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-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

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):

Contact Information

Responsible Corporate Official:

First (Given) Name:	Middle Name:	Last (Family) Name:

Job Title:

Phone: (country code + area code + phone number)

Email Address:

Quality Assurance Review

This course follows the same Quality Assurance process and policies as indicated on the DIT-03 application?   ☐ Yes   ☐ No

If YES, which course does this additional course follow?

If NO, you will need to fill out a new DIT-03 Application.

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:	**Location 2:**
Name of Contact:	**Name of Contact:**
Address:	**Address:**
City:	**City:**
State:	**State:**
Zip/Postal Code:	**Zip/Postal Code:**
Country:	**Country:**
Location 3:	**Location 4:**
Name of Contact:	**Name of Contact:**
Address:	**Address:**
City:	**City:**
State:	**State:**
Zip/Postal Code:	**Zip/Postal Code:**
Country:	**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.*

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

B) Language(s) in which this course will be taught (check all that apply):
☐ English   ☐ Spanish   ☐ Arabic   ☐ Mandarin   ☐ Other (specify):

C) 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 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: *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	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 program? **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: