The Drug Recognition Expert (DRE) program has received international acclaim for its success in identifying the drug-impaired individual. Although the focus of the DRE curricula is on the identification of the drug-impaired driver, DRE skills are applied to many different law enforcement activities, including drug interdiction enforcement. In addition, DRE’s are frequently called upon to differentiate between drug influence and medical and/or mental disorders. The certified DRE is an exceptionally valuable tool for combating the adverse impact of drugs on the communities we serve.

DRE School is extremely demanding. To receive certification as a DRE, two phases of training must be completed. The following summarizes each phase:

ACADEMIC TRAINING: This phase is typically conducted over nine days, two days of the Pre-school and seven days of the DRE School. The academic training includes courses in physiology, vital signs, Standardized Field Sobriety Testing (SFST), as well as extensive material on each of the seven categories of the drugs of abuse. The training includes three written examinations, an SFST proficiency examination, and five written quizzes. Students must achieve a minimum of 80% on the three examinations, and demonstrate proficiency in administering the DRE evaluation in order to progress to the certification phase. The academic training is conducted utilizing creative, participant-centered teaching techniques.

CERTIFICATION PHASE: After successfully completing the academic portion, the students proceed to the certification training phase. This training is conducted four to five nights a week until the requirements are met. It is the student’s responsibility to complete the certification requirements within two months following the DRE School. These requirements include:

• Participating in a minimum of 12 drug evaluations while under the supervision of a DRE instructor. Six of the 12 evaluations must be conducted personally by the student, and all evaluations must be completed within two months of the completion of the DRE School.
• Attaining a 75% toxicological confirmation rate. Toxicological results must be determined within three months of the completion of the DRE School.
• Identifying subjects under the influence of at least three of the seven drug categories.

In the event of extenuating circumstances, a student’s inability to complete the certification phase of training within three months of the Academic Training portion of the school must be verified by the student’s commanding officer.

In addition, the student must maintain a progress log and a rolling log, and submit a quality resume. Finally, the student must pass a comprehensive final knowledge examination, which includes memorizing the entire symptomology matrix with all of the general indicators, and obtain the written endorsement of two certified DRE instructors.

The International Association of Chiefs of Police (IACP) is the regulating and certifying organization for the DRE program. DRE certification is valid for two years. In order to maintain certification, DRE’s must conduct a minimum of four evaluations within two years, submit a rolling log and current resume, and attend eight hours of re-certification training.

The minimum qualifications include the successful completion of a NHTSA Standardized Field Sobriety Testing (SFST) basic school, and a demonstrated interest in DWI enforcement. Applicants must also have a minimum of two years of experience as a patrol officer and an above average ability in courtroom testimony.
Date of SFST Training:__________ Location of SFST Training:___________________

The number of arrests you have made for driving under the influence/while impaired by alcohol (TA 21-902a,b):__________

The number of arrests you have made for driving under the influence of drugs/controlled dangerous substances (TA 21-902c,d):__________

The number of arrests you have made for possession of a controlled dangerous substance:__________

Summarize your prior assignments related to, or of interest to, the DRE program:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Summarize your formal education, work, practical experience, and training that may be related to, or may be of interest to, the DRE program:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How do you expect DRE training to benefit you and your Department?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

If there is anything else you think the DRE coordinator should know about your interest in the DRE program, use this space:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
List two certified DRE’s that recommend you for this school:

Name:______________________ Rank:_______ ID:_________ Work Phone:__________
Name:______________________ Rank:_______ ID:_________ Work Phone:__________

I have reviewed the requirements set forth in this application and recommend this officer for Drug Recognition Expert Training:

Current supervisor’s signature:__________________________________________________

Commanding officer’s signature:_______________________________________________

Agency DRE Coordinator’s signature:____________________________________________

I solemnly affirm that the information contained in this application is true and accurate. I will comply fully with all requirements set forth for certification as a Drug Recognition Expert.

Applicant’s Signature:________________________________ Date:____________________