



IADC
WELLCAP

APPLICATION FOR ACCREDITATION

INTRODUCTORY WELL SERVICE COURSE

Part 1: Provider Information

Part 2: Course Design and Delivery

Part 3: Instructors

Part 4: Administration

Part 5: Quality Control

Purpose and Instructions

To facilitate processing of a WellCAP® (WCT) accreditation application for the Introductory course, this form must be used by the applicant to describe the structure, format, administration, and quality control of its Well Services Introductory course. 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 items marked “optional.” If an optional item is not applicable, it should be marked “N/A.” When returning this document to IADC, please securely affix attachments and include the accreditation fee (see WCT-06) to initiate the WCT accreditation process. The application and attached materials should be submitted in English.

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

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

- WCT-04 – Attestation & Agreement (signed)
- WCT-05I—Instructor Application (if needed)
- Copy of custom certificate design (optional)
- Any other supporting documentation (handbook, manual, checklists, tests or student assessments, etc.)

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 Type of Training Provider (Check only one.)

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

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

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

Does this applicant hold other IADC accreditations or have they held one in the past? Yes No

If **yes**, list the accreditation and date when training was first accredited.

Also list accreditations and dates when training was suspended or discontinued.

1.2 Contact Information

Responsible Corporate Official

First (Given) Name:

Middle Name:

Last (Family) Name:

Job Title:

Phone:

Alternate #:

Email Address:

Administrative Contact/Correspondent (person responsible for ordering Certificates of Completion):		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Alternate #:	
Email Address:		
Administrative Contact/Correspondent (responsible for reporting training records, unless same as above):		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Alternate #:	
Email Address:		
1.3 Provider's Primary Administrative Location ("Accreditation Location") No PO Boxes		
Address Line 1:		
Address Line 2:		
City:	State:	
Country:	Zip/Postal Code:	
1.4 Billing Address of Provider (if different from Primary Location)		
Address Line 1:		
Address Line 2:		
City:	State:	
Country:	Zip/Postal Code:	
Phone:		

PART 2: COURSE DESIGN AND DELIVERY
2.1 Course Duration
Indicate scheduled amount of course time in hours and minutes. (Note: Refer to the Handbook for Accreditation, WCT-01, for required minimum course duration times.)
Total length of course (excluding assessment): _____ hrs _____ min
Maximum delivery time per day: _____ hrs _____ min
Note: The recommended minimum instruction time for an Introductory Level WellCAP course is 8 hours. The instruction does not have to be given all at once but should be completed in a 6-month period.

2.2 Curriculum

Basic Requirements

The key objective of the Introductory Level of WellCAP is to provide new employees with a basic familiarity of the principles of well control and the operation of standard equipment related to well control. The approved WellCAP instructor or the person designated on this application as the Primary Contact must sign off documentation of training delivery.

The order in which the instruction is given is at the discretion of the accreditation holder—it does not have to be given in the order presented here. Copies of any handbooks, manuals, or other instructional aids, and a checklist or test for student assessment must be submitted with this application.

Instructions for Filling Out the Curriculum Worksheet

When completing this section, use the codes provided below when providing requested information.

Column: Where Provided

This column pertains to the location where this topic is conveyed to the participant. Choose from the list below by using the abbreviated responses in parenthesis. List all that apply.

CLASSROOM (CLS)—Provided in dedicated facility (temporary or permanent) removed from the work site and intended for use by a group of persons. This may include a company training facility, a room at an education institution, or a room used only on occasion, such as a meeting room at a hotel.

POINT OF HIRE (POH)—Provided in an administrative office or other business facility where employees are regularly hired, either individually or in a small group.

POINT OF TRANSIT (POT)—Provided at a heliport, boat dock, or other transportation-related facility regularly used for travel to the work site, either individually or in a small group.

WORK SITE (WST)—Provided at the drilling location or on a platform or mobile offshore drilling unit, either in a small group or individually.

OTHER (OTH)—Provided at any other location not fully described above. A brief explanation must be provided in Section 2.3.

Column: How Instructed

This column pertains to the methods, techniques, or teaching aids ordinarily used to convey each topic to the participant during the orientation. Choose from the list below by using the abbreviated responses in parenthesis. List all that apply.

LECTURE/DISCUSSION (L/D)—Instructed in a group setting of two or more participants, led by an instructor.

AUDIO VISUAL (A/V)—Stand-alone audiovisual instruction such as a video or DVD.

INDIVIDUAL (IND)—Instructed on a one-on-one basis by an approved WellCAP instructor.

CBT (CBT)—Computer-based training or other e-learning with approved instructor oversight.

OTHER (OTH)—Any other method that is not fully described above, such as a test administered and recorded by a computer. A brief explanation must be provided in Section 2.6.

Column: How Documented or Measured

Use this column to denote how a participant's involvement in the orientation is documented or measured. Choose one method from the list below by using an abbreviated response in parenthesis. Provide a copy of checklist, test, or both if both indicated.

CHECKLIST (CHK)—The employee orientation is documented by using a checklist that is initialed or signed by the participant and the instructor. If own checklist design is used, a copy of the checklist must be submitted.

TEST (T)—Participants are administered a written test to measure acquisition and retention of the topics presented in the orientation. If own test design is used, a copy of the test must be submitted.

BOTH (B)—Participant's involvement is documented through both a checklist and a test as described above.

OTHER (OTH)—Any other method that is not fully described above, such as a test administered and recorded by a computer. A brief explanation must be provided in Section 2.7.

Column: Time Allotted

In this column, indicate the approximate amount of time customarily allotted to the discussion or instruction in each section, in hours and minutes (HH:MM, where 30 minutes would be expressed as 00:30). Only one entry per section is needed. Reporting the time for each individual topic is not required. Be sure to indicate Total Time Allotted for all topics.

All items listed above must be completed unless otherwise indicated. Only an item designated as optional may be marked as "N/A" when appropriate for your course. A brief explanation must be provided at the end of worksheet.

Curriculum Worksheet				
Topic	Where Provided	How Instructed	How Documented or Measured	Time Allotted (Hrs)
I. Reasons for Well Servicing Operations				
A. Definition of well servicing operations				
B. Definition of well service unit types				
C. Reasons for well servicing operations which may include wireline				
Total Time Allocation – Section 1				
II. Definitions and Calculations				
A. Pressure fundamentals				
B. Live wells and kick wells				
C. Force				
Total Time Allocation – Section 2				
III. Kick Fundamentals				
A. Definitions				
B. Causes of kicks (open hole, cased hole, tubing)				
C. Kick detection (open hole, cased hole, tubing)				
D. Importance of responding to kick indicators in a timely manner				
Total Time Allocation – Section 3				
IV. Gas Characteristics and Behavior				
A. Pressure, volume, relationship (Boyles law)				
B. Gas expansion and migration relationships				
Total Time Allocation – Section 4				

V. Fluids				
A. Characteristics				
B. Fluids types				
Total Time Allocation – Section 5				
VI. Surface Equipment				
A. Types of wireline				
B. Components of wireline units				
C. Production tree (Christmas or Xmas tree)				
D. General rig and coiled tubing and snubbing units blowout preventer (BOP) equipment				
E. Auxiliary well control equipment				
F. Wireline BOP/valve and pressure control equipment				
G. Lubricator/Stripper/Stuffing box assemblies				
H. Gas detection and gas handling systems				
I. Safety systems and emergency shutdown devices (ESDs)				
Total Time Allocation – Section 6				
VII. Subsurface Equipment				
A. Workstring and production tubing, and drillstring components				
B. Completion equipment				
Total Time Allocation – Section 7				
VIII. Procedures				
A. Pre-recorded well information				
B. Rigging up and deployment into well				
C. Running, shifting, and pulling tools				
D. Shut-in				
E. Verification of shut-in				
F. Well monitoring during shut-in				
G. Tripping				
H. Stripping operations				
I. Shearing wireline				
J. Fishing wireline				
K. Well control drills				
Total Time Allocation – Section 8				

IX. Complications and Solutions				
A. Trapped pressure				
B. Pressure on casing				
C. Lost circulation				
D. Underground flow				
E. Collapsed tubing				
F. Junk in hole				
G. Hole in tubing				
H. Stuck tool string				
I. Fishing under pressure				
J. Hole angle				
Total Time Allocation – Section 9				
X. Organizing Operations				
A. Personnel assignments				
B. Pre-recorded information				
C. Plan responses to anticipated well control scenarios				
D. Communications responsibilities				
Total Time Allocation – Section 10				
XI. Testing				
A. Testing of pressure control equipment				
Total Time Allocation – Section 11				
XII. Government, Industry and Company Rules, Orders, and Policies				
A. Incorporate by reference				
Total Time Allocation – Section 12				
XIII. Special Situations (Optional)				
A. H ₂ S considerations				
B. Subsea considerations				
C. Coiled tubing operations				
D. Snubbing and HWO operations				
E. Small tubing unit				
F. Drilling operations				
G. Workover operations				
H. If pump unit is utilized by wireline crew: Techniques for controlling or killing a producing well				
I. If pump unit is utilized by wireline crew: No returns pumping technique (e.g., bullheading)				
Total Time Allocation – Section 13				
Total Time for All Sections				

2.3 Facilities and Equipment

If the course is delivered in a classroom, provide a general description of facilities and equipment used for delivery of training.

If training is delivered at any location other than a classroom, explain how training delivery will be managed.

Provide justification for choosing this location/method of delivery.

2.4 Class Size

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

Min _____ Max _____

2.5 Course Delivery

Method of Delivery:

Classroom e-Learning If e-Learning, specify type: _____
(Note: Additional requirements apply.)

Course Language(s):

English Spanish Arabic Mandarin Other:

2.6 Course Materials

In the space provided below, provide a brief description of any instructional materials used as a part of the applicant's WellCAP program that have been referenced in the Curriculum section (handouts, textbooks, audiovisual aids, etc.).

Example: If an applicant marked "Video" in the "How Instructed" column in the Curriculum section, details about the video used should be listed below.

Provide the following information for each item:

Title or Description: List the title of the videotape, booklet, or other material. If the item has no formal title, provide a short description of the contents.

Type: List the media format that applies to the item (videotape, slide/tape, handbook, manual, etc.).

Source: Identify the producer, publisher, developer or other source from which the item was obtained. Materials developed in-house should be identified as such.

Title:	Type:	Source:

2.7 Student Assessment

Describe the method(s) of assessment used to verify each student's successful completion of the course before issuing Certificate of Completion:

PART 3: INSTRUCTORS

Use this section to record your request for instructor(s) approval. In the appropriate subsections below, list instructors already approved to teach for your company and those instructors for which you are now seeking approval.

Currently Approved Instructors

List instructors who are currently approved to provide WellCAP training for your company. Please list the instructor's name, check each course the instructor is approved to teach, and provide the instructor's certificate number. 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. **Copy this page if needed for additional instructors.**

Name	Course(s) approved to teach	Instructor's Cert. #
First (Given) Name: Middle Name: Last (Family) Name:	Level: <input type="checkbox"/> Introductory	
First (Given) Name: Middle Name: Last (Family) Name:	Level: <input type="checkbox"/> Introductory	
First (Given) Name: Middle Name: Last (Family) Name:	Level: <input type="checkbox"/> Introductory	
First (Given) Name: Middle Name: Last (Family) Name:	Level: <input type="checkbox"/> Introductory	

New Instructors

If you are submitting new instructors, please submit WCT-05I for each. List here all new instructors for which you are requesting approval. DO NOT include instructors already listed in the previous section. **Form WCT-05I should be appended to this application for each new instructor.**

Names of New Instructors		
First (Given) Name	Middle Name	Last (Family) Name

PART 4: ADMINISTRATION

4.1 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

4.2 Issuance of Certificates

Who will be responsible for issuing Certificates of Completion?

Name: _____ Email: _____

4.3 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 (if applicable) and confidentiality of student records.

PART 5: QUALITY CONTROL

Describe the process in place for periodic review of WellCAP® course content and delivery:

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

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

Course content Yes No

Instructors Yes No

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