

NORTH CAROLINA
Department of Health and Human Services
Forensic Tests for Alcohol Branch



DRE

Drug Evaluation and Classification Program

Drug Recognition Expert (DRE)
APPLICATION

Fill in all applicable blanks:

Name: _____
(Last) (First) Middle)

Rank: _____ Current Assignment: _____

Agency: _____ Hire Date: _____

Agency address: _____

Agency City: _____ Agency Zip: _____

Work Telephone #: _____ Cell Phone#: _____

Email Address: _____ Agency Fax#: _____

Please complete the following information and you must attach supporting documentation: *(ex. certificates or transcripts, if applicable)*

1. **Date of FTA Branch approved ASTD Training:** _____
2. **Date of last Chemical Analyst Training:** _____ **Permit #:** _____
3. **Date Initial SFST Training:** _____
4. **Introduction to Drugged Driving:** _____ *(Optional)*
5. **Dates of SFST Refresher(s):** _____
(If your initial SFST Training was more than 2 years ago, then, you must have attended an SFST Refresher within the past 2 years to be current in your training)
6. **Date of A.R.I.D.E. Training:** _____
7. **Total Number of DWI Arrests in the past 2 years:** _____
8. **Number of Drug-related Arrests in the past 2 years:** _____
9. **DWI Trials in the past 2 years:** _____
10. **Number of Drug-related Trials in past 2 years:** _____
11. **You must obtain a Letter of Endorsement from a prosecutor, in the judicial district in which you work, and have appeared in court, recommending you attend DRE Training.**
(List the recommending prosecutor's name and attach a copy of the endorsement)
12. **You must have a Letter of Endorsement from at least one currently certified DRE recommending that you attend DRE Training:**
(List the recommending DRE's names and attach a copy of their endorsements)
13. **Summarize your current assignments as you believe it relates to the DRE Program:**

14. Summarize your formal education, work or practical experience, and training that may be related to, or may be of importance to the DRE Program.

(Ex., EMT training, other medical experience, military training, etc.)

(Please attach any applicable supporting documentation)

15. How do you expect DRE Training to benefit you and or your agency (Be specific)?

16. Is there anything else that you would like to share with the North Carolina Drug Evaluation and Classification Program regarding your interest and qualifications in becoming a DRE?

17. Please submit at least two DWI case reports with this application that demonstrate your observation skills, report writing ability, proficiency administering SFSTs, and knowledge of preparation and prosecution of DWI cases. (Ensure any personally identifiable information of the suspect is redacted from the reports prior to submission with this application.)

1) Case number:

2) Case number:

AGENCY COMMITMENT

I have read and acknowledge my understanding of the North Carolina Drug Recognition Expert Training requirements, as well as the investment of time and effort required for this DRE Applicant to become and remain a certified DRE. I have also read and understand the time and commitment necessary for this applicant, if selected and certified, to function as a DRE. I understand, if selected, the Candidate DRE must meet the requirements of SFST proficiency, must achieve a minimum score of 80%, which includes spelling, on all course testing. I also understand there is a mandatory field-certification phase; and, furthermore agree and understand the Candidate DRE must attend this field-certification training and complete the required number of instructor-observed field evaluations; and that the Candidate DRE must have the required toxicology confirmations and demonstrate sufficient knowledge on the Final Knowledge Exam to become a certified DRE.

I, on behalf of, _____, grant the assurance and commitment of this agency
(agency)
to the North Carolina Drug Evaluation and Classification Program and to this DRE Applicant for the completion of all three initial DRE Training phases, any mandatory continuing education training, and service as a Certified DRE in the State of North Carolina. I have reviewed and approved this entire application and supporting documentation; and attest that this DRE Applicant is in good standing with this agency and able to meet the commitment to the Drug Recognition Expert Program. I agree this commitment includes conducting drug influence evaluations when requested by my agency, and other agencies in reasonable geographical proximity, as departmental policy and personnel availability allow.

Direct Supervisor's Name: _____

Direct Supervisor's Signature: _____ **Date:** _____

Agency Head/ (Designee)Name: _____

Agency Head/(Designee) Signature: _____ **Date:** _____

Please note: Class size is limited in the DRE Training Courses and applications are reviewed and evaluated by the North Carolina Technical Advisory Committee on Impaired Driving (T.A.C.I.D.) to determine the best prospective applicants for this training.

APPLICANT'S ACKNOWLEDGEMENT AND SIGNATURE

By signing below:

I, _____, understand and acknowledge, that before I can become eligible for selection and acceptance in the North Carolina DRE Training as a DRE Candidate, I must commit to the following:

I agree and commit that I will:

- Complete all three initial phases of the DRE training.
- Complete and submit recertification paperwork prior to/upon expiration of each preceding DRE certification period.
- Maintain all issued DRE equipment in good working order
- Complete and submit all reports required of a DRE in a timely manner.
- Be willing to respond and conduct drug influence evaluations when requested by my agency, and other agencies in reasonable geographical proximity, as departmental policy and personnel availability allow.

I understand, if selected, that I must meet the requirements of SFST proficiency, must achieve a minimum score of 80%—which includes spelling—on all course testing; furthermore, I understand I must satisfactorily complete the mandatory number of instructor-observed field evaluations with the required toxicological confirmations, and demonstrate sufficient knowledge on the Final Knowledge Exam to become a certified DRE.

I have read, understand, and agree to all the requirements and am committed to becoming and remaining a DRE in North Carolina.

I have reviewed this application paperwork with my supervisor and agency head (designee), and **all appropriate signatures and supporting documentation are attached.**

I attest that this application is true and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

ATTENTION APPLICANT:

Submit all application paperwork and supporting documentation via email as one complete PDF file, with the subject line "DRE Application" to:

DWITraining@dhhs.nc.gov