



IADC
CAA

International Association of Drilling Contractors

Competence Assurance Accreditation

**Second Edition,
Revision 4**

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1 Introduction

1.1 Objectives of IADC's Competence Assurance Accreditation (CAA®)

International Association of Drilling Contractors (IADC) implemented the *Competence Assurance Accreditation (CAA)* Program to promote quality and consistency in competence assurance programs throughout the oil and gas industry. This international program is intended to help companies develop effective ways to achieve, measure, and maintain employee competence within a scope determined and customized by each company.

The *CAA* Program provides industry recognition and accountability for companies that are managing their own programs using company-specific structure, policies, and processes for achieving, monitoring, and verifying employee competence.

This *CAA Handbook* is a road map for developing, implementing, and maintaining a competence assurance program that meets accreditation requirements. Additional best practices for a competence assurance program can be found in IADC's *Competence Assurance—Guidelines for Building a Successful Program* document, which can be downloaded from the IADC website. Competencies based on the knowledge, skills, and abilities (KSAs) required for each rig position are available through IADC's KSA Database (also linked on the IADC website) and then searched, customized, and downloaded as a resource for building a competence program.

1.2 Unique Components of IADC's CAA Program

IADC's *CAA* Program is structurally and substantively different from other IADC accreditation programs:

- All technical content is unique to the company owning the program.
- *CAA* assessments are required to take place at the jobsite during actual operations (except for competencies that meet the criteria provided in Section 2.5).
- Companies are expected to develop and implement a program with a scope and structure that best fits their needs, business model, organization, and culture.
- Training contributes to the program rather than being the focus of the program.

1.3 Development Process for IADC's Accreditation Criteria

1.3.1 Creation of the Criteria

The criteria for competence assurance accreditation, which are defined in this *CAA Handbook*, were developed by IADC members acting through the Workforce Development Committee (WDC) and working with IADC staff.

1.3.2 Updates to the Program Documentation

This version of the *Handbook* incorporates all program requirements instituted prior to the published date of this document. Additional updates to the program's documents and forms are communicated through bulletins and notices and are provided through IADC's *CAA* webpage.

1.4 Overview of the Process

To achieve and maintain accreditation, a participating company must do as follows:

1. Have Internet access in order to obtain IADC documents and forms from IADC's website (www.iadc.org) and to work within the *ACD* Database system (<https://accreditation.iadc.org/login.php>)—e.g. to schedule classes, pay for certificate codes, print trainee certificates.
2. Implement a competence assurance program that conforms to all *CAA* criteria, which are provided in Section 2 of this Handbook.
3. Apply for accreditation and provide all requested supporting documentation and fees within the specified timeframe*. Section 3 of this Handbook provides the full process for gaining accreditation.
4. Successfully complete the initial and biennial audits.
5. Upon achieving accreditation, continuously adhere to all *CAA* criteria and operating procedures.

Before applying for accreditation, the program must be fully implemented* for the scope as defined in the application for accreditation (CAA-03). Date of the program's implementation must be provided.

Once accredited, the program must continue to operate continuously as described and accredited. Section 4 of this Handbook comprises all requirements for maintaining accreditation.

*Training providers have 1 year, from application date, to roll out the program to the remaining positions, systems, and/or regions specified in the application. If the program roll out cannot be completed for all positions, systems, and/or regions specified in the application by the one-year maximum timeline, those positions, systems and/or regions will need to be removed from the program through the program modification (CAA-03M). Additional positions, systems, and/or regions can be added at a later date through a program modification (CAA-03M). Actual Full Implementation is defined as having implemented and used all required components of a *Competence Assurance Program*. This does not mean that all employees in the competence program must have completed all phases of the Competence program. Tentative Implementation is when all employees of regions have not completed all phases of the program. If this is the case, there must be a timeline identified for completion.

1. The program has been fully communicated to all employees who will be subject to the accredited region, division etc.
2. Assessments have been started **on 50%** of the personnel that will ultimately be subject to the program and that a plan is submitted to assess the remaining personnel within 1 year.
3. Gaps have been identified during the initial assessment and methods are in place to close those gaps.
4. A procedure and metrics to track the implementation of the program has been defined and is operational.
5. All current assessors have passed the qualification requirements you have defined.
6. All current verifiers have passed the qualification requirements you have defined, and you have evidence that the verification procedure is operational.

2 Requirements for Accreditation

IADC's CAA Program is open to companies and organizations operating in the oil and gas industry that have fully established competence assurance programs. IADC's CAA Program calls for companies seeking accreditation to identify the scope, framework, processes, and management methodology used in their competence program. As in any formal accreditation system, IADC expects applicants to provide a clear explanation of how their program satisfies the CAA criteria.

2.1 Accreditable Unit

The Accreditable Unit manages and administers the competence program and is the entity IADC holds accountable for the program's accreditation

The Accreditable Unit may embody any of the following structures:

- A public or privately-owned company or institution
- A nonprofit organization
- A government agency
- A department or division within the company/institution/organization/agency
- A subsidiary of a company

2.2 Competence Program Variations

No two competence programs are the same. Each program reflects the culture, structure, and needs of the Accreditable Unit. The contents of a competence program will vary in the following ways:

- Framework: the structure in terms of competence categories
- Scope: e.g., size

This section describes each of these required aspects of a program, which all program applicants must define specifically in their applications for accreditation.

A company may obtain separate accreditations for separate entities within a company if those entities need to define their scope and/or framework differently. In such cases, these programs would be separate Accreditable Units.

2.2.1 Program Frameworks

A program's framework comprises how the competencies are categorized and how they apply to personnel who are included in the program's scope. Companies and organizations can have either a position/role-based or a system-based program framework.

- Position/Role-based competencies: The competencies are defined and categorized according to job positions or roles. The applicable competencies required for an employee to fulfill their position or role are included in the program. For example, a Toolpusher who is included in the program could be subject to 1) all functional competencies of the Toolpusher position, 2) all competencies for personnel in the role of a supervisor, or 3) both.
- System-based competencies: The competencies are categorized by type of operation (e.g., drilling, completions, well control, manufacturing, rig move, construction, HSE) or product

line (e.g., drilling fluids, piping, pumps, manifolds, BOPs). The competencies represent tasks performed by employees within those “systems.”

The following program-framework information is required on the application for accreditation:

➤ Position/Role-Based

- A list of job positions included in your program.
- A brief job description of each position.
- A list of the competencies required for each of these positions.

Note: If multiple positions are within the scope of your program, your application must include the required competencies for at least two of these positions (one supervisory and one non-supervisory).

➤ System-Based

- A list of the systems included in your program.
- A brief description of each system included in your program.
- The job-related competencies required for each of these systems.

Note: If multiple systems (i.e., operations) are included in this program, the application must include the competencies for at least two systems.

2.2.2 Program Scope

Competence programs may comprise all of a company’s job titles/tasks, departments, and product lines, or may comprise only specific job titles/tasks, departments, and product lines. The program can be a global program, applicable to all regions in which operations occur, or can be applicable only to specific geographical areas (or jobsites) where operations occur. In the simplest terms, the scope of a program is how many of the company’s positions or job functions are included and the geographical area in which the program is implemented. There is no minimum or maximum size for a competence program. As a program grows and evolves, changes that affect its scope must be reported to IADC.

The following program-scope information is required on the application for accreditation:

- A list of positions/systems to be included in the program.
- A list and description of all regions, divisions, product lines, or types of job locations (e.g., rig types)—unless the program applies to all personnel employed by the organization.

2.3 Documented Program Policies and Procedures

2.3.1 Roles and Responsibilities of Personnel

All levels of responsibility (e.g., job titles) for the program must be identified.

2.3.2 Management Commitment

The success of a competence program depends upon the full support and active role of the company’s upper management. Therefore, the program includes a procedure showing how senior management demonstrates commitment to and communicates expectations for the Competence Assurance Program (CAP).

2.3.3 Standard Operating Procedures (SOPs)

The program's standard operating procedures (SOPs) must be written. The procedures must include, but are not limited to, the following:

- Program administration (see Section 2.3.4 below)
- Quality control/assurance (see Section 2.3.5 below)
- Resources/Assets list (see Section 2.4 below)
- Competence assessment system (see Section 2.5 below)
- Document and records control
- Defining and approving competencies
- Management of change (see Section 4.4.1 below)
- Periodic review of the competencies included in and assessed through the program

2.3.4 Program Administration Procedures

The program must include written administrative procedures. Some of these procedures overlap with quality assurance procedures (see section below) and will include, but are not limited to, the following:

- Maintaining accurate and up-to-date records of assessments
 - Requirement for documentation 1) excessive evidence is not to be gathered yet that 2) enough documentation exists to be believable (see Section 2.5.4 below)
- Protecting the privacy of personnel subject to the program

2.3.5 Quality Control/Assurance Policies and Processes

In terms of the CAA Program, written quality assurance policies and procedures essentially comprise verifying conformance to the SOPs and identifying opportunities to improve policies and processes.

Each program must have quality assurance policies and procedures that include the following elements, at a minimum:

- The role and qualifications of the person responsible for managing quality assurance
- The frequency, methods, and conditions of internal audits
- Maintenance and control of records
- Monitoring and evaluating program effectiveness
- Management of the verification process (see Section 2.5.9 below)
- Methods for gathering feedback from personnel subject to the program

2.4 Resources/Assets Required for Program Operation

The program application must include a list of resources that are required to support the program. These may include, but are not limited to, the following:

- Personnel (job titles and responsibilities)
- Computer applications, databases, and equipment
- Program documents, forms, and records

2.5 Competence Assessment Requirements

A well-defined and effective assessment system must be implemented to assess employee competence for their current job or for the tasks they are required to perform within a specific system, or operation. The assessment system must define timeframes for assessing employees and for employees to meet the competence requirements.

Competence is determined (assessed) in the employees' actual work environment as they perform specific job tasks (exceptions listed in the subsections below).

2.5.1 Policies and Procedures

Documented policies and procedures shall be in place for assessment of personnel included in the program's scope. These policies and procedures must include, but are not limited to, the following:

- Timeline for employees to start the competence assessment process
- A plan and tracking system for program implementation among business units, product lines, geographical regions, worksites, and/or other categories within the program's scope
- Defining expected timeframes for employees to achieve competence in applicable tasks, based on their assigned duties, and includes a process for addressing unmet timeframes
- "Triggers" indicating the need for a competence assessment (e.g., new hire, change in role/position)
- When an employee fails an assessment, it is documented as a 'Not Yet Competent' (NYC) assessment
- Intervals in which assessments take place
- Assessor and verifier qualifications
- Methods of assessment and their rationale
- Materials used for assessments
- How candidates receive feedback on assessments
- Verification of competence assessments and adherence to the process
- Remediation for employees who are deemed "not yet competent"

2.5.2 Assessors and Verifiers

Assessors and verifiers must be deemed qualified through a standardized process defined by the accredited company. The process of identifying and qualifying assessors and verifiers must be documented, communicated, and implemented to ensure consistency within the program.

Assessors perform the competence assessments with personnel one-on-one, typically at the jobsite during operations.

Verifiers should have an invested interest in the program operating properly to ensure an efficient and safe working environment and be present at the work location on a frequent basis. Verifiers will also ensure that the documented assessment process is adhered to at the work location, proper assessment methods are consistently being used, records of assessments are properly completed and retained, and that gaps (NYC assessments) are being found, documented, and the gaps closed and documented. The role of the verifier primarily ensures that the program is working as intended from a field perspective.

2.5.3 Methods of Assessment

Methods for assessment will be defined and may include, but are not limited to, the following:

- Observation (primary method for competence assessment)—In this method, the assessor directly observes the candidate carrying out a task without assistance and then records details of the demonstrated skill in an evaluation form. In particular, the assessor must include a written description of any tasks for which the candidate is deemed not yet competent (e.g., what did they do incorrectly or fail to do).
- Simulation—When direct observation of a task is not possible because of safety, or because it involves an anomalous operational scenario, a realistic simulation may be used to gauge competence for tasks related to solely that scenario.
- Questioning—By asking questions, the assessor can determine a candidate’s knowledge of an experience with a task or operation. If this technique will be used, questioning/response guidelines and techniques must be developed in advance and assessors trained in its correct use, and individuals’ responses to questions must be documented and retained.
- Written assessment—This method may involve multiple choice, short answer, calculations, lists, and numbered procedures. The candidates may be given problem-solving scenarios and be required to provide a written analysis and/or solution, or they may be required to recall information and explain concepts. This method may only be used for theoretical knowledge that does not lend itself to a skills assessment.
- Records—It is possible that records (e.g., certificate, license) exist and can verify that a candidate has recently (i.e., within the last 45 days) demonstrated the theoretical knowledge or successfully performed certain tasks (that cannot be duplicated at the jobsite during normal operations). This evidence must be retained as part of the candidate’s records. See the description of written and simulator assessments above for situations in which these would be appropriate.

2.5.4 Assessment Materials and Documentation (Evidence)

Assessment materials may include, but are not limited to, the following:

- Checklists
- Tests
- Records of observations
- Guidelines for observations
- Rubrics
- Matrix

The documentation of an assessment should not be administratively burdensome, while at the same time being believable that a valid assessment has taken place at a specified time and date. Scanning of or linkage to additional documents (other than the documentation of the assessment) is not a best practice unless there are clear compelling reasons for this being done. Use of excessive check marks and dates for all individual tasks (or assessment criteria) is not needed. The preferred level of documentation would be that each assessor provides 1) their signature and date of the assessment and 2) a single unique comment relating to the employee actions during the assessment. This documentation can be done in an online or paper-based manner.

2.5.5 Assessment Tracking

All programs must have a documented system for assessment tracking, i.e., means of tracking and reporting individual performance in completion of required competence assessments.

The applicant must have recordkeeping systems for tracking the following information:

- The competencies that are required for each employee's job title/category or task (e.g., individual employee competence record).
- The competence assessments that have been completed by each employee (e.g., tests, assessor notes, evaluations, and reassessments), as well as the results of those assessments.
- The NYC assessments are analyzed on a corporate wide basis (given sufficient data is available) and to identify any corporate wide weaknesses in training methods, procedures, or poor wording in the competencies themselves.

2.5.6 Feedback to Candidate

A documented procedure must be in place that describes the process for employee assessment feedback.

2.5.7 Development Plan

Documented policies and procedures must be in place 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. These methodologies and tools include, but are not limited to, the following:

- Training facilities, instructional staff, and materials
- Simulator exercises
- Coaching
- Mentoring
- Self-paced, computer-based learning

Note that these development plans need not be extensive or overly burdensome to document. This is especially true for programs that are routinely documenting NYC assessments and documenting when they are closed. In this case, a development approach or plan can be outlined in the assessor's comments of the documentation of the NYC assessments where he/she outlines the approach the employee should take to remediate the gap in competency.

2.5.8 Candidate Reassessment

A documented procedure must be in place that describes how the program provides for reassessment of employees who have had to undergo remediation, as well as for employees who have been in the same position for 3 years.

2.5.9 Assessment Verification

Programs are required to have a documented assessment verification process. Verification must confirm that the Competency Assurance Program (CAP) is working as intended. This includes more than confirming procedural compliance – it means the program:

- Identifies and documents real competency gaps
- Ensures those gaps are remediated (training, coaching, reassessment)
- Results in fully competent personnel ready for their job roles

Programs must have a defined procedure to demonstrate this outcome, which may include:

- Targeted spot checks of assessors conducting assessments
- QA review of gap closure evidence
- SME or operational leader observations of assessors conducting assessments
- Risk-based sampling of employee outcomes

Verification methods must be defined in SOPs, tracked, and reviewed regularly as part of program quality assurance. A simple form that routinely documents that this process is taking place must be created.

2.6 Administration and Process Control

Accredited programs must adhere to program administration requirements, policies, and procedures defined by IADC, as well as those delineated in the Provider's submitted and approved policies and procedures.

2.6.1 Responsible Corporate Official and Signatories of the Application

The Responsible Corporate Official will become the principal point of contact between ACD and the accredited training provider, except in cases of disputed issues or a pending revocation of accreditation. Additional contacts may be designated for specific purposes (e.g., purchasing, records) and should be reported to ACD. ACD staff request additional contacts in the event that one or all of the contacts listed leave the company. It is the Provider's responsibility to ensure that IADC has the current and correct contact information for the Responsible Corporate Official.

In addition to serving as ACD's principle point of contact, the person designated as the Responsible Corporate Official has the following responsibilities toward maintaining the accreditation:

1. Ensuring that ACD has the program's correct contact information and updating that information, as needed (e.g., email, phone number, Contact name)
2. Monitoring updates communicated by ACD (e.g., ACD Bulletins, Notices, or other communications) and updating the program, as needed
3. Periodically visiting the ACD webpage(s) to ensure the program is utilizing the current versions of documents and forms (and other information sources)

If IADC contacts the Responsible Corporate Official regarding a program-related question/issue and does not receive a timely response after three attempts, IADC will initiate the program-closure process. A "timely" response is defined as within 2 weeks.

2.6.2 Certificate Issuance (effective 30 January 2027)

All individuals who have successfully completed an approved Competence Assurance program shall receive an *IADC Competence Assurance Accreditation* certificate as evidence of this successful completion. A *Competence Assurance Accreditation* Certificate of Completion will be electronically issued through the *ACD* database to the individual successfully completing the program. The training provider will provide the trainee with a printout of his or her certificate immediately upon successful completion.

When a certificate is issued, the training provider shall retain a digital copy of the certificate and copies of all training and competence records supportive of issuing the certificate. IADC maintains a record of the certification.

Training providers, once accredited, will be provided with information and training on how to issue certificates in the *ACD* Database. Failure of the training provider to follow the protocols required for

using the database may be grounds for disciplinary actions, up to and including revocation (closure) of accreditation.

2.7 Requested Exceptions and Variations

IADC acknowledges that certain training providers may employ innovative methods and technology and may have legitimate reasons to depart from some of the general specifications contained here.

A training provider may request a variance from or exception to these specifications by submitting a request to IADC using CAA-14.

A request for variance will be reviewed by IADC. The program will be required to explain or demonstrate how the requested variance meets the intent of the *Competence Assurance* program. If satisfied that the proposed variance maintains the overall philosophy and intent of CAA, IADC may allow the exception or variation. IADC reserves the right to impose specific conditions, either permanent or temporary, on the training provider in order to ensure the training quality is not compromised by a variance.

3 Accreditation Process

This section outlines the process of achieving accreditation. *CAA* accreditation may take from 3 to 6 months to achieve, depending upon the completeness of the application and timely submission of supporting material.

During each stage of the application process, the applicant is expected to respond to IADC's requests for information in a timely and appropriate fashion. Failure to respond as such may result in closure of the application request. Upon closure of an incomplete application, the applicant will forfeit the application fee and must reapply in order to continue pursuing *CAA* accreditation.

3.1 Steps to Accreditation

3.1.1 Submitting the Application

To initiate the accreditation process, an organization must submit a completed application (CAA-03 Application for Accreditation) with the appropriate fees (see CAA-06 Schedule of Fees) to IADC. Copies of the application and other relevant documents can be downloaded from the IADC website or requested through email (competence@iadc.org).

3.1.2 Internal Review

An IADC staff member reviews the application to identify any missing information or corrections that need to be made. The staff member then records a list of the deficiencies and sends the list to the applicant, who has 30 days to make the initial corrections and send additional information. Upon further review of corrections made, additional information may be required. Once all deficiencies are addressed, the IADC staff member sends the application to the technical reviewer. Failure to resolve all deficiencies within a 6-month time frame from the initial review date may result in closure of the application request. Upon closure of an incomplete application, the applicant will forfeit the application fee and must reapply in order to continue pursuing *CAA* accreditation.

3.1.3 Technical Review

Technical reviews are performed by subject matter experts representing the industry. The technical reviewer sends a list of the identified deficiencies back to the IADC staff member, who once again provides the applicant with the information and the timeframe for addressing the issues. As in the internal review period, the applicant has 30 days to make the initial corrections and send additional information. Upon further review of corrections made, additional information may be required. Once all deficiencies are addressed, the application is submitted for audit. Failure to resolve all deficiencies within a 6-month time frame from the technical review date may result in closure of the application request. Upon closure of an incomplete application, the applicant will forfeit the application fee and must reapply in order to continue pursuing *CAA* accreditation.

3.1.4 Audit

IADC will schedule an audit of the organization's *Competence Assurance* program. The auditor will be an industry consultant or an IADC staff member.

The auditor will use a systematic approach to verify that the program meets established criteria by reviewing program documentation, procedures, and resources. The auditor will issue a report to IADC detailing the audit findings and any recommendations or opportunities for improvement.

3.1.5 Corrective Actions Required by Auditors

Upon noting a discrepancy, an auditor may assign a Corrective Action to the applicant. All assigned Corrective Actions are reviewed by IADC before being issued to the applicant. If a CA is not resolved or there are excessive delays in providing requested information, the application request may be closed. Upon closing an application, the applicant will forfeit the application fee and must reapply if they wish to continue pursuing CAA accreditation.

3.1.6 Accreditation Decisions

IADC will communicate to the applicant one of the following accreditation status decisions:

Full Accreditation—Full accreditation may be granted to any program that meets the criteria in a satisfactory manner as evidenced by information available about the program and confirmed by an initial audit.

Denial of Accreditation—Denial of accreditation may occur if the applicant has not adequately provided evidence of meeting the criteria, the application is determined to not meet the criteria for accreditation, or the applicant is nonresponsive in providing application and program corrections needed.

4 Maintaining Program Integrity

Once accredited, the Accreditable Unit must continue to conform to all CAA accreditation criteria and all program-specific policies and procedures that were submitted and approved during the application process. This includes maintaining all quality controls and all required records.

IADC also expects all accredited programs to strive for continuous improvement and to effectively manage changes that need to occur when opportunities for improvement are identified.

4.1 Sanctions Policy

IADC expects its accredited training providers to make all reasonable efforts to avoid any interaction with countries, groups, and individuals subject to sanctions or embargoes imposed by the US Government. Although compliance with this policy is difficult to monitor, IADC specifically prohibits nationals who are normally resident in any of the sanctioned countries from attending an IADC-accredited course. IADC intends for training providers to avoid willful violation of any US sanction applicable to such entities. IADC will not accredit companies or training organizations in countries under comprehensive sanction by the US Government. Additionally, IADC prohibits accredited companies and training organizations from delivering training within such sanctioned countries and to residents of such sanctioned countries.

Training providers should verify each trainee's identity by requiring proof of residence that includes a photo of the trainee, such as a passport or driver's license. Additionally, training providers should incorporate residency questions into candidate trainee applications or enrollment forms.

We highly encourage all training providers to examine the full nature and scope of U.S., EU, and UN sanctions, as well as any other sanction laws applicable to them, or otherwise consult with counsel specializing in such sanctions. Information about Sanctions Programs and Country Information can be found on the US Resource Center webpage.

4.2 General Post-Accreditation Policies

Each accredited company will be subject to a program annual fee and a biennial external audit. Programs that receive a major CA during an audit are required to be audited the next year in order to ensure the CA implemented is effective. Any major changes to program policies or procedures also require an audit the following year. IADC reserves the right to audit programs at any time deemed necessary within the biennial audit timeframe. The CAA accreditation period is 1 year. Accreditation letters and certificates are issued once annual fees are paid each year. If changes to the program are made throughout the accreditation cycle (e.g., addition of positions), the program certificate and IADC's accredited provider website will be updated at that time, and a new accreditation letter will be issued upon the 1-year renewal period.

4.3 Privileges of Accreditation

Upon receipt of the formal CAA Certificate of Accreditation and for as long as the program maintains its accreditation as required by IADC, the accredited company may display the certificate and publicly state the program's conformance with IADC's CAA program.

4.3.1 Promotion

IADC promotes accredited programs through the following methods:

- Web listing of accredited companies
- One-time notice of accreditation decisions in IADC's monthly newsletter, *Drill Bits*

Information about CAA-accredited companies may also be distributed at conferences and communicated through advertisements or other means. Regardless of means of promotion, each listing of CAA-accredited companies will include only those providers accredited at the time of publication.

4.3.2 IADC Logo

The accredited company may use the CAA_logo on course materials and in promotion of program.

When reference is made to the Program accreditation at any time, only the following shall be referred to or used:

- The term "IADC Accredited" may be used by Program that has been notified that it has received full accreditation.

A CAA_logo and trademark may be used. The exclusive use is hereby licensed to Program upon official notification that it has received full accreditation. Guidelines for logo usage are published by IADC and should be strictly followed.

4.3.3 Opportunities to Provide Feedback to IADC

All CAA-accredited companies are afforded the opportunity to comment on proposed program changes and are encouraged to be engaged in continuous improvement of the program.

4.4 Quality Assurance

Quality assurance for an accredited program comprises primarily continuous improvements efforts, such as responding to audit findings and following a management-of-change process to make changes initiated either by the program's staff or by IADC.

As described below, program managers/administrators must alert IADC staff to any program or contact changes by submitting a program modification form (CAA-03M). Substantive program changes may require additional approval by IADC staff or a technical reviewer before being implemented within the program.

4.4.1 Management of Change

All programs are required to have a documented management-of-change process that details how Competency Assurance Program (CAP) changes should be handled within the system (as listed in Section 2.3). This requirement is intended to help ensure that changes meet the following criteria:

- The designated authority has approved the change.
- The protocol for implementing the change is followed.
- Changes are implemented consistently.
- Changes (as listed below) are communicated to IADC.
- Changes are clearly communicated to all program stakeholders.

Changes Initiated by an Accredited Provider

Any company that is accredited or awaiting accreditation must notify IADC (through Form CAA-03M) of any program changes that will affect their accreditation program or its management.

Changes that must be reported to IADC include, but are not limited to, those that affect the following:

- Business structure/name of accredited company
- Accreditation management model
- Program scope
- Competence framework
- Delivery of assessments
- Assessor/Verifier qualifications
- Contact information for program managers and administrators
- Location of Accreditable Unit or any facilities used by the program

Substantive changes that may affect the accreditation status must be submitted to and approved by IADC before implementation. Minor changes, such as contact information, that do not affect the quality of a program must be communicated to IADC within 30 days of the change.

Changes Initiated by IADC

Workforce Development Committee members and IADC staff periodically reevaluate the accreditation criteria for this program to ensure that the criteria continue to be appropriate and in the best interests of the public and the industry. When opportunities for improvement are evident, IADC members or staff propose revisions to the criteria. For administrative-related changes that minimally affect already accredited programs, IADC staff may institute changes. For changes that have the potential to affect the scope, structure, or delivery of a company's competence program, IADC follows the management-of-change process outlined in its standard operating procedures. Steps of this process typically comprise the following:

1. Propose the changes to the WDC during a committee meeting.
2. Send the proposal to WDC members and currently accredited companies for comment.
3. Make any necessary adjustments based on the comments received.
4. Solicit a vote of the WDC members.

Upon official approval of the program change, IADC issues a bulletin about the change and gives affected institutions a specified amount of time to incorporate the change into their programs. Bulletins are also placed on IADC's CAA webpage. Each accredited company is responsible for monitoring the CAA webpage and emails received from IADC and then implementing any CAA necessary changes within the timeframe provided.

For some changes, evidence of implementation may be required by IADC. If evidence is required, any provider failing to supply evidence of implementation within the requested timeframe is subject to having their training program placed on probation. Continued failure to implement requested changes and/or to supply evidence of implementation may result in revocation of the accreditation.

4.4.2 Corrective Actions

A corrective action (CA) may be issued when a training provider is found to be in nonconformance with IADC requirements or their own program-specific policies and procedures. IADC's Quality

Assurance/Control staff members manage the CA process according to IADC's standard operating procedures.

Once a CA has been issued to a training provider, the training provider will be given a specified time within which to develop and report a plan for correction of the non-conformity and prevention of recurrence. The written plan will include not only specific actions to be taken but also the timeframe within which the actions are to be completed. In addition, the response must include an explanation of cause and extent of the non-conformance. Actions and timelines must be agreed to by the provider and QA/QC.

The accredited training provider is responsible for responding in a timely manner to non-conformities identified during an audit or other *Competence Assurance* audit process. Actions and timelines to resolve a nonconformity must be appropriate for the issue identified and agreed to by IADC-designated staff and the training provider.

Planned timelines must be strictly met; otherwise, the accredited training provider will be subject to disciplinary action. Continued failure to address non-conformities will ultimately result in revocation of accreditation.

Once IADC has closed a training provider's program, the training provider may be required to wait up to one (1) year, with no guarantee of obtaining accreditation, before reapplying for Accreditation. A new application fee and audit will be required.

4.5 Required Program Fees

As a nonprofit industry association, IADC operates on a cost-recovery basis. The costs associated with an accreditation program are recovered through initial application fees, audit fees (to cover auditor expenses), and annual fees. All fees are listed in the Schedule of Fees (CAA-06). IADC periodically reviews all program fees and revises the schedule of fees as needed. Form CAA-06 is available from the IADC website or may be requested from IADC staff through email.

Initial application and renewal application fees must be paid at the time of application submittal. The review process will not commence until the application or renewal fee is paid. Failure to provide payment within 30 days will result in cancellation of invoice and application. If the invoice for the application fee is canceled due to nonpayment, the training provider may not submit a new application for 90 days.

4.6 Voluntary Withdrawal from the Program

An accredited company may request its removal from the CAA accreditation program at any time. Such request must be submitted in writing, on official company letterhead, and signed by the accredited provider's authorized program contact. Upon receipt of written notification, IADC will promptly comply with that request by officially closing the program. At a subsequent time, the provider may reapply for accreditation without prejudice.

4.7 Disciplinary Actions

IADC may, at its sole discretion, bring disciplinary action against any IADC-accredited training provider (Provider), without issuing a Corrective Action (CA). Disciplinary action may be for a specified time period or indefinite. Disciplinary actions include, but are not limited to, Probation, Suspension, and/or Revocation. Disciplinary actions are not meant to be sequential. IADC may, at its sole discretion, move directly to Suspension or Revocation, depending on the severity of the infraction.

IADC may return the Provider to the accreditation status held before the disciplinary action after the issues prompting disciplinary action are resolved. IADC, at its sole discretion, may choose not to return the Provider to the accreditation status held before the disciplinary action and may temporarily or permanently Revoke accreditation. If the disciplinary action is Probation or Suspension, failure of the Provider to take remedial actions required by IADC will result in additional disciplinary action taken against the Provider. Ultimately, Revocation of accreditation will result if the Provider fails to act or takes insufficient steps to resolve the issue in the timeframe specified.

Reasons for disciplinary actions include, but are not limited to, the following:

- Provider fails to abide by accreditation standards.
- Provider fails to submit necessary supporting information requested by ACD staff, technical reviewer, Review Panel, or auditor.
- Provider fails to resolve a complaint issued against the Provider.
- Provider makes significant changes in the nature, structure, location, or operation of an accredited Program that, in the opinion of IADC, significantly undermines the quality of the program.
- Provider refuses to submit to an audit or fails to satisfactorily address Corrective Actions issued by IADC.
- Provider fails to pay appropriate fees in a timely manner.
- Provider fails to make required program adjustments.
- Provider fails to follow quality control procedures.
- Provider fails to respond to IADC requests for information after three attempts.
- Provider conducts components of the program fraudulently, and/or compromises the quality of the program.

If IADC contacts the Responsible Corporate Official regarding any of the issues listed above and does not receive a timely response after three attempts, IADC will initiate the program-closure process. It is the Provider's responsibility to ensure that IADC has the current and correct contact information for the Responsible Corporate Official. A "timely" response is defined as within two weeks. IADC staff will immediately notify the company when a decision to revoke accreditation has been made. The accredited company's name will be removed from the website.

4.7.1 Probation

Any Provider may be placed on Probation by IADC at any time.

Placing a Provider on Probation is a warning that, if the Provider does not correct all deficiencies noted by IADC, the Provider will be subject to further disciplinary actions up to and including revocation of accreditation.

To be considered for return to full accredited status, the Provider must resolve all issues identified in the disciplinary action and supply IADC evidence of such actions.

4.7.2 Suspension

Any Provider may be suspended by IADC at any time for cause, and cause shall be determined by the IADC in its sole judgment. Access to the ACD database for Providers will be suspended for the duration of the Suspension.

In addition, IADC will remove the Provider's listing on the IADC *Competence Assurance* -Accredited Training Provider webpage.

The Provider must resolve all issues identified in the disciplinary action and supply IADC evidence of such actions. Upon resolving all issues, IADC may reinstate the Provider's prior accreditation status.

Failure to resolve all issues for which the Suspension is in place will result in the training provider's accreditation being Revoked (closed).

4.7.3 Program Closure

Any Provider's accreditation may be Revoked (closed) by IADC at any time. IADC will immediately notify the Provider when a decision to Revoke (close) their program accreditation has been made. Following notification, IADC will remove the Provider's listing on the IADC's *Competence Assurance* -Accredited Training Provider webpage and will remove their access to the ACD database.

ACD will officially close the Provider's file.

Upon Revocation of accreditation, the training Provider must do as follows:

- Destroy the ACD-issued *Competence Assurance* Certificate of Accreditation.
- Remove the *Competence Assurance* logo and registered trademark from their documents, brochures, Provider website, and all places the logo or trademark is used.
- Cease referring to *Competence Assurance* accreditation when marketing or promoting the Provider's program.

4.7.4 Miscellaneous

Resolution of Disputes and Forum Selection Clause

Any dispute arising from or relating to the IADC *Competence Assurance* Program, its policies and procedures, or its administration shall be resolved in the following manner:

1. First, by notifying IADC of the dispute in writing and by requesting non-binding mediation. The mediation shall take place in Houston, Texas, unless otherwise agreed to by IADC. The mediation request shall include a brief narrative explaining the basis for the dispute, list of three neutral mediators, and the relief requested. IADC shall have twenty (20) days from receipt of a Mediation Request to pick a mediator from the list provided. The costs and expenses of any such mediation, including compensation and expenses of the mediator, shall be the responsibility of each party to the mediation.
2. Next, if the dispute cannot be resolved within sixty (60) days of the notice of mediation, then the dispute may be brought in the courts of the State of Texas. Specifically, the venue shall be in Harris County, Texas.

Limitation of Liability

In no event shall IADC be responsible for any consequential damages arising out of any disciplinary action, including, but not limited to, alleged lost profits, lost business opportunity, loss of reputation, punitive damages, and/or attorneys' fees. This limitation applies to any claim or cause of action, however alleged or arising, unless otherwise prohibited by law, including, but not limited to, negligence, breach of contract, or any other claim, whether in tort, contract, or equity, regardless of whether IADC has been advised of, knew of, or should have known or anticipated such loss or damages.

4.8 Sending Feedback to IADC

IADC is committed to ensuring that its accredited companies, partners, and employees adhere to high standards of conduct as they strive to meet the CAA requirements. One of the ways IADC can continue to improve the accreditation system is by listening and responding to the views of participants. Therefore, IADC wishes to ensure the following:

- Providing feedback is as easy as possible.
- Feedback regarding accredited training providers is treated with confidentiality and professionalism.
- Depending on the severity of the feedback, or urgency of a complaint, IADC will investigate, collect, and ensure all sides have an opportunity to provide evidence before taking appropriate action.
- Accredited companies may also receive feedback and use it to improve the quality of the instruction they provide.

IADC's quality and feedback policy details are outlined in the ACD-67 and can be located on the IADC website. Accredited companies and their personnel, potential applicants, regulatory agencies, universities, and the public are encouraged to provide comments about the CAA Program or its administration. Feedback may be provided in person, through the postal service, by e-mail, by telephone, or on the IADC website. <https://www.iadc.org/accreditation/feedback/>

IADC contact information is provided in Table 1.

Direct all feedback to Quality Assurance / Quality Control.

Please provide sufficient detail concerning the application experience, a participant's program, or other suggestions/questions/concerns to permit IADC to collect further information as needed (e.g., course dates, location, training provider, instructor, etc) Providing contact information is optional but will assist IADC if follow-up communications are required.

Table 1: Alternate Ways to Contact IADC's Accreditation and Credentialing Division

In Person:	IADC Headquarters 3657 Briarpark Drive, Ste. 200 Houston, TX 77042 USA
In Writing:	IADC – ACD Quality 3657 Briarpark Drive, Ste. 200 Houston, TX 77042 USA
By Fax:	+1.713.292.1946
By Telephone:	+1.713.292.1945
By E-mail:	quality@iadc.org
By Internet	https://www.iadc.org/accreditation/feedback

4.9 Conformance with other Standards

The *CAA* program may satisfy the requirements of other industry or governmental standards. In the event a *CAA* program is implemented in a way to satisfy both *CAA* and other standards/requirements, the accredited company must notify IADC of this objective, provide IADC with a copy of the other standard, and operate the program in conformance with both programs' standards. IADC may, in certain cases, assist with the verification of conformance to both standards.

Appendix: CAA Forms Available for Training Provider Use

CAA-01	Handbook for Accreditation
CAA-01S	Handbook for Accreditation – Spanish
CAA-03	Application for Accreditation
CAA-03S	Application for Accreditation – Spanish
CAA-03M	Modification Form
CAA-04	Attestation & Agreement
CAA-06	Schedule of Fees
CAA-10	Application Process Flowchart
CAA-14	Request for Exception
CAA-61	Audit Report