

IACP Drug Evaluation and Classification Program

DRE INFORMATION UPDATE FORM

DRE Name: _____

DRE #: _____

Original Agency: _____

Rank/Title: _____

Name Change: _____

New Agency: _____

New Agency Address: _____

New Agency Phone Number: _____

New Agency E-mail Address: _____

Date Decertified: _____

Reason Decertified: _____

Agency (or State) Coordinator _____

Date _____



This form may be duplicated