



Oregon Drug Evaluation and Classification Program
ARIDE Training
Applicant Summary

Name (Last, First) _____ Rank: _____ DPSST#: _____

Agency with mailing address: _____

Hire date: _____ Current Assignment: _____

Contact Telephone#: _____ Email address: _____

The Oregon Drug Evaluation Classification (DEC) Program has received national acclaim for its success in identifying the drug-impaired driver. ARIDE is a 16 hour training curriculum and an intermediate level training course. Officers trained with ARIDE receive more training with respect to drug impaired drivers than the basic Standardized Field Sobriety Testing (SFST) and the Drugs that Impair Driving (DID) courses taught at the academy. In addition, this training promotes the use of current and certified Drug Recognition Experts (DREs). The successful completion of ARIDE does not qualify the officer as a Drug Recognition Expert.

ARIDE Training is demanding. To receive credit and successfully complete the training, the officer must pass an SFST Proficiency Examination and score 80% or better on the final classroom test, which has only nine questions and are scenario based.

To be considered for ARIDE training, the applicant must meet the following required criteria:

- Must be off probation.
- Must be assigned to patrol.
- Must be SFST, D.I.D. (Drugs That Impair Driving) and intoxilyzer certified.
- Must have a reasonable background and experience level of making DUII arrests.
- Must have a written recommendation from his/her supervisor.

To assist in the selection of quality personnel for ARIDE Training, please complete the following information:

Date and type of SFST training (Date): _____ 16 hours or 24 hours of training.

Number of DUII arrests in the last 2 years: _____

Number of Possession of a Controlled Substance (PCS) arrests in the past 2 years: _____

Summarize your prior assignments related to, or of interest to, ARIDE Training:

Summarize your formal education, work or practical experience, and training that may be related to, or may be of interest to, the DEC Program (EMT training, college, etc.):

How do you expect ARIDE training to benefit you and your Department?

Is there anything else you think the Oregon DECP should know about your interest in ARIDE training?

Applicant's signature: _____ Date: _____

I have read both, the training announcement and application and I recommend this officer for ARIDE training.

Supervisor's signature: _____

Date: _____

**Return the completed form to:
Senior Trooper Michael S. Iwai
Oregon DEC Program
Oregon State Police
255 Capitol Street NE 4th Floor
Salem, OR 97310**