



Drug Evaluation and Classification Program Arkansas Drug Recognition Expert

Commitment Pledge

I, _____, understand and acknowledge that my role as a DRE a significant responsibility and will require a time commitment to the Arkansas Drug Evaluation and Classification program. I understand that dedicated, qualified DREs are critical to the continued success of the DEC Program. Before I can be accepted in the Arkansas DRE training program as a candidate I must commit to the following:

- I acknowledge that I am **required** to obtain a minimum of eight hours of recertification training every two years in order to maintain DRE certification.
- I acknowledge that I am required to conduct a minimum of **four enforcement evaluations** every two years in order to maintain my certification.
- I will make myself available to other officers within and outside my agency who request a DRE to conduct DRE evaluations, if at all possible.

Candidate Applicant

Date

Approved by Immediate Supervisor

Date

Approved by Chief/Sheriff

Date