

# Drug Recognition Expert

## Commitment Pledge

I, \_\_\_\_\_, understand and acknowledge that my role as a Drug Recognition Expert is a significant responsibility and will require a time commitment to the Arkansas Drug Evaluation and Classification Program (DECP). I understand that dedicated, qualified Drug Recognition Experts are critical to the continued success of the DECP. Before I can be accepted in the Arkansas Drug Recognition Expert training program as a candidate I must commit to the following:

- I acknowledge that I should 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 conduct DRE evaluations to officers within and outside my agency who request my services, if at all possible.

\_\_\_\_\_  
Candidate Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Chief/Sheriff

\_\_\_\_\_  
Date