

**WELLCAP APPLICATION REVIEW CHECKLIST
FORM WCT-15**

_____ NEW PROGRAM	_____ PROGRAM RENEWAL	_____ ADDING COURSE
COURSE(S): _____ LEVELS: _____		
PROVIDER'S NAME: _____		
COURSE LOCATION: _____ PROGRAM #: W _____		
REVIEWER'S NAME: _____ DATE OF REVIEW: _____		

PART 1 – BUSINESS INFORMATION

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | All spaces are filled in and all boxes are checked. |
| <input type="checkbox"/> | <input type="checkbox"/> | Authorized signature is provided. |

If no is checked, list missing, incorrect, or deficient items.

PART 1A – FLOOR PLAN(S)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | If a non-traveling school, a clear drawing(s) is provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | If a traveling school, exhibit B is attached and gives sufficient information to indicate site is conducive to training. |

If no is checked, list missing, incorrect, or deficient items.

PART 1B – EQUIPMENT

Section A – Mechanical or Electronic Well Control Simulators

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable, all spaces are filled in and all boxes are checked. |

Section B – Live Test Wells

Yes No
 If applicable, all spaces are filled in and all boxes are checked.

Section C – Miscellaneous Equipment

Yes No
 All spaces are filled in and all boxes are checked.

If no is checked for Section A, B, or C, list missing, incorrect, or deficient items

PART 2 – CURRICULUM SUMMARY AND OUTLINE

Section A – Course Level and Options

Yes No
 Appropriate boxes are checked for course type, course level, and options.

Section B – Course Duration

Yes No
 Length of course and maximum time per day are given and conforms to WCT-1 guidelines.

Section C – Course Identification

Yes No
 Course name(s) and course number(s), if applicable, are given.

Section D – Course Language

Yes No
 Language in which course will be taught is stated.

Section E – Class Size

Yes No
 Maximum class size adheres to WCT-1 guidelines in accordance with number of available instructors and number of available simulators.

Section F – Course Composition

Yes No
 Time percentages are indicated.
 Time percentages are within ranges stated in WCT-1.

Section G – Required Attachments and Inclusions

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Course outline is attached and outline shows that WellCAP required curriculum(s) for level and type of school(s) is covered. |
| <input type="checkbox"/> | <input type="checkbox"/> | Example test(s) is attached and test is sufficiently comprehensive to measure students' knowledge. A minimum of 30 questions are provided for a fundamental level course and a minimum of 50 questions are provided for a supervisory level course. |
| <input type="checkbox"/> | <input type="checkbox"/> | Manual(s), handouts, or other student materials are attached that cover WellCAP curriculum requirements in sufficient depth to determine that the program is professional and will accomplish the WellCAP standards for the level and type of school. |
| <input type="checkbox"/> | <input type="checkbox"/> | A completed cross-reference tool is attached and an examination of the tool shows that the manual or other student materials cover WellCAP curriculum requirements for level and type of school. |

If no is checked for A, B, C, D, E, F, or G, list missing, incorrect, or deficient items.

PART 3 – ADMINISTRATION AND PERSONNEL

Section A – Testing

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of the test(s) was available for review. |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequency of tests is shown either by check marks or is described. |
| <input type="checkbox"/> | <input type="checkbox"/> | Functions and titles of persons responsible for scoring tests is given. |
| <input type="checkbox"/> | <input type="checkbox"/> | Passing score is indicated as either following WellCAP policy or following applicant's own policy. If own policy is followed, passing score is indicated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy followed regarding missed tests or portions of tests is either indicated as following WellCAP policy or following applicant's own policy. If own policy is followed, the policy is stated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy followed regarding resetting of failed tests or portions of tests is either indicated as following WellCAP policy or following applicant's own policy. If own policy is followed, the policy is stated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy followed regarding revision and redesign of tests is either indicated as following WellCAP policy or following applicant's own policy. If own policy followed, policy is stated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Method used to record and verify IDs of trainees prior to test is indicated. If "other" is checked, description of method used is explained. |
| <input type="checkbox"/> | <input type="checkbox"/> | Method used to ensure security and confidentiality during testing is explained. |
| <input type="checkbox"/> | <input type="checkbox"/> | Procedures and methods used to ensure that tests are not improperly copied or disbursed are explained. |

If no is checked for any items in Part 3, Section A, list missing, incorrect, or deficient items.

Section B – Course Management

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Method used to track and record trainee attendance either follows WellCAP policy or follows applicant's own policy. If own policy is followed, policy is stated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy used regarding missed classes or portions of classes either follows WellCAP policy or follows applicant's own policy. If own policy is followed, policy is stated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Method used to maintain student and course records either follows WellCAP requirements or follows another method. If another method is followed, the method is explained. |
| <input type="checkbox"/> | <input type="checkbox"/> | Length of time student and course records are retained either follows WellCAP requirements or follows another requirement. If another requirement is followed, the requirement is explained. |

If no is checked for any items in Part 3, Section B, list missing, incorrect, or deficient items.

Section C – Personnel

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Method of monitoring performance and effectiveness of instructors is explained and example evaluation form(s) is attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Student evaluations of instructors are used. If student evaluations are not used, then method(s) of instructor and class evaluation is explained. |

If no is checked for any items in Part 3, Section C, list missing, incorrect, or deficient items.

PART 3A – INSTRUCTOR CREDENTIALS

Section A – Personal Information

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Full legal name of instructor(s), name of his or her employer, his or her length of employment, his or her citizenship, and his or her country of permanent resident is |

given. Also a complete résumé or curriculum vitae (CV) is attached for each instructor.

- Levels and options of well control course(s) instructor(s) will teach are checked.

Section B – Experience and Qualifications

- Yes No
 At least two of the three options to establish instructor(s) credentials are checked.
 A complete résumé or curriculum vitae (CV) is attached for each instructor.

Section C – Valid Supervisory Well Control Certificate

- Yes No
 Name of school, completion date, and expiration date of instructor(s) well control certificate is given and copy of certificate(s) is attached. (Note that certificate(s) cannot be from the school submitting this application.)

Section D – Presentation Skills and Teaching Experience

- Yes No
 Instructor(s) job title or description of experience, along with the starting and end dates of such experience, is given. (If instructor’s experience is lengthy, the applicant may alternately reference attached résumé or CV. A résumé or CV detailing such experience or skills must be attached.)

Section E – Operational Experience or Technical Skills

- Yes No
 Instructor(s) job title or description of experience or skills, along with the starting and end dates of experience or skills, is given. (If instructor’s experience is lengthy, the applicant may alternately reference attached résumé or CV. A résumé or CV detailing such experience or skills must be attached.)

Section F – Prior WellCAP Approval

- Yes No
 If instructor(s) has been previously approved as a WellCAP instructor, the “Yes” box is checked, the name of the school, the date the approval was given, and the level and types of courses are stated.

If no is checked for any items in Part 3A, Sections A, B, C, D, or E, list missing, incorrect, or deficient items.

PART 4 – ATTESTATION AND AGREEMENT

- Yes No
 Name of company, institution, or applicant is given and signature of contact person or person providing information is provided. Also, the application is dated.

- Name of contact person or information provider's name is printed or typed.
- Program administrator or responsible person has signed and dated application and the name is printed or typed.
- Title of program administrator or responsible person is provided.

If no is checked for any items in Part 4, list missing, incorrect, or deficient items.

Which form provided the attestation & agreement? Check appropriate form that applies.

- WCT-3 WCT-20 WCT-21

REMARKS

In the space below, note any items not included in the checklist, which the applicant should address, correct, or modify prior to the applicant's receiving accreditation.

Signature of Reviewer: _____

Please Print Name: _____

Date: _____

IADC OFFICE USE ONLY
Date Received: _____
Date Copy sent to Program Administrator : _____
Forwarded to Panel for Action:
<input type="checkbox"/> Full Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Renewal Approval <input type="checkbox"/> Adding New Course