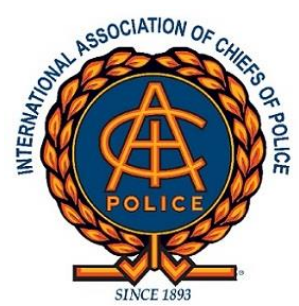




DRE Recertification Check List



DRE Name: _____

DRE# _____

Does DRE have the minimum required four (4) evaluations for the past two (2) year period?

Yes: _____ No: _____ Actual Number of Evaluations Performed in Past Two Years: _____

Has at least four (4) of the DREs Facesheets and Narratives been reviewed?

Yes: _____ No: _____ Does DRE Instructor Concur with DREs Opinions? Yes: _____ No: _____

Is the Facesheet Complete? Yes: _____ No: _____ Narrative Complete? Yes: _____ No: _____

Comments or Concerns: _____

Are all evaluations entered correctly into Data Tracking?

Yes: _____ No: _____ Comments: _____

Has the DRE completed an Instructor observed Drug Influence Evaluation?

Yes: _____ No: _____ Mock or Actual Comments: _____

Does the DRE have at least eight (8) hours of Drug or ETOH related training in past two (2) years?

Yes: _____ No: _____ What type of Training: _____

Is the DREs Curriculum Vitae current?

Yes: _____ No: _____ Instructor Comments: _____

DRE has met all requirements to be eligible for recertification: Yes: _____ No: _____

IF NO: Regional DRE Instructor is requesting review of this DREs *(circle appropriate categories)* Reports / Paperwork / CV / Data Tracking Entries / Other by a Senior DRE Instructor, State Training Coordinator, and / or the State DRE Coordinator for the following issues:

Regional DRE Instructor signature: _____ DRE #: _____ Date: _____