# APPLICATION FOR ACCREDITATION

## IADC Helicopter Underwater Escape and Water Survival Training (HUET) for Warm Waters

**Part 1: Provider Information**　　　**Part 4: Course Management, Administration, Quality**

**Part 2: Course Design and Delivery**　　**Part 5: Program/Course Modifications**

**Part 3: Instructors & Key Staff**　　　**Part 6: Agreement & Attestation**

### Instructions

To facilitate processing of the application, this form must be used by the applicant to describe the structure, format, and administration of its HUET training facilities and course offered. Please follow the instructions provided for each section. All responses (except signatures) should be printed or typed. Digital signatures are acceptable.

All items in this document must be completed. If an item is not applicable, it should be marked N/A. (Please note: Only sections identified as "Optional" may be marked "N/A.") This booklet may be disassembled and portions copied as needed to allow the applicant to provide all requested information.

Additional forms and supporting information are required to support this application. For the most expedient processing, all forms and supporting materials should be submitted in English. IADC will accept submissions in other languages, but processing of these applications may be delayed due to need for translation.

When returning this document to IADC, please securely affix attachments. **Return application to IADC HUET Accreditation, 10370 Richmond Ave., Suite 760, Houston, TX 77042 or by email at huet@iadc.org.**

**Submission of the HUET application does not guarantee accreditation**, but is only the initiation of the process for seeking accreditation by IADC. See *HUE-01 HUET Handbook of Accreditation* for details.

**Type of Application:**　　◯ **New**　　　◯ **Modifications**
(to a currently accredited program)

**Please complete all portions of the application and attach the required documentation:**

- HUE-02X
- Floor plan(s) for each training facility
- Photos of pool area & simulator/crane
- HUE-14 (if needed)
- Course outline(s)
- One example test
- Assessment Checklist or Matrix
- HUE-05—Instructor Application(s) (if needed)
- HUE-05c & -05d—Key Staff applications (if needed)

- Emergency response procedures & sample drill
- A sample instructor-assessment checklist
- Additional application pages (if needed)
- Certificate or other evidence to satisfy role-specific requirements
- Any other supporting documentation (handbook, manual, Certificate or Letter of program recognition)

## PART 1:  PROVIDER INFORMATION

Name of company or institution (to be designated by IADC as the "Accreditable Unit"):

Parent Organization
(if different from Accreditable Unit):

Has your company operated under a different name in the past 5 years?  ◯ *Yes*  ◯ *No*

   If **YES**, prior name:

Does the company have a website address?  ◯ *Yes*  ◯ *No*

   If **YES**, please provide the web address:

## 1.1 Type of Company or Business (Check only one.)

☐ Drilling Contractor        ☐ Ancillary Service Contractor

☐ Operator/Producer Company        ☐ Commercial Training Organization

☐ University (specify name)

☐ Nonprofit Training Organization

☐ Other (explain)

## 1.2 Provider's Accreditation Information

For whom does this applicant provide or intend to provide HUET training?

◯ Own Company Employees     ◯ Other Companies' Employees     ◯ Both

What is the total number of HUET students trained in previous calendar year?

Does this applicant currently hold other IADC accreditations or have they held one in the past?

◯ *Yes*     ◯ *No*

   If **YES**, list the type(s) and date(s) of accreditation:

| Type | Accreditation Date | Date Accreditation Suspended or Discontinued *(if applicable)* |
|------|--------------------|----------------------------------------------------------------|
|      |                    |                                                                |

In the space below, list government agencies or industry groups that have previously approved or recognized the HUET training course offered by this training applicant.

**Attach copies of Certificates of Prior Approvals or Letters of Recognition (if applicable)**

## 1.3 Contact Information

### *Name of Responsible Corporate Official*

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

| Job Title: | | |
|---|---|---|

| Phone: | Fax: | Alternate Phone: |
|---|---|---|

| Email Address: | | |
|---|---|---|

### *Name of Administrative Contact/Correspondent* (responsible for ordering Certificates of Completion):

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

| Job Title: | | |
|---|---|---|

| Phone: | Fax: | Alternate Phone: |
|---|---|---|

| Email Address: | | |
|---|---|---|

### *Administrative Contact/Correspondent* (responsible for reporting training records; if same, enter *same as above*):

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

| Job Title: | | |
|---|---|---|

| Phone: | Fax: | Alternate Phone: |
|---|---|---|

| Email Address: | | |
|---|---|---|

## 1.4 Location of Provider's Administrative Office ("Accreditation Location")

| Address Line 1: |
|---|

| Address Line 2: |
|---|

| City: | State: |
|---|---|

| Country: | Zip/Postal Code: |
|---|---|

## 1.5 Billing Address of Provider (if different from Administrative Office)

| Address Line 1 (location of Provider's Administrative Office): |
|---|

| Address Line 2: |
|---|

| City: | State: |
|---|---|

| Country: | Zip/Postal Code: |
|---|---|

## PART 2: COURSE DESIGN AND DELIVERY

### 2.1 Curriculum

The HUET course must follow the required curriculum as defined in *HUE-02 Curriculum*. Complete *HUE-02X Curriculum Cross-Reference Tool* to show how the curriculum will be delivered and the time committed to each topic or activity. Total course length will also be indicated on this form.

**Attach HUE-02X Curriculum Cross-Reference Tool.**

### 2.2 Facilities & Equipment

Does this application apply to a single training facility or to multiple training facilities?

◯ Single Training Facility          ◯ Multiple Training Facilities

If there are multiple training facilities, are records to be retained at the Accreditation Location (identified in

Section 1.4 of this application)?      ◯ *Yes*   ◯ *No*

Complete all portions of Section 2.2 (pages 4 – 8) for each training facility. **Duplicate pages, as needed, to describe each training facility.** Also attach a copy of each facility's floor plan and photos of facility and pool area to this application.

**Attach floor plan(s), photos, and additional pages (if needed).**

**Facility Name and Location:**  Provide the name and location of the training facility described in this section.

**Facility Name:**

| Address Line 1 | |
|---|---|
| Address Line 2: | |
| City: | State: |
| Country: | Zip/Postal Code: |

### 2.2.1 Facility Floor Plan

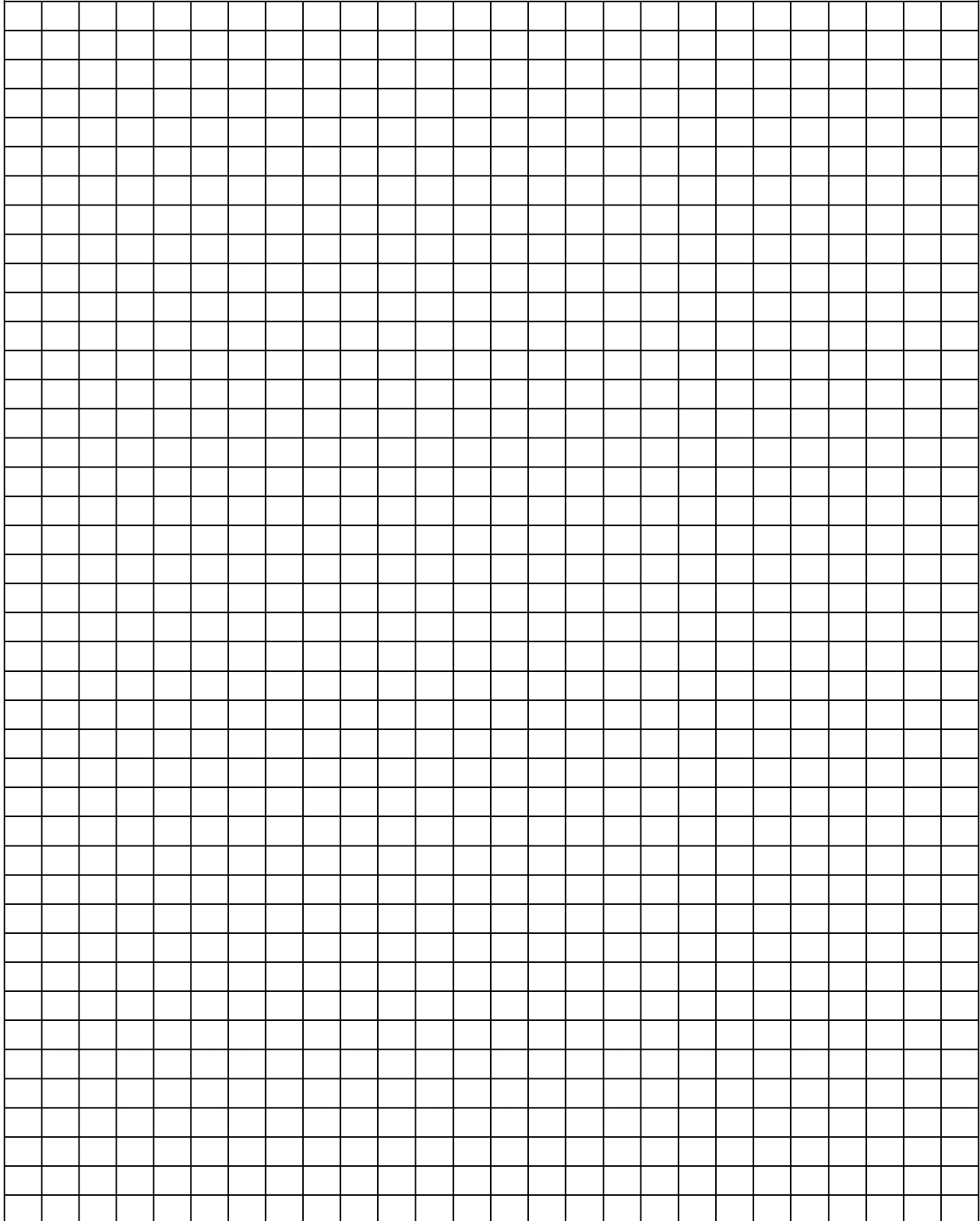**Instructions**

- Provide a scaled floor plan of this facility on the following page.
- Floor Plan should include overall dimensions, identify each room or area to be used in HUET training, and include dimensions for each room or area.
- Label each room or area, and draw and label prominent features, including equipment, seating areas, showers, etc.
- Alternatively, architectural floor plans may be copied and submitted with application. Prominent features may be hand sketched onto the drawings.
- Do **not** submit blueprints.

    ***Floor Plan Scale***:  One Block = _____ feet          OR          One Block = _____ meters

**Floor Plan for Facility:** *(Provide name of facility below.)*

_____

**2.2.2 Pool**

Use this section to describe the pool used for HUET simulation and other practical exercises.

Pool Description:

Fresh water　　◯ *Yes*　　◯ *No*　　　　　Size (width x length x depth):

Pool Operation:

Date last inspected:　　　　　Pool serviced by independent contractor?　　◯ *Yes*　　◯ *No*

Government water quality regulation or standard apply?　　◯ *Yes*　　◯ *No*

If **YES**, list the regulation(s) and state the requirement(s) that apply:

| Source of Regulation | Specific Requirement |
|---|---|
|  |  |
|  |  |

If **NO**, explain the minimum water quality requirements established in-house for the pool operation:

**2.2.3 Simulator & Crane**

Select the type of HUET simulator used in HUET training at this training facility. (If multiple simulators are available at this facility, complete this section for each simulator. Pages 6-8 may be copied, as needed, to describe each simulator.

Check only one to indicate the type of simulator being described:

◯ Simulator/Crane Combination (Wet-type)　　　　◯ Simulator/Crane Combination (Dry-type)

◯ Simulator Independent of Crane (Wet-type)　　　◯ Simulator Independent of Crane (Dry-type)

Has a simulator/crane maintenance schedule been defined?　　◯ *Yes*　　◯ *No*

Who performs inspections? (List job or position title.)

How often are the simulator and crane inspected? *Select all that apply*.　　☐ Before each class

☐ Once/Week　　☐ Once/Month　　☐ Other, explain below:

**Attach all additional pages to the application.**

**Complete ONLY the section below that applies to the type of simulator indicated above.**

**Simulator/Crane Combination**

Type:  ( ) *Wet*    ( ) *Dry*    ( ) *Both*

Manufacturer:                          Model number:                          Date built:

Number of seats:                       Number of push-out windows:

Does this simulator have a mechanical exit other than the push-out windows?    ( ) *Yes*    ( ) *No*

**For simulators independent of crane, complete both sections below.**

**Simulator Independent of Crane**

Type:  ( ) *Wet*    ( ) *Dry*    ( ) *Both*

Manufacturer:                          Model number:                          Date built:

Number of seats:                       Number of push-out windows:

Does this simulator have a mechanical exit other than the push-out windows?    ( ) *Yes*    ( ) *No*

What is the weight of the simulator?

**Crane Used to Move Independent Simulator**

Crane manufacturer:                    Model number:                          Date built:

Type of Crane:

[ ] Bridge or Overhead Crane       [ ] Davit Crane        [ ] Other (specify):

Is the crane rated for lifting personnel?    ( ) *Yes*    ( ) *No*

What is the dynamic load rating of the crane?

Who is responsible for ensuring the crane is appropriately rated for lifting the HUET simulator?

**Simulator/Crane Modifications & Upgrades**

List any modifications or upgrades that have been made to this simulator. Provide approximate dates and, if applicable, name of company or firm that performed modification or upgrade.

| Modification/Upgrade | Date of Modification | Company Performing Modification/Upgrade |
|---|---|---|
|  |  |  |
|  |  |  |

**Attach photos of simulator(s) (inside and outside) and crane(s) used at each training facility.**

## 2.2.4 Other Equipment

Use this section to list other equipment required for the delivery of the HUET training (e.g., personal flotation device, personal protection equipment, life raft, first aid and emergency response equipment). (Do not list basic equipment such as chalkboards, flip charts, desks, chairs, etc., used in the classroom). Also include reference to any regulation or industry standard that governs the life, use, inspection, or maintenance of the listed equipment

| Other Equipment | Applicable Regulation or Industry Standard |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Which of the following are provided to the trainees? (Check all that apply.)

☐ Helmets ☐ Water shoes ☐ Personal flotation devices—Aviation type

☐ Personal flotation devices—Marine lifejacket ☐ Wet suit

☐ Other (specify):

## 2.3 Course Delivery

### 2.3.1 Course Length

Indicate on **Form HUE-02X Curriculum Cross-Reference Tool** the amount of course time in hours and minutes for an average-sized class. (Note: Refer to the Handbook for Accreditation [Form HUE-01, Section 2.6.1] for required minimum course duration times.)

Also indicate below the approximate percentage of time that each of the following methodologies will be used in this course. List percentages, not times, based on the minimum course time requirement. Ranges are acceptable.

Lecture and Discussion (classroom delivery): %

Demonstrations: %

Practical Exercises (Hands-on activities, simulation, and related instructions): %

### 2.3.2 Class Size

Maximum class size will be dependent upon simulator capacity, number of instructors and key staff available for pool activities, and the designated course length.

Specify maximum number of trainees per course:

What is the Instructor–to-Trainee ratio during pool exercises other than simulation?

**2.3.3 Course Delivery Order**

Do you plan to alter the order in which the course is delivered? ◯ *Yes* ◯ *No*

   If **YES**, complete *Form HUE-14 Request for Exception to Requirements* to explain the proposed method of course management.

**Attach completed Form HUE-14 to this application, if needed.**

**2.3.4 Course Languages**

Languages in which this course will be taught. *Check all that apply*.

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

**Attach Course Outline for each language in which the course is to be delivered.**

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**2.4 Trainee Assessment**

**2.4.1 General Assessment Information**

How will trainees be assessed during this course? *Check all that apply:*

☐ Written knowledge test          ☐ Oral knowledge test

☐ Observation of trainee's participation in practice exercises

☐ Observation of trainee's performance during simulator exercises

☐ Other (please describe):

When are assessments given/performed during a typical course? *Check all that apply*

☐ After each major topic or unit of instruction          ☐ At the end of the course

☐ Midway (after classroom/content portion) and at the end of the course (after demonstration and
    simulation practice)

☐ Other (please describe):

Does the applicant have a policy(s) in place that addresses the assessment process? ◯ *Yes* ◯ *No*

   If **YES**, which of the following topics are included? *Check all that apply*.

   ☐ Failed tests or portions of tests          ☐ Conditions for retesting
   ☐ Revision & redesign of tests              ☐ Conditions for remediation
   ☐ Frequency & method of reviewing & modifying assessments

### 2.4.2 Written Test

Who is responsible for administering the written assessments? *List by position or by employee's name.*

If individual employee, supply information requested below.

*Position*                                      *Name*                                      *Years with Company*

_____    _____  _____

_____    _____  _____

Who is responsible for scoring tests?

*Position*                                      *Name*                                      *Years with Company*

_____    _____  _____

_____    _____  _____

Explain procedures applicant uses to ensure that tests are not improperly copied or disbursed.

Explain methods applicant uses to ensure security and confidentiality during testing.

**Attach a copy of the written test (in English).**

### 2.4.3 Practical Assessments

Who is responsible for administering the practical assessments? *List by position or by employee's name.*

If individual employee, supply information requested below.

*Position*                                      *Name*                                      *Years with Company*

_____

_____

_____

Who is responsible for scoring tests?

*Position*                                      *Name*                                      *Years with Company*

_____

_____

_____

How will trainee's performance during practical assessments be evaluated?

☐ Skills Checklist ☐ Assessment Matrix ☐ Other: *Explain.*

What are the criteria for determining that a trainee passed each practical exercise?

**Attach a copy of the Assessment Checklist or Matrix.**

How will feedback on practical exercises be given to trainees? *Explain*.

Are trainees who have failed the practical assessment allowed to retest without remediation?

◯ *Yes* ◯ *No* If **YES**, under what circumstances? *Explain.*

Are the retests different from the original test? ◯ *Yes* ◯ *No* If **YES**, explain how they differ:

Are trainees ever given an opportunity to perform the practical assessments on a day other than that in which he or she took the course and completed the written assessment? ◯ *Yes* ◯ *No*

If **YES**, explain:

Is feedback given immediately following the practical assessments? ◯ *Yes* ◯ *No*

If **YES**, explain how and under what circumstances remediation is offered:

## PART 3:  INSTRUCTORS & OTHER KEY STAFF QUALIFICATIONS

### 3.1  Instructors, Divers, and Simulator/Crane Operator

Each person to serve as a HUET course Instructor, Diver, and Simulator/Crane Operator must be pre-approved by IADC. Submit a HUE-05, -05c, or -05d application for each person seeking approval for any one of these positions.

**Attach HUE-05, -05c, & -05d applications for Instructor and key staff approval for EACH individual seeking approval as an Instructor, Diver, or Simulator/Crane Operator.**

### 3.2  Other Key Staff

List each person who will fill one of the key roles required for the HUET course as defined in HUE-01, Section 2.7. Provide full legal name for each person, check each role the person will fill, and attach evidence of his/her meeting the minimum requirement(s) for the role as specified in HUE-01.

**DO NOT** complete this section for staff members who are an Instructor, Diver, or Simulator/Crane Operator who will also be filling one or more of these roles. The evidence of role-specific qualifications for those individuals will accompany HUE-05, -05c, & -05d applications. (For example, if the Simulator/Crane Operator will also serve as the Crane Inspector, submit his/her qualifications as the Crane Inspector along with the HUE-05c Application for Approval for the Simulator/Crane Operator position.)

Copy page 14 as needed for listing additional staff.

**Attach certificate or other evidence of satisfying the requirement(s) for the role checked.**

**Enter Full Legal Name for each person and check each role in the HUET course the person will fill.**
*Check all that apply.*

First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

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First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

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First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

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First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

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First (Given Name):

Middle Name:

Last (Family Name):

☐ Practical Exercise Supervisor      ☐ Lifeguard      ☐ First Aid Specialist      ☐ Emergency Response

☐ Assessor, Written Test      ☐ Assessor, Practical Exercises      ☐ Test Administrator      ☐ Crane Inspector

## PART 4:  COURSE MANAGEMENT, ADMINISTRATION, & QUALITY CONTROL

### 4.1 Course Management Policies & Procedures

**Policies**: Does the applicant have a policy in place regarding each of the following? *Check all that apply.*

☐ Missed portions of course  ☐ Trainee reassessment  ☐ Competence for instructors & key staff

☐ Waivers signed by trainees (e.g., to release information to IADC and to reduce training provider liability)

☐ Other: (List below)

**Standard Operating Procedures**:

Are Standard Operating Procedures written?  ☐ *Yes*  ☐ *No*

Standard Operating Procedures are available for the following: *Check all that apply.*

☐ Course registration  ☐ Trainee assessments  ☐ Issuance of Certificates of Completion

☐ Inspection, testing, & maintenance of equipment  ☐ Emergency response

☐ Assessment of Instructor & key staff competence  ☐ Management of change (MOC)

☐ Records retention  ☐ Responding to non-conformities  ☐ Other: *List below*

### 4.2 Course Registration

Does the course registration procedure include a process for verifying trainee identity?  ☐ *Yes*  ☐ *No*

When is the trainee's identity checked?  ☐ Upon arrival for course  ☐ Immediately prior to assessment

☐ Other: (List)

What document or evidence of identity is checked during the trainee identity verification*? Check all that apply.*

☐ Photo ID, such as a driver's license, passport, etc.

☐ Other, please describe:

Is record of identity check retained?  ☐ *Yes*  ☐ *No*

What types of trainee-signed waivers are required and retained? *Check all that apply.*

☐ Form/Authorization for releasing training records to IADC

☐ Form/Authorization for releasing training records to employer

☐ Liability release  ☐ Other: *List below.*

**4.3 Issuance of Certificates**

Will official IADC Certificates of Completion be awarded to all students who successfully complete the course?  ◯ *Yes*  ◯ *No*   *If not, explain below*:

Which of the following are included in the Standard Operating Procedures? *Check all that apply.*

☐ The designation of responsibilities for ordering and purchasing certificates.

☐ The designation of responsibilities for issuing certificates.

☐ The designation of responsibilities for reporting trainee certificates.

☐ The requirements a trainee must meet to receive a Certificate of Completion.

☐ Procedures for managing the inventory of certificates.

**4.4 Inspection, Testing, & Maintenance of Equipment**

How were the equipment inspection procedures developed? *Check the most appropriate option.*
◯ Developed in-house  ◯ Follow manufacturer's recommended checklist

How were the equipment testing procedures developed? *Check the most appropriate option.*
◯ Developed in-house  ◯ Follow manufacturer's recommended checklist

How were the equipment maintenance procedures developed? *Check the most appropriate option.*
◯ Developed in-house  ◯ Follow manufacturer's recommended checklist

Which of the following are included in the Standard Operating Procedures? *Check all that apply.*

☐ The designation of responsibilities for performing inspections on the simulator.

☐ The designation of responsibilities for performing inspections on the crane.

☐ The frequency of simulator inspection.

☐ The frequency of crane inspection.

☐ How to record evidence of inspections.

☐ How to maintain records of inspections.

☐ How to record evidence of maintenance.

☐ How to maintain records of maintenance.

☐ What procedures to follow when inspecting the simulator.

☐ What procedures to follow when inspecting the crane.

Who is responsible for inspecting equipment?

When are inspections performed?

Who is responsible for testing equipment?

Who is responsible for maintaining equipment?

How often is crane maintenance performed?

## 4.5 Emergency Response Protocol, Plans, & Drills

How frequently are drills performed?

**Attach a copy of your emergency response procedures and a sample drill.**

## 4.6 Assessment of Instructors and Key Staff

Who is responsible for performing competence assessments of instructors and other key staff?
Name and/or title:

How frequently are competence assessments conducted?

Is a standardized assessment checklist used to perform assessments?    ◯ *Yes*    ◯ *No*

**Attach a sample of an instructor assessment checklist (if available).**

## 4.7 MOC

Who is responsible for revising the Standard Operating Procedures? Name and/or title:

Who is responsible for notifying IADC of changes in the program or personnel? Name and/or title:

## 4.8 Incident Investigation & Reporting

What of the following is included in your Standard Operating Procedures? *Check all that apply.*

☐ The designation of responsibilities for incident investigations.

☐ How and to whom incidents are reported.

☐ How incidents are recorded and the records are maintained.

☐ How or by whom incidents are reviewed for opportunities to minimize future reoccurrence.

Who is responsible for reporting incidents to IADC?

## 4.9 Records

What records of course design, delivery, management, and trainee participation will be retained for the HUET course? *Check all that apply*.

☐ Course Records (outline, etc.)  ☐ Trainee registration information  ☐ Trainee attendance records

☐ Trainee assessment records  ☐ Trainee Certificate of Completion issued

☐ Equipment inspection records  ☐ Instructor & key staff qualifications

☐ Instructor & key staff assessment of competence records  ☐ Record of emergency drills

☐ Internal audit reports  ☐ Emergency response drills  ☐ Management of change

☐ Audit & corrective actions  ☐ Incidents  ☐ Other: *List below*

How are records maintained?  ◯ *Electronically*  ◯ *Paper copy*  ◯ *Both*

   If "*Both*" is selected above, explain which records are retained in each format:

   If paper copies are retained, where are they stored?  ☐ Accreditation location  ☐ Other: *List below*

How long are records retained?

Describe methods the applicant uses to ensure security and confidentiality of student records, tests, and other sensitive records:

Are trainee records made available to employers?  ◯ *Yes*  ◯ *No*

Who is responsible for maintaining records? *(Title)*

## 4.10 Quality Control

Describe the process in place for periodic review of HUET course content and delivery.

How does the applicant monitor the performance and effectiveness of its instructors?

Does the applicant have a process for obtaining student feedback on the following?

Course Content  ☐ *Yes* ☐ *No*

Instructors  ☐ *Yes* ☐ *No*

List method(s) of student feedback or other Instructor evaluation.

## PART 5: PROGRAM / COURSE MODIFICATIONS

Use this section to list modifications that have been made to the program/course since the program audit.

| Description of Modification | Reason for Modification | Date of Modification |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## PART 6: AGREEMENT AND ATTESTATION

*Please read the following "Accreditation/Audit Policy Agreement" and "Attestation Statement" carefully; then complete the signature and information requirements at the end.*

### ACCREDITATION & AUDIT POLICY AGREEMENT:

Contingent on receipt of accreditation by the International Association of Drilling Contractors ("IADC"), the Training Provider submitting this application ("Provider"), through the undersigned, as authorized representative of the Provider, hereby agrees to the following conditions:

**1. PROVIDER'S ACCREDITATION DUTIES**
The Provider voluntarily agrees to accept IADC's accreditation standards and to submit necessary information for participation as an accredited Provider in accordance with procedures set forth in the Handbook for Accreditation (Form HUE-01). Failure to submit necessary supporting information and to abide by accreditation standards shall be due cause for revoking this agreement and any accreditation that has been granted to the Provider.

**2. ACCREDITATION DETERMINATION**
The Provider shall be deemed "accredited" when IADC has determined that the applicant meets HUET program standards and has issued a formal Certificate of Accreditation to applicant, thereby enabling applicant to publicly stipulate the Provider's compliance with accreditation procedures and standards. The Provider may publicly display said certificate only during such period as the Provider is in compliance with the accreditation procedures and standards. Provider shall not display the certificate when the necessary IADC finding of compliance has been withheld or withdrawn. Subject to the right of due process appeal defined in the accreditation procedures, the Provider shall abide by the decision of IADC as to the compliance or noncompliance of the Provider with applicable accreditation standards. The Provider shall not permit the display or use of the certificate other than as permitted by IADC and the terms of this agreement and the accreditation Procedures. Use of the certificate in contravention of this agreement will be due cause for IADC to revoke this Agreement and to issue a public announcement to this effect in accordance with the provisions of the *Handbook for Accreditation*.

**3. DIRECTORY OF ACCREDITED PROVIDERS**
IADC shall prepare and publish periodically, as it deems appropriate, a Directory of Accredited Providers containing a list of all Providers who are accredited at the time of each publication. IADC shall publish periodic updates to the Directory as any additions to or deletions from the Directory occur.

**4. PROGRAM ACCREDITATION PROCEDURES**
Both IADC and the Provider shall follow and be controlled by the procedures and rules regarding the formulation of standards, reporting of information, complaints, representation of Provider status, display of formal certificates of participation in the Program, and due process appeals from decisions of IADC and other matters to which this Agreement refers, as set forth in the *Handbook for Accreditation* developed and periodically reviewed and updated by IADC.

**5. PROGRAM'S GOOD FAITH COMPLIANCE**
Program shall use all practical means at its disposal to assure continuously that the services it provides fully comply with the applicable accreditation standards at all times.

**6. RIGHT TO AUDIT**
When a site visit to audit a Provider is required, requested, or otherwise deemed necessary or desirable by IADC, IADC notifies the Provider of the approximate dates of a site visit. If a site visit is declined and cannot be rescheduled to the mutual agreement of IADC and the Provider, the school will be placed on probation, notwithstanding the provisions of appeal in the *Handbook for Accreditation*. Upon scheduling a site visit, IADC selects, from a list of names it has approved, the site visitor(s). Detailed arrangements for the visit are made through direct contact between the Provider and the site visitor(s).

# POLICY AGREEMENT CONTINUED:

### 7. CHARGES OF PROVIDER'S NONCOMPLIANCE
The Provider agrees that, if a claim of noncompliance with accreditation procedures or standards is filed against the Provider, it will promptly work to satisfactorily resolve the non-conformance. The Provider agrees to reimburse IADC for any expenses related thereto, unless the claim was filed by another Provider and is found to be without merit, in which case the Provider filing the charge shall reimburse IADC. The Provider agrees to reimburse IADC for expenses incurred in connection with a meritless charge that it files.

### 8. ACCREDITATION STATUS REPRESENTATION
When reference is made to Provider accreditation at any time, only the following shall be referred to or used: 1) The term "IADC Accreditation Pending," which may be used by a Provider that has made application for accreditation, until that time it is notified of IADC's decision regarding accreditation; 2) The term "IADC Accredited," which may be used by a Provider that has been notified that it has received full accreditation; 3) An official certificate or stamp issued by IADC, provided such certificate or stamp shall be printed in full, without alteration of any kind; or 3) A *HUET*® logo and trademark owned by IADC and whose nonexclusive use by the Provider is hereby licensed to the Provider upon official notification that it has received full accreditation. IADC shall have the right to notify the Provider of any material used or issued by the Provider that IADC considers to be misleading to the public in regard to any reference to IADC or the Provider's accreditation, and the Provider agrees on receipt of notice from IADC to terminate use of such materials and take such other steps as IADC may deem appropriate in the public interest.

### 9. DURATION AND TERMINATION OF AGREEMENT
The Provider agrees that IADC may, on 10 days written notice to the Provider, terminate this Agreement for any of the causes set forth in this Agreement and in accordance with the due process stated in the Accreditation Procedures. Otherwise, this Agreement shall be effective on the date of issuance of the Certificate of Accreditation and shall remain in effect contingent on continued adherence to accreditation requirements, timely reporting of program and training activity, and payment of annual and other fees in a timely manner, and submission to annual audits.

# ATTESTATION STATEMENT:

The undersigned, acting as authorized agent(s) of the company applying for accreditation, hereby attest(s) that all information contained in this document is accurate and complete. The applicant, by signing below, is acknowledging that he or she has read the Accreditation and Audit Policy Agreement and agrees to all conditions contained therein.

Furthermore, the applicant agrees that, to obtain and continue IADC accreditation, he or she will adhere to the criteria and procedures contained in the *Handbook for Accreditation* (Form HUE-01) and to other administrative procedures required by IADC. Any variance from the procedures and criteria must be requested in writing and receive approval by IADC prior to initiating the change.

The applicant has entered into this application and agreement voluntarily with the full knowledge and understanding that failure to comply with the aforementioned may result in rejection or revocation of accreditation or other sanctions.

**Signature of Responsible Corporate Official:**          **Date:**

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

| First (Given Name) | Middle Name | Last (Family Name) |
|---|---|---|
| | | |

**Title of Responsible Corporate Official:**