**DRE Re-Certification Check List**

DRE name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRE # \_\_\_\_\_\_\_\_\_\_\_\_ Cert start date: \_\_\_\_\_\_\_\_\_ Cert expire date: \_\_\_\_\_\_\_\_

It is the responsibility of the DRE to maintain an updated rolling log in the National database located at dredata.nhtsa.gov. The DRE shall provide a copy of their personal rolling log and a printed copy of the on-line rolling log for instructor review and application processing.

Number of evaluations completed during this 2 year certification period: \_\_\_\_\_\_\_

\_\_\_ After instructor review of evaluations and rolling log, this DRE has

maintained an acceptable level (above 75%) of accurate evaluations, as

indicated by toxicology results. (State Coordinator will complete)

List the 4 drug evaluations used for recertification

**(All 4 must be reviewed and approved by the reviewing instructor)**

Indicate which one was witnessed by the instructor.

Attach face sheet and full report for all evaluations

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_ (notes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_ (notes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_ (notes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_ (notes Instructor witnessed

The DRE completed 8 hours of approved training. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Updated resume attached

Instructor remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State Coordinator processing

\_\_\_ Resume attached \_\_\_ Rolling log attached \_\_\_ Instructor signatures

Date submitted to IACP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_