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| IADC 65 year logo 4 color-web | COMPREHENSIVE STABILITY TRAINING ACCREDITATION PROGRAMMEAND**BALLAST CONTROL OPERATOR CERTIFICATION PROGRAMME** Operated by the International Association of Drilling ContractorsIn conjunction withThe Nautical Institute | **K:\MARKETING\LOGOS\Nautical Institute logos\NI Logo\Other versions\NI_logo_main rgb low res.jpg** |

**APPLICATION FOR ACCREDITATION**

**FORM BCS-02**

**PART 1 – BUSINESS INFORMATION, FACILITIES & EQUIPMENT**

**PART 2 – CURRICULUM SUMMARY AND OUTLINE**

**PART 3 – ADMINISTRATION AND PERSONNEL**

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|  **INSTRUCTIONS**To facilitate processing of an accreditation application, this form must be used by the applicant to describe the structure, format, and administration of its ballast control and stability training facilities and course(s) offered. Please follow the instructions provided for each section. All responses (except signatures) should be printed or typed.**All items in this document must be completed unless indicated otherwise. If an item is not applicable, it should be marked N/A.** This document may be disassembled and portions copied as needed to allow the applicant to provide all requested information. When returning this document to IADC, please securely affix and identify attachments.For the most expedient results, this form should be submitted in English. However, manuals and other course materials must be provided in the language in which the course will be delivered.  |

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| **PART 1 – BUSINESS INFORMATION** |
| Training Provider (Name of business or institution) |
| Parent organization (if different from Training Provider) |
| Street address (Location of Training Provider’s administrative offices) |
| City State | State/Province |
| Country | ZIP/Postal Code |
| Administrator or responsible person | Title |
| Telephone | Fax |
| E-mail address | Website  |
| **TYPE OF PROGRAM** **** Operator or drilling contractor in-house program **** Commercial training organization **** Educational institution  *Specify school, college, or university* **** Nonprofit training organization **** Other  |
| **The applicant certifies that the information contained herein is accurate and releases the officers and agents of IADC and the Nautical Institute from liability as a consequence of this accreditation application and/or site visits of the program.** |
| Authorized signature Date | Date |

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| **PART 1 – BUSINESS INFORMATION** |
| IADC accreditation history **** New application for Ballast Control/Stability Accreditation **** Renewal of previously accredited program |
| Has this Training Provider previously offered Ballast Control & Stability training?  Yes  No*If yes, list date when training was first offered. Also list any dates when training was suspended or discontinued.* |
| In the space below, list government agencies or industry groups that have previously approved or recognized the ballast control and/or stability training course(s) offered by this training provider.*Please attach copies of certificates of approval or letters of recognition.* |
| Total number of Ballast Control and Stability stu­dents trained in previous calendar year:  | Total number of Ballast Control and Stability stu­dents forecast for current calendar year:  | Does this applicant provide or intend to provide Ballast Control and Stability train­ing for employees of other businesses? Yes  No | Does this applicant provide or intend to provide Ballast Control and Stability control training away from its primary site? Yes  No |
| In the past five years, has this applicant operated under name(s) different from that entered in Part 1?  Yes  No*If yes, please list other names used for the previous five years. Give approximate dates.* |

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| **PART 1A – FACILITY FLOOR PLAN(S)** |

NAME OF TRAINING PROVIDER

DRAWING DESCRIPTION

UNIT OF MEASURE  Meters  Feet

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**INSTRUCTIONS**

* *Provide a line drawing of each area used for ballast control/stability training and/or testing.*
* *Plan does not need to be to scale; however, it should include overall dimensions for each area.*
* *Prominent features, equipment locations, and seating areas should be labeled.*
* *This sheet may be copied if necessary.*
* *Alternatively, floor plans may be submitted on plain or graphed 8-1/2  11-inch or A4 paper; mark as exhibit A.*
* *Please indicate unit of measurement (feet or meters).*
* *PLEASE DO NOT SUBMIT BLUEPRINTS.*
* *NOTE: for mobile training sites, a floor plan is not required; however, please indicate, on a separate page marked exhibit B, the applicant’s minimum standards for a remote training site—i.e., give minimum room sizes, minimum lighting requirements, maximum noise levels, minimum environmental controls, etc. the applicant will use to train. Sites should provide surroundings conducive to training.*

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| **PART 1B – SIMULATION EQUIPMENT** |
| **SECTION A – FULL MOTION SIMULATORS***Use this section to list all full-motion mechanical or electric simulators used in ballast control and stability training by the Training Provider. Copy this form as needed for additional simulators.* |
| Simulator manufacturer and model number | Date built |
| Description of simulator*Provide a general description of this simulator’s primary specifications, features and capabilities. Also describe primary exercises performed by this simulator during ballast control/stability instruction.* |
| List any modifications or upgrades that have been made to this simulator*Provide approximate dates, name of company or firm that performed modification or upgrade, and description of work performed.* |

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| **PART 1B – SIMULATION EQUIPMENT** |
| **SECTION B – OTHER SIMULATION EQUIPMENT***Use this section to any other equipment used to provide simulation in ballast control and stability instruction. This may include full-size equipment simulators without motion capability, Computer Based Training systems or other devices. Copy this form as needed for each piece of additional equipment.* |
| Simulator manufacturer and model number (as applicable) | Date built/Version Number |
| Description of simulator*Provide a general description of this simulator’s primary specifications, features and capabilities. Also describe primary exercises performed by this simulator during ballast control/stability instruction.* |
| List any modifications or upgrades that have been made to this simulator*Provide approximate dates, name of company or firm that performed modification or upgrade, and description of work performed.* |

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| **PART 1B – EQUIPMENT** |
| **SECTION C – MISCELLANEOUS EQUIPMENT***Use this section to list miscellaneous training aids or equipment that may be used by the Training provider. Do not list basic equipment such as chalkboards, flip charts, desks, chairs, etc.* |
| **Video/Projection Equipment** *Provide a description of the type of video or projection equipment used in the instruction and quantity of each.* |
| **Interactive learning systems**Check interactive systems that are used by this applicant for ballast control and stability training Multimedia PC (MPC)  CD-Interactive (CDI)  Laserdisc Other  Description |
| **Other equipment**List other learning aids or equipment used ballast control and training |

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| **PART 2 – CURRICULUM SUMMARY AND OUTLINE** |
| **INSTRUCTIONS***Complete this page and attach an outline for each course for which accreditation is sought. (Copy this page as necessary for more courses.) A new application for accreditation must include at least one course. Additional courses may be submitted for later approval.* |
| **SECTION A – COURSE IDENTIFICATION***List name(s) and number(s), if any, used to identify this course*Course name: Course number: |
| **SECTION B – COURSE DESCRIPTION***Provide a brief description of course including intended audience and learning objectives:*  |
| **SECTION C – CERTIFICATE QUALIFICATION***Identify type of Certificate to be issued upon successful completion of this course:***□** Class A Certificate – Comprehensive stability instruction utilizing full-motion simulators to replicate extreme wind and sea conditions and emergency situations.**□** Class B Certificate -- Comprehensive stability instruction without full-motion simulators. |
| **SECTION D – COURSE DURATION***Indicate scheduled amount of time in hours and minutes.*

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| hrs | mins |

Total length of course (including testing):

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| hrs | mins |

Scheduled instruction time per day: |
| **SECTION E – COURSE IDENTIFICATION***List name(s) and number(s) used to identify this course*Course name(s): Course number(s): |
| **SECTION F – COURSE LANGUAGE***Primary language in which this course will be taught* | **SECTION G – CLASS SIZE***Maximum class size for which course is designed*  |
| **SECTION H – REQUIRED ATTACHMENTS AND INCLUSIONS*** Attach course outline behind this form.
* Attach at least one example test that is used in this course.
* Include or attach manuals, handouts, or other student materials.
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| **PART 3 – ADMINISTRATION AND PERSONNEL** |
| **INSTRUCTIONS***Complete this section to document the training applicant’s policies and procedures in administering the operation of its educational facilities. If more space is needed, type or print responses on plain 8-1/2 x 11-inch or A4 paper.* |
| **SECTION A – TESTING** |
| How often are tests given during a typical course?Check all that apply**** Daily**** After each major topic or unit of instruction**** Midway and at the end of the course**** At the end of the course**** Other  Please describe |
| Who is responsible for scoring tests?*List functions and titles of persons responsible* |
| What is a passing score on tests? % |
| What is the applicant’s policy regarding missed tests or portions of tests? |
| What is the applicant’s policy regarding resetting of failed tests or portions of tests? |
| What is the applicant’s policy regarding revision and redesign of tests? |
| Method applicant uses to record and verify ID applicant of trainees prior to testingCheck all that apply Photo ID such as driver’s license, passport, etc. Trainee photo taken at beginning of course Other (*Please describe)* |
| Explain methods applicant uses to ensure security and confidentiality during testing |
| Explain procedures and methods applicant uses to ensure that tests are not improperly copied or disbursed |
| **SECTION B – COURSE MANAGEMENT** |
| How does the applicant track and record trainee attendance? |
| What is the applicant’s policy regarding missed classes or portions of classes? |
| How does the applicant maintain student and course records on courses it conducts? |
| How long does the applicant retain student and course records? |
| **SECTION C – PERSONNEL** |
| How does the applicant monitor the performance and effectiveness of its instructors?*Please include examples of evaluation forms used.* |
| Does the applicant use student evaluations of instructors? Yes *If yes, please enclose a copy of the forms or other instruments used for instructor and class evaluation*  No *If no, please list method(s) of instructor and class evaluation*  |

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| **PART 3A – INSTRUCTOR QUALIFICATIONS** |
| **INSTRUCTIONS***Use this form to detail an instructor’s credentials and qualifications. A complete résumé or curriculum vitae (CV) for each instructor should be attached. Complete a copy of this form for each instructor seeking approval.* |
| **SECTION A – PERSONAL INFORMATION** |
| Full legal name: |
| Employer: Employed since:  |
| Citizenship: |
| Permanent residence (country): |
| What types of course(s) will this instructor teach? *Check all that apply* **□** Class A Certificate – Comprehensive stability instruction utilizing full-motion simulators to replicate extreme wind and sea conditions and emergency situations.**□** Class B Certificate -- Comprehensive stability instruction without full-motion simulators. |
| **SECTION B – EXPERIENCE AND QUALIFICATIONS***Check at least two of the following to establish this instructor’s credentials* |
| **** Current Marine License (Master, Mate, BCO, BS or OIM). *Compete Section 1***** Relevant maritime experience or MODU experience. *Complete section 2***** Relevant teaching/presentation experience *Complete section 3* |
| **SECTION 1 – CURRENT MARINE LICENSE (MASTER, MATE, BCO, BS OR OIM)***Provide information below and attach copy of license.* |
| Type of License Expiration Date | Issuing Agency | Expiration Date |
| **SECTION 2 – RELEVANT MARITIME EXPERIENCE OR MODU EXPERIENCE** *Experience listed below should be detailed in attached résumé or CV* |
| Job Title or description of experience | Start Date | End Date |
| **SECTION 3 – RELEVANT TEACHING/PRESENTATION EXPERIENCE** *Experience listed below should be detailed in attached résumé or CV* |
| Job Title or description of experience | Start Date | End Date |
| **SECTION 4 – PRIOR APPROVAL**Has the individual been previously approved as Ballast Control/Stability instructor by IADC or the Nautical Institute?  Yes  No If yes, name of school & date: Level/Types of courses:  |

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| **PART 4 – ATTESTATION AND AGREEMENT** |
| In submitting this Application for Accreditation, the training provider agrees to the following conditions:**1.** The training provider voluntarily agrees to accept Institute's accreditation standards, to submit the necessary documentation for accreditation and to receive the approval visit, if appropriate, in accordance with the Institute’s policy and procedures.**2.** The training will be designated "accredited" when the accreditation team has completed its considerations and determined that the training provider meets or exceeds a minimum standard. Subject to a right of appeal, which would be at their own expense, the training providers will abide by the decision of the accreditation team. **3.** The Institute will prepare and publish periodically lists of accredited training providers.**4.** The Institute and the training provider will follow the procedures and policies developed, periodically reviewed and updated by the Institute regarding the setting of standards, reporting of information, complaints, display of certificates, use of Institute logo, appeals and other matters.**5.** The training provider will use all practical means at its disposal continuously to assure that the services it provides fully comply with the applicable accreditation standards at all times.**6.** When an accreditation visit to a training provider is required, requested, or otherwise deemed necessary or desirable, the Institute agrees with the training provider the approximate date of the visit. Detailed arrangements for the visit are made through direct contact between IADC, the Nautical Institute and the training provider.**7.** The training provider agrees that if a formal complaint is raised concerning their operation under the programme’s accreditation procedures, policies or standards, it will promptly comply with any requests for necessary information. The training provider agrees to reimburse the IADC for any related expenses incurred. If the claim was raised by another training provider and is found to be without merit, the latter may be required to reimburse IADC. **8.** When reference is made to accreditation, the following may be used:1. “IADC Accreditation Pending”, in a font and style established by IADC, which may be used by a training provider which has made application for accreditation, until that time it is notified of the accreditation team’s decision;
2. The term “Accredited by IADC”, in a font and style established by IADC, which may be used by a training provider that has been notified that it has received either conditional or full accreditation?

**9.** The official joint logos of IADC and The Nautical Institute may be used on appropriate materials. IADC will have the right to demand the training provider to withdraw or discontinue use of any material it or the Nautical Institute considers to be incorrect, inappropriate or misleading.**10.** IADC and The Nautical Institute recognise that courses and materials are the property of the course providers and that all materials submitted under this programme will be treated as confidential.**11.** The training provider agrees not to hold the IADC or the Nautical Institute, its directors, officers, members and employees liable for any loss, damages, costs, or expenses, which they may incur or be required to pay as a consequence of their actions.**12.** The training 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.**13.** This agreement will run from the date below. The agreement may be terminated with 30 days written notice by either IADC or the training provider.*Please read the foregoing statement carefully and complete the following sections.* |
| Name of Training Provider |
| Signature of the Responsible Person from the Training Provider  | Date |
| Printed or typed name of Responsible Person from the Training Provider  |
| Title of Responsible Person from the Training Provider  |