Review of WellSharp® Test Question

This form is to be used when requesting a review of specific WellSharp Knowledge Assessment Test Questions.

A WellSharp-approved instructor should complete the first two sections of this form and enter the Test Question Number in the third section. Submit the completed to IADC by email at wellsharp@iadc.org.

A record of this request and the actions taken by the IADC WellSharp Test Question Review Team to address the request will be retained. The instructor submitting the request will receive a copy of the report whenever the action(s) taken result in altering a test question in any way.

Instructor Submitting the Request:

Instructor Name: _____ *Instructor Signature:* _____

Instructor Email: _____ *Instructor Telephone:* _____

Date of Request: _____

Test Type

Indicate the test in which the question(s) appear by checking the appropriate test name below. Please report questions from only one test at a time. Then provide the Test Question Number(s) in the following section. The Test Question Number appears as an alphanumeric code printed slightly above the test question as the trainee is taking the exam.

Drilling Operations Track

Course Test Taken:

- ☐ DOI-Introductory
- ☐ DODS-Driller, Surface Stack
- ☐ DODSS-Driller, Subsea Stack
- ☐ DODC-Driller, Combination Stack
- ☐ DOSS-Supervisor, Surface Stack
- ☐ DOSSS-Supervisor, Subsea Stack
- ☐ DOSC-Supervisor, Combination Stack

Supplement Test Taken (if applicable):

- ☐ DOSUWOCD-Driller Workover Supplement
- ☐ DOSUWOCS-Supervisor Workover Supplement

Well Servicing Track

Course Test Taken:

- ☐ WSIN-Introductory
- ☐ WSCT-Coiled Tubing
- ☐ WSSN-Snubbing
- ☐ WSWL-Wireline
- ☐ WSWO-Workover
- ☐ WSOGOR-Oil & Gas Operator Representative, Supervisor

Supplement Test Taken (if applicable):

- ☐ WSSS-Subsea Supplement

Language Test was taken in: _____

Reason for Review of Question(s)

Test Question Number		**For IADC Use Only**					
		Date Reviewed	*Actions Taken*				
			Question Edited	*Answer Edited*	*Deleted*	*Disabled*	*Not Changed*
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
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			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
		☐ *A copy of this completed form was sent to the Instructor.*					