



Drug Recognition Expert School Candidate Application

Location: Missouri State Highway Patrol Academy

School applying for (Indicate with a check)

_____ February 26-March 8, 2024- Jefferson City, MO MSHP Academy

Field Certifications Location- Philadelphia, PA March 10-March 17, 2024

Deadline for Application: December 22, 2023

I understand the DRE School has an academic dress code and attendance is required for all hours, including field certification, regardless of location. I will follow the rules and policies of the Missouri State Highway Patrol Academy and will adhere to the guidelines of the school set forth by the Course Manager. I understand if I fail to comply with these rules, I may be dismissed from the school. I understand enrollment in this course is strictly determined by the Course Manager and the Missouri State DRE / SFST Advisory Board. **It is my understanding as a Missouri DRE, I may be called upon to assist another agency, outside of my current jurisdictional boundaries, due to the additional knowledge and training I've received as a Missouri DRE.**

Candidate (Print and Sign)

Department's Chief or Sheriff Signature: _____

Printed Name: _____

For further information please see the [Missouri Safety Center](https://www.missourisafetycenter.com/) website.

Completed applications should be sent to Robert Paul, rlpaul@ucmo.edu



DRE Commitment Pledge

I, _____, understand and acknowledge that before I can be accepted in the Missouri DRE training program as a DRE Candidate I must commit to the following:

1. Complete all phases of the DRE training.
2. Complete recertification upon expiration of each preceding DRE certification period.
3. Maintain all DRE issued equipment in good working order.
4. Complete and submit all reports required of a DRE officer in a timely manner (within 30 days of the date of the evaluation).
5. Enter toxicology reports in a timely manner.
6. Be willing to respond, when needed by other officers, in or around my county that are requesting my services.
7. If I do not complete two recertification cycles (four years from initial certification date), I will return all issued DRE equipment back to the DRE Program.

Applicant(Print): _____

Applicant(Sign): _____

Date: _____

I have read and understand the listed requirements and see the benefits of utilizing DREs within my agency. I support the Drug Evaluation and Classification Program in Missouri and recommend this officer for DRE training.

Supervisor: _____

Date: _____

Head of Agency: _____

Date: _____