

NEW JERSEY DEC/DRE PROGRAM
2023 Application for DRE Training

Name: _____ Rank: _____ Badge #: _____

Agency: _____ County/Station: _____

Years of Service: _____ Cell Phone #: _____ Email: _____

Number of DWI Arrests 2020: _____ 2021: _____ 2022: _____

Supervisor: _____ Email: _____ Phone #: _____

PREREQUISITES TO BE CONSIDERED FOR TRAINING:

1. Attended the **NJSP DWI/HGN** course and be proficient in the administration of SFSTs
2. Attended **ARIDE** (Advanced Roadside Impaired Driving Enforcement) training.
3. **MUST** be able to write a descriptive, detailed DWI report which demonstrates the officer's ability to administer and document the SFSTs as trained.
4. Officer/Trooper must be willing to be recalled to perform evaluations on suspected drug impaired drivers.

TO BE INCLUDED WITH APPLICATION:

1. Copy of DWI/HGN Course Certificate.
2. Copy of ARIDE Course Certificate.
3. Copy of one DWI report which is indicative of officer's report writing skills. Please restrict submissions to The DWI report narrative (SFTSs must be in proper order).

REQUIREMENTS AFTER CERTIFIED:

1. Must perform a minimum of four acceptable evaluations (at least three evidential) which have been reviewed and approved by a certified DRE instructor since the date of last certification. One of which shall be witnessed in person by a certified DRE instructor or performed on a certified DRE instructor.
2. Must complete and submit verification of a minimum of 8 hours of DEC Program recertification training completed since the date of the DRE's most recent certification period.

*** Failure to meet the above requirements may result in the decertification of the DRE.

*** Department/Station dedication to the program is mandatory.

RECOMMENDATION OF A CERTIFIED DRUG RECOGNITION EVALUATOR:

DRE's Name: _____ DRE# _____

Please list any prior certifications or training which would enhance the officer's ability to complete DRE training (*ARIDE, EMT, paramedical training, etc.*):

Officers selected for training will be notified via e-mail. Applications for training are retained on file for calendar year.

EMAIL APPLICATION TO: DRE State Coordinator, SFC Mike Gibson #6353

Michael.Gibson@njsp.org and to **DRE@njsp.org**

Official Use Only: Date Received: _____ Date Processed: _____

APPROVED DENIED Comments: _____