



IADC
CAA

APPLICATION FOR ACCREDITATION

COMPETENCE ASSURANCE

Part 1: Business Information

Part 2: Program Description

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 Competence Assurance Program. 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):		Provider ID #:
Parent Organization (if different from accreditable unit):		
Street Address (For Location of Program's Administrative Office):		
City:	State:	
Zip or Postal Code:	Country:	
Website:		
Responsible Corporate Official Information:		
Name:	Telephone:	
Title:	E-mail:	
Administrator Contact Information:		
Name:	Telephone:	
Title:	E-mail:	
Billing Contact Information:		
Name:	Telephone:	
Title:	E-mail:	
Type of Organization:		
<input type="checkbox"/> College/University	<input type="checkbox"/> Commercial Training Organization	<input type="checkbox"/> Drilling Contractor
<input type="checkbox"/> Non-Profit Training Organization	<input type="checkbox"/> Operator/Producer	<input type="checkbox"/> Service Contractor
<input type="checkbox"/> Other:		
Geographic Extent of Program's Applicability:		
<input type="checkbox"/> Global (applies to all areas of operation)		
<input type="checkbox"/> Geographical region		
List all geographical areas of company's operations (i.e., states, regions or nations covered by this application):		
Program Framework:		
<input type="checkbox"/> Positional (# of Positions ____)		
<input type="checkbox"/> System-based (# of Systems ____)		
Program Implementation:		
Is the Program Fully Implemented?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes , what was the Implementation Date? _____		
If No , what is the timeline for implementing the program across personnel and regions included in the program application:		

PART 2 – PROGRAM DESCRIPTION

The applicant is to provide a narrative and/or attachments for the following elements of the Competence Assurance Program

I. Competence Program Variations		Reference: Doc. and Pg#
1. Program Frameworks		
1A. Position/Role Based <input type="checkbox"/> N/A		
a. List job position(s) included in the program:		
b. Brief job description of position(s). If multiple positions are included in this program, provide required job description for at least two positions contained in the above list (one supervisory level and one non-supervisory level position):		
c. List required competencies for each position. If multiple positions are included in this program, provide required competencies for at least two positions contained in the above list (one supervisory level and one non-supervisory level position):		
1B. System Based <input type="checkbox"/> N/A		
a. List system(s) included in the program:		
b. Brief description of system(s). If multiple systems are included in this program, provide required description for at least two systems contained in the above list:		

<p>c. List required job-related competencies for each system. If multiple systems are included in this program, provide required competencies for at least two systems contained in the above list:</p>	
<p>2. Program Scope</p>	
<p>a. List all divisions, product lines, or job locations that utilize the program:</p>	
<p>II. Documented Program Policies and Procedures</p>	<p>Reference: Doc. and Pg#</p>
<p>1. Roles and Responsibilities of Personnel</p>	
<p>a. Identify all levels of responsibility (e.g., job titles) for the program and provide a description of the responsibilities of each position involved with in managing or administering the program:</p>	
<p>NOTE: An organizational chart must be submitted.</p>	
<p>2. Management Commitment</p>	
<p>a. State your company's Competence policy and provide a reference to the written document. Policy must include the scope, responsibilities, management's commitment, and procedures in place to ensure conformance with the policy:</p>	

3. Standard Operating Procedures (SOPs)	
a. State the written procedure for document and records control:	
b. State the written procedure for defining and approving competencies:	
c. State the written Management of Change (MOC) procedure:	
d. State the written procedure for periodic review and updating of the competencies included in and assessed through the program:	
4. Program Administration Procedures	
a. State the written Program Administration procedure for maintaining accurate and up-to-date records of assessments:	

<p>b. State the written Program Administration procedure for protecting the privacy of personnel subject to the program:</p>	
<p>5. Quality Control/Assurance Policies and Processes</p>	
<p>a. Identify the job title and qualifications of the person responsible for managing quality assurance:</p>	
<p>b. State the written policy and procedure for frequency, methods, and conditions of conducting internal audits:</p>	
<p>c. State the written policy and procedure for maintenance and control of records:</p>	
<p>d. State the written policy and procedure for monitoring and evaluating program effectiveness:</p>	
<p>e. State the written policy and procedure for management of the verification process:</p>	

<p>f. State the written policy and procedure for methods for gathering feedback from personnel subject to the program:</p>	
<p>III. Resources/Assets Required for Program Operation</p>	<p>Reference: Doc. and Pg#</p>
<p>a. List the resources that are required to support the Competence Assurance Program (e.g., equipment, facilities, program documents, forms, and records):</p>	
<p>IV. Competence Assessment Requirements</p>	<p>Reference: Doc. and Pg#</p>
<p>1. Policies and Procedures</p>	
<p>a. State the written policy and procedure that outlines the timeline for employees to start the competence assessment process:</p>	
<p>b. State the written policy and procedure describing how the company tracks the level to which business units, product lines, geographical regions, worksites, and/or other categories have implemented and utilized the program:</p>	
<p>c. State the written policy and procedure describing expected timeframes for employees to achieve the defined level of competence, as well as the protocol for failure to do so:</p>	

<p>d. State the written policy and procedure describing the “triggers” indicating the need for a competence assessment (e.g., new hires, change in role/position):</p>	
<p>e. State the written policy and procedure describing the intervals in which assessments take place:</p>	
<p>2. Assessors and Verifiers</p>	
<p>a. State the qualifications required for the selection and training of assessors.</p>	
<p>b. State the qualifications required for the selection and training of verifiers.</p>	
<p>3. Methods of Assessment</p>	
<p>a. Describe method(s) for determining an individual's competence (e.g., observation, simulation, questioning, written assessment, records).</p>	

4. Assessment Tracking	
a. State the written policy and procedure for tracking the competencies that are required for each employee's job title/category or task.	
b. State the written policy and procedure for tracking the competence assessments that have been completed by each employee, as well as the results.	
5. Feedback to Candidate	
a. State the written policy and procedure that describes the process for employee assessment feedback.	
6. Development Plan	
a. State the written policy and procedure 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.	
7. Candidate Reassessment	
a. State the written policy and procedure that describes the process for reassessment of employees who have had to undergo remediation.	

b. State the written policy and procedure that describes the process for reassessment of employees who have been in the same position for an extended period of time (3-5 years).	
8. Assessment Verification	Reference: Doc. and Pg#
a. State the written policy and procedure that describes the assessment verification process to ensure all assessment-related standard operating procedures and policies are followed.	
b. State the written policy and procedure that describes the assessment verification process to ensure all assessments are credible and consistent.	

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 audits of the program.

Responsible Corporate Official Signature:

Printed Name:

Date: