



**Drug Recognition Expert School
Candidate Application
Location: Missouri State Highway Patrol Academy**

Name: _____
(Last) (First) (Middle)

Department: _____

Position: Road Officer - Deputy / DWI Unit / Traffic Unit / Other: _____
(Specify)

Dept. Address: _____

City: _____ **State:** _____ **Zip:** _____

Department Phone: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

POST # _____

Prerequisites for DRE School:

Candidate must have 3 years of full-time law enforcement experience and at least 36 career DWI arrests, OR if less than 3 year of law enforcement experience at least 72 career DWI arrests.

Years of Law Enforcement Experience: _____

Approximate # of career DWI arrests: _____

Department of Health Permit: Type II Type III None

24 Hr SFST Training: Yes No **Date:** _____

ARIDE (Required within last 3 years) **Date:** _____

Two Recent Adjudicated DWI Reports Included _____

DRE Commitment Pledge Completed _____



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Location: Missouri State Highway Patrol Academy

School applying for (Indicate with a check)

_____ March 17-March 28, 2025- Jefferson City, MO MSHP Academy

Field Certifications Location- Philadelphia, PA April 6-13, 2025
Deadline for Application: January 31, 2025

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: _____

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: _____