



**IADC**  
**DIT**

## **APPLICATION FOR ACCREDITATION**

# **DRILLING INDUSTRY TRAINING (DIT)**

**Part 1: Provider Information**

**Part 2: Course Information**

### **APPLICATION PROCESS**

*Please complete all portions of this application in the fields provided. You may hire someone outside of your organization to assist you in completing the application.*

*Once completed, attach the following:*

- *Payment of application fee (if applicable)*
- *DIT-01E e-Learning requirements (if applicable)*
- *DIT-01V Virtual Instructor-led Training and Platform Requirements and Agreement (if applicable)*
- *DIT-04 Attestation*
- *DIT-30 Instructor Update Form (if applicable)*

*All forms and the DIT-01 Handbook for Accreditation, which contains all program guidelines, can be found at the following link:*

<https://www.iadc.org/accreditation/drilling-industry-training/#dit-documents>

*E-Mail the completed application and all attachments to:*

[dit@iadc.org](mailto:dit@iadc.org)

PART 1 – PROVIDER INFORMATION		
Accreditable Unit (name of business, institution, or department/segment and name of company):		Provider DIT #
Parent Organization (if different from accreditable unit):		
<b>Provider's Primary Administrative Location ("Accreditation Location")</b>		
Street Address (no PO boxes):		
City:	State:	
Zip or Postal Code:	Country:	
<b>Billing Address of Provider (if different from Accreditation Location)</b>		
Street Address:		
City:	State:	
Zip or Postal Code:	Country:	
<b>Contact Information</b>		
<b>Responsible Corporate Official:</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone: (country code + area code + phone number)		
Email Address:		
Do you have a website address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please provide the web address:		
<b>Administrative Contact/Correspondent:</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone: (country code + area code + phone number)		
Email Address:		

<b>Additional Administrative Contact/Correspondent:</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone: (country code + area code + phone number)		
Email Address:		
<b>Additional Administrative Contact/Correspondent:</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone: (country code + area code + phone number)		
Email Address:		
<b>Additional Administrative Contact/Correspondent:</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone: (country code + area code + phone number)		
Email Address:		
<b>Type of Organization:</b>		
<input type="checkbox"/> Drilling Contractor In-House Program <input type="checkbox"/> Ancillary Service Contractor In-House Program <input type="checkbox"/> Operator/Producer Company In-House Program <input type="checkbox"/> Commercial Training Organization <input type="checkbox"/> University-Affiliated _____ <input type="checkbox"/> Nonprofit Training Organization <input type="checkbox"/> Other _____		
Are you a current IADC Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Quality Assurance (This correlates to Section 2.17 of the Handbook)****Administration and Process Control (This correlates to Section 2.17.1 of the Handbook)**

1) What measures are in place to verify trainee identity?

2) What is the procedure when a student does not show up for a test?

3) What measures are in place to maintain confidentiality of student information?

4) What records are maintained?

5) Where are the records stored?

6) What is the retention period of the records (minimum of 5 years is required)?

7-1) Who (party/position) is responsible for issuing certificates?

7-2) What is the process for issuing certificates to the students upon completion of the course?

8) If a trainee cannot attend due to an emergency, what is your plan for the trainee?

**Audits and Quality Management System (This correlates to Section 2.17.2 of the Handbook)**

Identify the responsible party/position held for Quality Assurance responsibilities.

1-1) What are your internal procedures to ensure adherence to DIT Accreditation requirements?

1-2) What is your process to ensure adherence to your internal quality control policies and procedures?

1-3) How often are internal audits conducted?

1-4) What are your internal procedures to receive audit findings, surveys, and trainee feedback?

1-5) What are your internal procedures when responding to audit findings, surveys, and trainee feedback?

2-1) What is your internal policy, utilizing audit findings, surveys, and training feedback to continuously improve the program?

2-2) How often are internal findings reviewed?

3-1) Explain how instructors are evaluated?

3-2) How often are instructors evaluated?

4-1) Explain the review process for course content, delivery, assessments, and related processes.

4-2) How often do you update course material?

5-1) How are changes managed, implemented, and communicated (MOC)?

5-2) Who is responsible for managing changes for your program?

☐ Responsible Corporate Official    ☐ Administrator    ☐ Other, explain:

## PART 2 – COURSE INFORMATION

**Instructions:** *Part 2 must be filled out completely.*

**2.1 Course Locations:** Are there *any other locations in addition to Accreditation location where training is conducted?* ☐ Yes ☐ No If yes, fill out information below.

**Location 1:**

**Name of Contact:**

**Address:**

**City:**

**State:**

**Zip/Postal Code:**

**Country:**

**Location 2:**

**Name of Contact:**

**Address:**

**City:**

**State:**

**Zip/Postal Code:**

**Country:**

**Location 3:**

**Name of Contact:**

**Address:**

**City:**

**State:**

**Zip/Postal Code:**

**Country:**

**Location 4:**

**Name of Contact:**

**Address:**

**City:**

**State:**

**Zip/Postal Code:**

**Country:**

Is your school a traveling school? ☐ Yes ☐ No



**2.2 Content Delivery Method(s)** *Each option below is considered a separate course. Select only **one** option per application; for each additional course, please fill out the DIT-03A Additional Course Form.*

- ☐ Instructor-Led Training (Traditional Classroom)
- ☐ Virtual/Distance Learning (i.e., ILT taught through live video feed between the instructor and some or all the trainees; additional form required, DIT-01v)
- ☐ eLearning (additional form required, DIT-01e; only if course is delivered 100% via electronic means)
- ☐ Blended (combination of methods, include percentages)
- \_\_\_\_\_ % Instructor Led Training
- \_\_\_\_\_ % Virtual/Distance Learning (submit DIT-01V)
- \_\_\_\_\_ % eLearning (submit DIT-01e)
- \_\_\_\_\_ % Other:

☐ Syllabus/Outline is attached (Course Specific)

### 2.3 Course Title

### 2.4 Course Category

Click and  
Scroll to Select:

### 2.5 Course Description

*Each question below should be answered in a **brief** statement.*

Briefly describe course content/subject matter. Do not paste course outline here.

Language(s) in which this course will be taught (check all that apply):

☐ English    ☐ Spanish    ☐ Arabic    ☐ Mandarin    ☐ Other (specify):

Describe the attendance policy for course attendance.

### 2.6 Target Audience

What employee(s) or position(s) does the course target?

## 2.7 Course Level

Course Level (select only **one** option):

☐ Awareness    ☐ Intermediate    ☐ Advanced

If course is more than Awareness, include prior training and/or experience required to attend the course:

## 2.8 Class Size

Minimum class size? \_\_\_\_\_ Maximum class size? \_\_\_\_\_

## 2.9 Validity of Course

For how long is certificate valid? Please express in number of months: \_\_\_\_\_

## 2.10 Learning Objectives (*Learning / performance objectives need to be measurable*)

How do you evaluate the Learning Objectives?

- ☐ Written Assessment  
☐ Hands-on Performance  
☐ Skills Assessment  
☐ Other:

## 2.11 Course Length

\_\_\_\_\_ Total Number of Hours  
\_\_\_\_\_ Total Number of Days  
\_\_\_\_\_ Total Number of Hours per Day

**2.12 Facilities and Equipment** Specify where instruction takes place (e.g., classroom, distance learning, laboratory).

**Miscellaneous Equipment**

Use this section to list miscellaneous training aids or equipment (e.g., simulators, video equipment, computer hardware and applications, interactive learning systems) that may be used in DIT training by the applicant. Do not list basic equipment such as chalkboards, easel pads, desks, chairs, etc.

A) Learning Environment Description: Briefly describe the learning environment and facilities available to support the instruction, (e.g., environmental controls, break and restroom areas, writing materials, books).

B) Explain equipment quality control procedure(s), which includes testing and maintenance, to ensure the use of equipment does not exceed recommended manufacturers/working conditions:

**2.13 Instructional Material** In the space provided below, provide a brief description of all instructional materials used as a part of the course (e.g., handouts, textbooks, audiovisual aids).

Provide the requested information for each item.

**TITLE OR DESCRIPTION:** List the title of the source (website name, DVD, booklet, or other material). If the item has no formal title, provide a short description of the content.

**TYPE:** List the media format that applies to the item (e.g., DVD, PowerPoint Presentation, handbook, manual).

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

**AUDIENCE:** Identify if the material is utilized by the Instructor, student, or both.

Title or Description	Type	Source	Audience

**2.14 Instructor's Manual (Facilitator Guide)**

Do you have an Instructor's Manual/Facilitator Guide? ☐ Yes ☐ No

## 2.15 Instructor/Facilitator Qualifications

A) List your institution's specific qualifications for course instructor(s)/facilitator(s).

B) Describe your process for reviewing and approving instructor(s)/facilitator(s) for this course.

C) Describe the process for monitoring, giving feedback on, and assuring quality of instruction.

## 2.16 Student Assessment and Certificate Issuance *(A minimum passing score of 75% or higher is required).*

A) What types of knowledge assessments are administered as a part of your course?  
**(Check all that apply)**

- ☐ Formal assessment (final exam) at the end of the course    ☐ Informal quizzes throughout the course  
☐ Frequent formative assessments (knowledge checks)    ☐ Written/Essay assessments

B) What procedures are in place for conducting assessments?

C) What is considered a "passing" score on the final exam? \_\_\_\_\_ %

D) Are all trainees required to take the final exam?    ☐ Yes    ☐ No    If not, explain below:

E) Who scores the trainees' knowledge assessment? Check all that apply.

- ☐ Instructor    ☐ DIT Approved Administrator    ☐ Other trainees    ☐ Trainees grade their own work  
☐ Other (explain):

F) Is a reassessment offered for trainees who fail the final exam?    ☐ Yes    ☐ No

G) Are all trainees eligible for this reassessment?    ☐ Yes    ☐ No  
Explain the criteria for reassessment:

H) Explain your institution's policy and/or procedures for remediation of trainees who fail the final exam:

I) Are any alterations or customizations offered for the final exam (e.g., for trainees with special needs)?

☐ Yes ☐ No If yes, please explain below:

**THE UNDERSIGNED HEREBY ATTESTS THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT AND ALL SUPPORTING DOCUMENTS ARE ACCURATE AND COMPLETE.**

**Signature of Responsible Corporate Official of Company:**

**Date:**

**Printed or typed name of Responsible Corporate Official of Company:**

**First (Given) Name**

**Middle Name**

**Last (Family) Name**

**Title of Responsible Corporate Official of Company:**