

Request for Exception to Competence Assurance[®] Requirement

This form is designed to serve as the request for an exception, and as the official record of the review process/findings and approval or denial of the exception. An exception must be approved by IADC before it is implemented by the training provider. Please see the instructions for completing the form on the following page.

| Section to be completed by Provider: | | | | | | |
|--|-------------------|----------------|------------------|--|--|--|
| Provider Name: | | | Accreditation # | | | |
| Person Requesting Exception: Phone # | | | | | | |
| Position(s)/System(s) to be affected by the exception: | | | | | | |
| | | | | | | |
| State requirement for which Exception is requested and which page in the Handbook the Exception is listed: | | | | | | |
| | | | | | | |
| Reference CAA Handbook Section 2, Pg | | | | | | |
| State the type of Exception Requested: | | | | | | |
| | | | | | | |
| Explain why you are requesting this exception: | | | | | | |
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| | | | | | | |
| How will you conduct/manage program delivery to assure conformance with the intent of the CAA requirement? | | | | | | |
| | | | | | | |
| Signature of Responsible Corporate Official: Date: | | | | | | |
| | | | | | | |
| Phone number: | | Email address: | | | | |
| Submit completed form to the CAA Coordinator at <u>competence@iadc.org</u> . | | | | | | |
| Section to be completed by Reviewer: | | | | | | |
| Name of Reviewer: | | | | | | |
| Response to Request: | | | | | | |
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| | | | | | | |
| Decision: A | Approve Not Appro | ove Request | more information | | | |
| Approve conditionally with the following alteration to course management plan: | | | | | | |
| | | | | | | |
| Signature of Reviewer: | | | | | | |
| | | | | | | |
| Send completed form to the CAA Coordinator at competence@iadc.org. | | | | | | |



Request for Exception to Competence Assurance[®] Requirement

| Decision of Approver: | | | | | | |
|-----------------------------------|----------|-------------|---|--|--|--|
| Decision: | Approve | Not Approve | Approve conditionally, list conditions below: | | | |
| | | | | | | |
| | | | | | | |
| If not approving, provide reason: | | | | | | |
| | | | | | | |
| Signature of A | pprover: | | Date: | | | |
| | | | | | | |

Instructions for Providers

In the **Provider section**, the person requesting the Exception should record the Provider's name, Accreditation number (if assigned), and the position(s)/system(s) to be impacted by the Exception. State the applicable *CAA* requirement (including page number and verbiage from the *Handbook* CAA-01) for which the Exception is being requested and state concisely the type of exception requested. Fully explain why you are requesting this exception and describe in detail how you will conduct/manage the program delivery to assure conformance with the intent of the *Competence Assurance* requirement. For example, if a variance in timeline for conducting a competence assessment is requested, an explanation might be an individual is getting additional training and the assessment will take place in one month after training is complete. After signing that section, the requester should provide a contact phone number and email address.

Once this section of the form is completed, the training provider should send the form to the CAA Coordinator at <u>competence@iadc.org</u>.

Instructions for Reviewers

In the **Reviewer section**, the Reviewer should enter his/her full name and list the merits of the exception requested, including key points upon which the Reviewer's recommendation is based. The Reviewer's recommendation options are:

- Approve as proposed
- Approve conditionally An explanation of the condition(s) to be met by the provider before approval should be listed
- Not approve
- More information Indicate what additional information or explanation from the training provider is to be requested.

The Reviewer should check the appropriate box to indicate the Reviewer's recommendation and return the form to the CAA Coordinator at <u>competence@iadc.org</u>.

Instructions for Approvers

In the **Approval section**, the person authorized by IADC's Accreditation & Credentialing Division to approve Exception requests should review the request of the training provider and the recommendations of the Reviewer before making the decision to grant or deny approval. Conditional approval may also be granted. Check the appropriate box to indicate the decision and list the condition(s) that must be met by the training provider if conditional approval is indicated. Sign the form and enter the date of decision. If the decision is to deny the request, please indicate reason for the denial. (This is the reason that will be communicated to the training provider requesting the Exception.)