



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* 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 the above-named DRE:

- (1) Has conducted a minimum of four acceptable drug recognition evaluations that have been reviewed and approved by a certified DRE Instructor since the date of last certification; one of which has been witnessed in person by a certified DRE instructor, and
- (2) Completed a minimum of eight hours of DEC Program coordinator approved recertification training since the 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 _____.

DEC Program State Coordinator

State

Date