



## 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* (October 2016) 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 that

- (1) The above named DRE has conducted a minimum of four acceptable drug recognition evaluations since the date of last certification, all of which were reviewed and approved by a certified DRE instructor and one of which was witnessed by a certified DRE instructor, and
- (2) Completed a minimum of eight hours of DEC Program coordinator approved recertification training since the of date of the DRE's most recent certification, 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.

\_\_\_\_\_  
Agency Coordinator (If applicable)

\_\_\_\_\_  
Date

### INSTRUCTOR RATING

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

\_\_\_\_\_  
Agency Coordinator (If applicable)

\_\_\_\_\_  
Date

### CONCURRENCE

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

\_\_\_\_\_  
DEC Program State Coordinator

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

**This form may be duplicated**