IACP Drug Evaluation and Classification Program

Recertification and Assurances

In accordance with the requirements set forth in Section 3.4 of the *International Standards of the Drug Evaluation and Classification Program* of the International Association of Chiefs of Police, I hereby certify that DRE_____, IACP # _____ of the _____has complied with all of the recertification standards which apply and give my assurances the above-named DRE:

(1) Has conducted a minimum of four acceptable drug recognition evaluations that have been reviewed and approved by a certified DRE Instructor since the date of last certification; one of which has been witnessed in person by a certified DRE instructor, and

(2) Must complete and submit verification of a minimum of 8 hours of DEC Program recertification training completed since the date of the DRE's most recent certification period. In the event, a DRE cannot attend the State Coordinator annual recertification training, a DRE may attend DEC Program related training. The recertification training must be reviewed and approved by the State Coordinator, and

(3) Presented an updated curriculum vitae and evaluation rolling log to the appropriate coordinator for review; and

(4) is recommended for recertification by affixing my signature below.

_____ _____

Authorizing Signature Date

(Agency or Regional Coordinator, as applicable)

INSTRUCTOR RATING

The above is also eligible for recertification as a DRE instructor.

_____ _____

Authorizing Signature Date

(Agency, Regional or State Coordinator, as applicable)

CONCURRENCE

The first mentioned above remains certified as a DRE through _____.

Date

_____ _____ _____

DEC Program State Coordinator State Date

Please email signed form to DRE@theiacp.org