

IACP Drug Evaluation and Classification Program DRE REINSTATEMENT FORM

DRE's Name: _____ Former DRE #: _____

Agency: _____ Rank/Title: _____

In accordance with the requirements set forth by the *International Standards of the Drug Evaluation and Classification Program* of the International Association of Chiefs of Police, I hereby certify that this former DRE has complied with all of the standards (5.1–5.3) that apply to being reinstated as a certified DRE and give my assurances that the above applicant has met the following requirements:

Standard 5.2: Has this DRE's certification been expired more than one year but less than five years? Check if YES:

REQUIREMENT:	DATE COMPLETED	DRE INSTRUCTOR NAME/DRE#
(1) Completed 100-item certification exam (same as that given at the end of the DRE school, or the make-up exam) as witnessed by a certified DRE instructor, with a score of at least 80% (Required when certification has been expired more than one year.)	_____	_____
(2) Four evaluations were completed within a one-year period from date of request to be reinstated and witnessed by a certified DRE instructor.		
(3) At least three (3) of these evaluations were confirmed through toxicological analysis.		
Evaluation # 1	_____	_____
Evaluation # 2	_____	_____
Evaluation # 3	_____	_____
Evaluation # 4	_____	_____
(4) Reviewed all updates/revisions of the curriculum	_____	_____
(5) Presented updated curriculum vitae and rolling log	_____	_____

Standard 5.3: This DRE has been expired more than five years. Check if YES:
(DRE must retake all phases of DRE Training. ATTACH PROGRESS LOG TO THIS FORM.)

DRE Instructor _____ (date)

Agency Coordinator _____ (date)

State Coordinator _____ (date)

INSTRUCTOR RATING: The above is also eligible for certification as a DRE instructor.
CHECK ONLY IF REINSTATING AS AN INSTRUCTOR

IACP USE ONLY: This reinstated DRE remains certified through _____
(date)

This form may be duplicated