

IACP

Drug Evaluation and Classification Certification Progress Log

Please Print or Type

For IACP use only— DRE #

Date

Candidate's Name _____ E-mail _____

Agency _____ Phone _____

Address _____

City _____ State _____ Zip _____

Item or Step	Date Completed	Location	Authorized Signature	IACP DRE #	Agency
DRE Pre-School					
SFST Proficiency					
DRE School					
DRE School Final Exam					
Evaluation #1					
Evaluation #2					
Evaluation #3					
Evaluation #4					
Evaluation #5					
Evaluation #6					
Evaluation #7					
Evaluation #8					
Evaluation #9					
Evaluation #10					
Evaluation #11					
Evaluation #12*					
Certification Knowledge Exam					
Curriculum Vitae Reviewed and Approved					
Completed Minimum Number of Evaluations**					
Identified the Minimum Number of Drug Categories					
Rolling Log Reviewed					
Toxicology Consistent**					

Recommendations for Certification (Standard 1.15)	Authorized Signature	IACP DRE #	Date
	(1.)		
	(2.)		
I recommend this student for certification. (Agency Coordinator—if applicable)			
I hereby certify this student and request IACP credentialing (State Coordinator—required)			
Candidate's Name Entered into Tracking System?	Yes	No	