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include a written description of any tasks for which the candidate is deemed not yet competent (e.g., what did they do incorrectly or fail to do).

- Simulation—When direct observation of a task is not possible because of safety, or because it involves an anomalous operational scenario, a realistic simulation may be used to gauge competence for tasks related to solely that scenario.
- Questioning—By asking questions, the assessor can determine a candidate's knowledge of an experience with a task or operation. If this technique will be used, questioning/response guidelines and techniques must be developed in advance and assessors trained in its correct use, and individuals' responses to questions must be documented and retained.
- Written assessment—This method may involve multiple choice, short answer, calculations, lists, and numbered procedures. The candidates may be given problem-solving scenarios and be required to provide a written analysis and/or solution, or they may be required to recall information and explain concepts. This method may only be used for theoretical knowledge that does not lend itself to a skills assessment.
- Records—It is possible that records (e.g., certificate, license) exist and can verify that a candidate has recently (i.e., within the last 45 days) demonstrated the theoretical knowledge or successfully performed certain tasks (that cannot be duplicated at the jobsite during normal operations). This evidence must be retained as part of the candidate's records. See the description of written and simulator assessments above for situations in which these would be appropriate.

2.6.4 Assessment Materials

Assessment materials may include, but are not limited to, the following:

- Checklists
- Tests
- Records of observations
- Guidelines for observations
- Rubrics
- Matrix

2.6.5 Assessment Tracking

All programs must have a documented system for assessment tracking, i.e., means of tracking and reporting individual performance in completion of required competence assessments.

The applicant must have recordkeeping systems for tracking the following information:

- The competencies that are required for each employee's job title/category or task (e.g., individual employee competence record).
- The competence assessments that have been completed by each employee (e.g., tests, assessor notes, evaluations, and reassessments), as well as the results of those assessments.

2.6.6 Assessing Candidates in the Ready-to-Work Program

The Ready-to-Work program has two pathways of assessment:

1. After completing IADC's Gateway® program or other IADC-accredited training relevant to their position, participants complete a Ready-to-Work Assessment at the training site in lieu of a

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competence assessment being conducted on the actual jobsite. Records are maintained by and at the location of the accredited training institution.

2. After completing IADC's Gateway® program or other IADC-accredited training relevant to their position, participants complete a Competence Assurance Assessment on the jobsite. The employee's company conducts the assessment and the training institution verifies the assessment. Records are maintained by and at the location of the accredited training institution.

2.6.7 Feedback to Candidate

A documented procedure must be in place that describes the process for student assessment feedback.

2.6.8 Development Plan

Documented policies and procedures must be in place that describes how an employee will be remediated (how the competence gaps will be addressed) in the event that he or she is deemed not yet competent. These methodologies and tools include, but are not limited to, the following:

- Training facilities, instructional staff, and materials
- Simulator exercises
- Coaching
- Mentoring
- Self-paced, computer-based learning

2.6.9 Candidate Reassessment

A documented procedure must be in place that describes how the program provides for reassessment of employees who have had to undergo remediation, as well as for employees who have been in the same position for an extended period of time (3-5 years).

Applicants applying for the Ready-to-Work model are not required to reassess individuals unless the individual comes to the training institution for additional training based on a promotion to a new position.

2.6.10 Assessment Verification

Programs are required to have a documented assessment verification process to ensure the following:

- All assessment-related standard operating procedures and policies are followed.
- Assessments are credible and consistent.

Programs must also document the qualifications requirements for assessment verifiers within the program.

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3 Accreditation Process

This section outlines the process of achieving accreditation. CAA® accreditation may take from 3 to 6 months to achieve, depending upon the completeness of the application and timely submission of supporting material.

During each stage of the application process, the applicant is expected to respond to IADC's requests for information in a timely and appropriate fashion. Failure to respond as such may result in closure of the application request. Upon closure of an incomplete application, the applicant will forfeit the application fee and must reapply in order to continue pursuing CAA® accreditation.

3.1 Steps to Accreditation

3.1.1 Submitting the Application

To initiate the accreditation process, an organization must submit a completed application (Form CAA-03 Application for Accreditation) with the appropriate fees (see Form CAA-06 Schedule of Fees) to IADC. Copies of the application and other relevant documents can be downloaded from the IADC website or requested through email (competence@iadc.org).

3.1.2 Internal Review

An IADC staff member reviews the application to identify any missing information or corrections that need to be made. The staff member then records a list of the deficiencies and sends the list to the applicant, who has 30 days to make the initial corrections and send additional information. Upon further review of corrections made, additional information may be required. Once all deficiencies are addressed, the IADC staff member sends the application to the technical reviewer. Failure to resolve all deficiencies within a 6-month time frame from the initial review date may result in closure of the application request. Upon closure of an incomplete application, the applicant will forfeit the application fee and must reapply in order to continue pursuing CAA® accreditation.

3.1.3 Technical Review

Technical reviews are performed by subject matter experts representing the industry. The technical reviewer sends a list of the identified deficiencies back to the IADC staff member, who once again provides the applicant with the information and the timeframe for addressing the issues. As in the internal review period, the applicant has 30 days to make the initial corrections and send additional information. Upon further review of corrections made, additional information may be required. corrections and/or send the additional information. Once all deficiencies are addressed, the application is submitted for audit. Failure to resolve all deficiencies within a 6-month time frame from the technical review date may result in closure of the application request. Upon closure of an incomplete application, the applicant will forfeit the application fee and must reapply in order to continue pursuing CAA® accreditation.

3.1.4 Audit

IADC will schedule an audit of the organization's competence assurance program. The auditor will be an industry consultant or an IADC staff member.

The auditor will use a systematic approach to verify that the program meets established criteria by reviewing program documentation, procedures, and resources. The auditor will issue a report to IADC detailing the audit findings and any recommendations or opportunities for improvement.

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3.1.5 Corrective Actions Required by Auditors

Upon noting a discrepancy, an auditor may assign a Corrective Action to the applicant. All assigned Corrective Actions are reviewed by IADC before being issued to the applicant. If a CA is not resolved or there are excessive delays in providing requested information, the application request may be closed. Upon closing an application, the applicant will forfeit the application fee and must reapply if they wish to continue pursuing CAA® accreditation.

3.1.6 Accreditation Decisions

IADC will communicate to the applicant one of the following accreditation status decisions:

Full Accreditation—Full accreditation may be granted to any program that meets the criteria in a satisfactory manner as evidenced by information available about the program and confirmed by an initial audit.

Denial of Accreditation—Denial of accreditation may occur if the applicant has not adequately provided evidence of meeting the criteria, the application is determined to not meet the criteria for accreditation, or the applicant is nonresponsive in providing application and program corrections needed.

3.2 Appeal of Accreditation Decision

CAA® accreditation applicants or accredited companies may appeal an accreditation decision affecting their program's accreditation status. The appeals process is described below.

3.2.1 Filing an Appeal

Only the Authorized Person (more commonly known as the Primary Contact/Corporate Official) of the Provider program may file an appeal. An appeal must be submitted within 30 days of receiving written notice of the decision by QA/QC to revoke accreditation. The written appeal must specify the grounds on which the appeal is being made. Appeals to audit findings should be addressed to the Manager of QA/QC. Appeals to application review should be addressed to Accreditation and Credentialing Division (ACD) Management. The burden of presenting the argument initially, and/or persuading the appeals body, rests with the Provider filing the appeal.

3.2.2 Appealable Decisions

Decisions that may be appealed are as follows:

- A decision to deny accreditation to a program seeking initial or renewal accreditation.
- A decision of QA/QC to revoke accreditation.

3.2.3 Operation of Appeals Panel

Membership of the Appeals Panel will consist of the Chairman from each of the HSE, Training, and Well Control Committees, and an IADC VP with no vested interest in the accredited program. The Appeals Panel shall operate in accordance with the following guidelines:

- The four-member Appeals Panel serves all accreditation programs.
- In the event a majority of Panel members is not available to hear an appeal, IADC will convene a Panel of three members that are agreed upon by IADC and the appellant.
- In the event of conflict of interest (i.e., if a training provider is appealing a decision made by the Rig Pass Panel, the HSE Committee Chair will not participate in the vote).

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- The Manager of QA/QC manages appeals pertaining to revocation of accreditation. ACD Management manages appeals pertaining to initial or renewal program accreditation.
- A representative of the accreditation program's Review Panel (designated by the Chairman of the Review Panel), ACD Management, and/or QA/QC staff shall attend the Appeals Panel meeting to support the disputed decision and to respond to questions of the Appeals Panel.
- The issues addressed by the Appeals Panel are limited to those identified in the appeal made by the Provider.

3.2.4 Appeals Panel Meetings

The Appeals Panel meets within 60 days of receiving the appeal, or on a date mutually acceptable to all parties. The program may have one or more representatives appear before the Appeals Panel to make an oral and/or written presentation and to respond to questions from the Appeals Panel. (The representative must provide legal identification upon entering the Appeals Panel meeting.)

Counsel may represent either party; however, the proceeding is conducted on an informal basis. The Appeals Panel may request the assistance of counsel to provide guidance in the interpretation and resolution of legal or procedural problems that may arise in the context of an appeal.

3.2.5 Documents to be Considered

The QA/QC staff will furnish all the documents relevant to the appealable decision. These may include documents the Technical Reviewer, QA/QC staff, or the Auditor referenced in making its decision as well as correspondence between the company and Technical Reviewer or IADC staff. The following people will receive these documents:

- Appeals Panel members
- The appellant
- The Technical Reviewer or QA/QC representative
- ACD Management

The Appeals Panel will not consider, during its review of the disputed decision, any program changes made by the company after the date of the disputed decision.

3.2.6 Appeals Panel Decisions

The function of an Appeals Panel in a given case is to review the decision of the Review Panel or QA/QC based on the record that was before the Review Panel or QA/QC at the time of its decision. In the event the Appeals Panel upholds the decision of the Reviewer, the decision will be final and binding. If the decision of the Reviewer is not upheld, the case will be remanded to the Reviewer for disposition in a manner consistent with the findings of the Appeals Panel. If a decision of QA/QC staff is not upheld, the program's accreditation will be re-instated.

3.2.7 Appeals Panel Reporting

The report of the Appeals Panel, including the decision and the reasons for it, will be prepared within 30 days of the Panel's decision. The report will be addressed to ACD Management, with copies forwarded to the appellant, and QA/QC staff. Official record of the Panel's decision will be retained by QA/QC staff or ACD Management.

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4 Maintaining Program Integrity

Once accredited, the Accreditable Unit must continue to conform to all *CAA*® accreditation criteria and all program-specific policies and procedures that were submitted and approved during the application process. This includes maintaining all quality controls and all required records.

IADC also expects all accredited programs to strive for continuous improvement and to effectively manage changes that need to occur when opportunities for improvement are identified.

4.1 General Post-Accreditation Policies

Each accredited company will be subject to a program annual fee and a biennial external audit. Programs that receive a major CA during an audit are required to be audited the next year in order to ensure the CA implemented is effective. Any major changes to program policies or procedures also require an audit the following year. IADC reserves the right to audit programs at any time deemed necessary within the biennial audit timeframe. The CAA® accreditation period is 1 year. Accreditation letters and certificates are issued once annual fees are paid each year. If changes to the program are made throughout the accreditation cycle (e.g., addition of positions), the program certificate and IADC's accredited provider website will be updated at that time, and a new accreditation letter will be issued upon the 1-year renewal period.

4.2 Privileges of Accreditation

Upon receipt of the formal *CAA*® Certificate of Accreditation and for as long as the program maintains its accreditation as required by IADC, the accredited company may display the certificate and publicly state the program's conformance with IADC's *CAA*® program.

4.2.1 Promotion

IADC promotes accredited programs though the following methods:

- Web listing of accredited companies
- One-time notice of accreditation decisions in IADC's monthly newsletter, *Drill Bits*

Information about *CAA*®-accredited companies may also be distributed at conferences and communicated through advertisements or other means. Regardless of means of promotion, each listing of *CAA*®-accredited companies will include only those providers accredited at the time of publication.

4.2.2 IADC Logo

The accredited company may use the *CAA*® logo on course materials and in promotion of program.

When reference is made to the Program accreditation at any time, only the following shall be referred to or used:

- The term "IADC Accredited" may be used by Program that has been notified that it has received full accreditation.

A *CAA*® logo and trademark may be used. The exclusive use is hereby licensed to Program upon official notification that it has received full accreditation. Guidelines for logo usage are published by IADC and should be strictly followed.

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4.2.3 Opportunities to Provide Feedback to IADC

All CAA-accredited companies are afforded the opportunity to comment on proposed program changes and are encouraged to be engaged in continuous improvement of the program.

4.3 Quality Assurance

Quality assurance for an accredited program comprises primarily continuous improvements efforts, such as responding to audit findings and following a management-of-change process to make changes initiated either by the program's staff or by IADC.

As described below, program managers/administrators must alert IADC staff to any program or contact changes by submitting a program modification form (CAA-03M). Substantive program changes may require additional approval by IADC staff or a technical reviewer before being implemented within the program.

4.3.1 Management of Change

All programs are required to have a documented management-of-change process (as listed in Section 2.3). This requirement is intended to help ensure that changes meet the following criteria:

- The designated authority has approved the change.
- The protocol for implementing the change is followed.
- Changes are implemented consistently.
- Changes (as listed below) are communicated to IADC.
- Changes are clearly communicated to all program stakeholders.

Changes Initiated by an Accredited Provider

Any company that is accredited or awaiting accreditation must notify IADC (through Form CAA-03M) of any program changes that will affect their accreditation program or its management. Changes that must be reported to IADC include, but are not limited to, those that affect the following:

- Business structure/name of accredited company
- Accreditation management model
- Program scope
- Competence framework
- Delivery of assessments
- Assessor/Verifier qualifications
- Contact information for program managers and administrators
- Location of Accreditable Unit or any facilities used by the program

Substantive changes that may affect the accreditation status must be submitted to and approved by IADC before implementation. Minor changes, such as contact information, that do not affect the quality of a program must be communication to IADC within 30 days of the change.

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Changes Initiated by IADC

Workforce Development Committee members and IADC staff periodically reevaluate the accreditation criteria for this program to ensure that the criteria continue to be appropriate and in the best interests of the public and the industry. When opportunities for improvement are evident, IADC members or staff propose revisions to the criteria. For administrative-related changes that minimally affect already accredited programs, IADC staff may institute changes. For changes that have the potential to affect the scope, structure, or delivery of a company's competence program, IADC follows the management-of-change process outlined in its standard operating procedures. Steps of this process typically comprise the following:

1. Propose the changes to the WDC during a committee meeting.
2. Send the proposal to WDC members and currently accredited companies for comment.
3. Make any necessary adjustments based on the comments received.
4. Solicit a vote of the WDC members.

Upon official approval of the program change, IADC issues a bulletin about the change and gives affected institutions a specified amount of time to incorporate the change into their programs. Bulletins are also placed on IADC's CAA® webpage. Each accredited company is responsible for monitoring the CAA® webpage and emails received from IADC and then implementing any *CAA*® necessary changes within the timeframe provided.

For some changes, evidence of implementation may be required by IADC. If evidence is required, any provider failing to supply evidence of implementation within the requested timeframe is subject to having their training program placed on probation. Continued failure to implement requested changes and/or to supply evidence of implementation may result in revocation of the accreditation.

4.3.2 Corrective Actions

A corrective action (CA) may be issued when a training provider is found to be in nonconformance with IADC requirements or their own program-specific policies and procedures. IADC's Quality Assurance/Control staff members manage the CA process according to IADC's standard operating procedures.

Once a CA has been issued to a training provider, the training provider will be given a specified time within which to develop and report a plan for correction of the non-conformity and prevention of recurrence. The written plan will include not only specific actions to be taken but also the timeframe within which the actions are to be completed. In addition, the response must include an explanation of cause and extent of the non-conformance. Actions and timelines must be agreed to by the provider and QA/QC.

The accredited training provider is responsible for responding in a timely manner to non-conformities identified during an audit or other Competence Assurance audit process. Actions and timelines to resolve a nonconformity must be appropriate for the issue identified and agreed to by IADC-designated staff and the training provider.

Planned timelines must be strictly met; otherwise, the accredited training provider will be subject to disciplinary action. Continued failure to address non-conformities will ultimately result in revocation of accreditation.

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4.4 Required Program Fees

As a nonprofit industry association, IADC operates on a cost-recovery basis. The costs associated with an accreditation program are recovered through initial application fees, audit fees (to cover auditor expenses), and annual fees. All fees are listed in the Schedule of Fees (Form CAA-06). IADC periodically reviews all program fees and revises the schedule of fees as needed. Form CAA-06 is available from the IADC website or may be requested from IADC staff through email.

4.5 Voluntary Withdrawal from the Program

An accredited company may request its removal from the *CAA*® accreditation program at any time. Such request must be submitted in writing, on official company letterhead, and signed by the accredited provider's authorized program contact. Upon receipt of written notification, IADC will promptly comply with that request by officially closing the program. At a subsequent time, the provider may reapply for accreditation without prejudice.

4.6 Disciplinary Actions

IADC may, at its sole discretion, bring disciplinary action against any IADC-accredited training provider (Provider). Disciplinary action may be for a specified time period or indefinite. Disciplinary actions include, but are not limited to, Probation, Suspension, and/or Revocation. Disciplinary actions are not meant to be sequential. IADC may, at its sole discretion, move directly to suspension or revocation, depending on severity of the infraction.

IADC may return the Provider to the accreditation status held prior to the disciplinary action after the issues prompting disciplinary action are resolved. IADC, at its sole discretion, may choose not to return the Provider to the accreditation status held prior to the disciplinary action and may temporarily or permanently revoke accreditation. If the disciplinary action is Probation or Suspension, failure of the Provider to take remedial actions requested by IADC will result in additional disciplinary action taken against the Provider. Ultimately, revocation of accreditation will result if the Provider fails to act or takes insufficient steps to resolve the issue in the timeframe specified.

Reasons for disciplinary actions include, but are not limited to, the following:

- Failure to abide by accreditation standards
- Failure to submit necessary supporting information requested by ACD staff, technical reviewer, Review Panel, or auditor
- Failure to resolve a complaint issued against the Provider
- Provider has made significant changes in the nature, structure, location, or operation of an accredited Program that, in the opinion of IADC, significantly undermines the quality of the program.
- Provider refuses to submit to an audit or fails to satisfactorily address Corrective Actions issued by IADC.
- Provider fails to pay appropriate fees in a timely manner.
- Provider fails to make required program adjustments.
- Provider fails to follow quality control procedures.
- Provider fails to respond to IADC requests for information after three attempts.
- Conducting components of the program fraudulently, and/or compromising the quality of the program

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If IADC contacts the Primary Contact and/or Corporate Official regarding any of the issues listed above and does not receive a timely response after three attempts, IADC will initiate the program-closure process. A "timely" response is defined as within 2 weeks. QA/QC will immediately notify the company when a decision to revoke accreditation has been made. The accredited company's name will be removed from the website.

4.6.1 Probation

Any Provider may be placed on probation by IADC at any time.

Placing a Provider on probation is a warning that, if the Provider does not correct all deficiencies noted by IADC, the Provider will be subject to further disciplinary actions up to and including revocation of accreditation.

To be considered for return to full accredited status, the Provider must resolve all issues identified in the disciplinary action and supply IADC evidence of such actions.

4.6.2 Suspension

Any Provider may be suspended by IADC at any time for cause, and cause shall be determined by the IADC in its sole judgment. Access to the *ACD* database for Providers will be suspended for the duration of the suspension.

In addition, IADC will remove the Provider's listing on the IADC *Competence Assurance*®-accredited training provider website.

The Provider must resolve all issues identified in the disciplinary action and supply IADC evidence of such actions. Upon resolving all issues, IADC may reinstate the Provider's prior accreditation status.

Failure to resolve all issues for which the Suspension is in place will result in the training provider's accreditation being revoked (closed).

4.6.3 Program Closure

Any Provider may be revoked (closed) by IADC at any time. IADC will immediately notify the Provider when a decision to revoke (close) their program accreditation has been made. Following notification, IADC will remove the provider's listing on the IADC accredited training provider website and will remove access to the *ACD*® database.

ACD will officially close the Provider's file.

Upon revocation of accreditation, the training Provider must do as follows:

- Destroy the ACD-issued *Competence Assurance*® Certificate of Accreditation
- Remove the *Competence Assurance*® logo and registered trademark from their documents, brochures, Provider website, and all places the logo or trademark is used.
- Cease referring to *Competence Assurance*® accreditation when marketing or promoting the Provider's program.

4.6.4 Miscellaneous

Resolution of Disputes and Forum Selection Clause

Any dispute arising out of or relating to the IADC *Competence Assurance*® Program, its policies and procedures, or its administration shall be resolved in the following manner:

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1. First, by notifying the IADC of a dispute in writing and by requesting non-binding mediation. The mediation shall take place in Houston, Texas, unless otherwise agreed to by the IADC. The mediation request shall include a brief narrative explaining the basis for the dispute, list of three neutral mediators, and the relief requested. The IADC shall have twenty (20) days from receipt of a Mediation Request to pick a mediator from the list provided. The costs and expenses of any such mediation, including compensation and expenses of the mediator, shall be the responsibility of each party to the mediation.
2. Next, if the dispute cannot be resolved within 60 days of the notice of mediation, then the dispute may be brought in the courts of the State of Texas. Specifically, venue shall be in Harris County, Texas.

Limitation of Liability

In no event shall IADC be responsible for any consequential damages arising out of any disciplinary action, including, but not limited to, alleged lost profits, lost business opportunity, loss of reputation, punitive damages, and/or attorneys' fees. This limitation applies to any claim or cause of action, however alleged or arising, unless otherwise prohibited by law, including, but not limited to, negligence, breach of contract, or any other claim, whether in tort, contract, or equity, regardless of whether IADC has been advised of, knew of, or should have known or anticipated such loss or damages.

4.7 Sending Feedback to IADC

IADC is committed to ensuring that its accredited companies, partners, and employees adhere to high standards of conduct as they strive to meet the *CAA*® requirements. One of the ways IADC can continue to improve the accreditation system is by listening and responding to the views of participants. Therefore, IADC wishes to ensure the following:

- Providing feedback is as easy as possible.
- Unfavorable feedback regarding accredited companies are treated seriously.
- IADC responds in the right way—for example, with an investigation, an explanation, or collection of further information before taking appropriate action.
- IADC learns from feedback received and uses it as a means to improve the quality of the accreditation program.
- Accredited companies learn from comments received and use them to improve the quality of the instruction they provide.

IADC's comment and complaint policy details are outlined in for ACD-67 and can be located on the IADC website. Accredited companies and their personnel, potential applicants, regulatory agencies, universities, and the public are encouraged to provide comments about the *CAA*® Program or its administration. Comments may be made in person, through the postal service, by e-mail, by telephone, or through a form (ACD-68) on the IADC *CAA*® website. IADC contact information is provided in Table 1.

Direct all comments to Quality Assurance / Quality Control.

Please provide sufficient detail concerning the application experience, a participant's program, or other suggestions/questions/concerns to permit IADC to collect further information as needed (dates, locations, company, etc.) or to otherwise act upon the suggestion. Providing contact information is optional but will assist IADC if follow-up communications are required.

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Table 1: Alternate Ways to Contact IADC's Accreditation and Credentialing Division

In Person:	IADC Headquarters 3657 Briarpark Drive, Ste. 200 Houston, TX 77042 USA
In Writing:	IADC – ACD Quality 3657 Briarpark Drive, Ste. 200 Houston, TX 77042 USA
By Fax:	+1.713.292.1946
By Telephone:	+1.713.292.1945
By E-mail:	quality@iadc.org
By Internet	http://www.iadc.org/request-information/

4.8 Conformance with other Standards

The *CAA*® program may satisfy the requirements of other industry or governmental standards. In the event a *CAA*® program is implemented in a way to satisfy both *CAA*® and other standards/requirements, the accredited company must notify IADC of this objective, provide IADC with a copy of the other standard, and operate the program in conformance with both programs' standards. IADC may, in certain cases, assist with the verification of conformance to both standards.

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Appendix: CAA Forms Available for Training Provider Use

CAA-01	Handbook for Accreditation
CAA-03	Application for Accreditation
CAA-03M	Modification Form
CAA-04	Accreditation/Audit Policy Agreement
CAA-06	Schedule of Fees
CAA-10	Application Process Flowchart
CAA-61	Audit Report

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