



# IACP Drug Evaluation and Classification Program DRE REINSTATEMENT FORM

DRE's Name: \_\_\_\_\_ Former DRE #: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

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 complies 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 SIGNATURE/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% <b>(Required when certification has been expired more than one year.)</b>	_____	_____
(2) Four drug influence evaluations were completed within six months from the 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 DRE 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**