

**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: _____

Experience 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

SFST 24 hr Training: yes no **Date:** _____

ARIDE (Required) **Date:** _____

Drug Recognition Expert School Candidate Application

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School applying for (Indicate with a check)

_____ April 24 to May 5, 2017. Certifications in Maricopa Co, AZ May 15 to 19, 2017
Deadline for Application: January 1, 2017

_____ August 7 to August 18, 2017. Certifications in Maricopa Co, AZ August 28 to September 1, 2017.
Deadline for Application: May 15, 2017

I understand the DRE School has an academic dress code and attendance is required for all hours, including field certification, which will be held at the Maricopa County jail, in Phoenix, Arizona. 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. 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. I understand enrollment in this course is strictly determined by the Course Manager and the Missouri State DRE / SFST Technical Panel.

Candidate (Print and Sign)

Department's Chief or Sheriff Signature: _____

Printed Name: _____

For further information please see the [Missouri Safety Center](#) website or the [Missouri State Drug Recognition Expert](#) website.

Completed applications should be sent to your [Regional Coordinator](#) or [Sergeant Michael Halford](#).