

State of Ohio
Drug Recognition Expert School Subcommittee Selection Application



Ohio will require the DRE applicants to meet all of the following requirements:

1. Be a paid law enforcement officer, at least part time;
2. Commissioned as a peace officer or State Trooper as defined by Ohio Revised Code;
3. Have a minimum of two (2) years of law enforcement experience;
4. Be in “good standing” with their agency;
5. Not currently on a probationary status (new hire) with their agency;
6. Assigned to patrol and/or traffic enforcement duties. Those not assigned to patrol or traffic duties may be considered for DRE training on a case by case basis;
7. Successfully completed the IACP/NHTSA approved Standard Field Sobriety Testing Training (SFST);
8. Successfully completed the IACP/NHTSA approved ARIDE Training;
9. Must have experience and knowledge of Ohio’s OVI laws and arrest procedures
10. Must submit two (2) adjudicated OVI reports;
11. Must submit the approval of their Commanding Officer;
12. Complete *DRE Selection Subcommittee Selection Application* form.

** This training is federally funded and provided for the benefit of public sector law enforcement, prosecutors and toxicologists. Therefore, individuals who could benefit their private part-time work with the training are ineligible e.g. a private practice defense attorney is ineligible. **

Drug Recognition Expert School Subcommittee Selection Application

Name (Last, First): _____ Rank: _____

Agency: _____

Work Telephone #: _____ Cell Phone #: _____

Work Address: _____ City: _____ County: _____

Current Assignment: _____ Work E-Mail: _____

Hire Date: _____ Accumulative Law Enforcement Experience: _____

Education _____

EMT Y/N _____ OPOTA Instructor BAS# _____

Date of ARIDE Training _____

Instructor Name and Location _____

Prosecutor Recommendation Contact Information _____

Related Experience _____

**Indicate which class you would like to be considered for:

I have read the listed requirements to be a DRE and I recommend this officer for DRE training:

Agency Head/Designee: _____ Email: _____

Signature: _____

Date: _____

I solemnly affirm that the information contained in this application is true and accurate. I will comply fully with all requirements set forth for certification as a Drug Recognition Expert.

Applicant's signature: _____ Date: _____

Print Name: _____ Cell Phone #: _____

****Submit completed application to a DRE Regional Coordinator:**

Rob Kohli: kohli.r@shawneetownship.com
Dan Cuckler: dcuckler@sheriff.summitoh.net
Scott Schmoll: sschmoll@medinaco.org
Nick Konves: NKonves@columbuspolice.org
Russ Kenney: rkenney@milfordohio.org
Josh Craft: JCCraft@dps.ohio.gov

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Rob Kohli: Region 1 and Region 5 kohli.r@shawneetownship.com

Dan Cuckler: Region 4 and Region 3 (east) dcuckler@sheriff.summitoh.net

Scott Schmoll: Region 3 (west) and Region 2 sschmoll@medinaco.org

Nick Konves: Region 6 NKonves@columbuspolice.org

Russ Kenney: Region 8 rkenney@milfordohio.org

Josh Craft: Region 7 and Region 9 JCCraft@dps.ohio.gov



Contact Information:

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