

**Fort Carson Army Substance Abuse Program
Request for Unit Prevention Leader (UPL) Training**

1. General: *"The ASAP is a command program that emphasizes readiness and personal responsibility. The ultimate decision regarding separation or retention of abusers is the responsibility of the Soldier's chain of command. The command role in substance abuse prevention, drug and alcohol testing, early ID of problems, rehabilitation, and administrative or judicial actions is essential. Commanders will ensure that all officials and supervisors support the ASAP."* AR 600-85

2. FY 18 class dates: All classes are scheduled 0930 – 1630 to allow for unit PT

Class dates	Deadline to Register	Location
16-20 October 2017	6 October 2017	Bldg. 1118, DHR Classroom
30 October – 3 November 2017	20 October 2017	Bldg. 2422, Room 105
4-8 December 2017	24 November 2017	Bldg. 1118, DHR Classroom
8-12 January 2018	29 December 2017	Bldg. 1118, DHR Classroom
5-9 February 2018	26 January 2018	Bldg. 1118, DHR Classroom
12-16 March 2018	2 March 2018	Bldg. 1118, DHR Classroom
9-13 April 2018	30 March 2018	Bldg. 1118, DHR Classroom
7-11 May 2018	27 April 2018	Bldg. 1118, DHR Classroom
4-8 June 2018	25 May 2018	Bldg. 1118, DHR Classroom
9-13 July 2018	29 June 2018	Bldg. 1118, DHR Classroom
6-10 August 2018	27 July 2018	Bldg. 1118, DHR Classroom
10-14 September 2018	31 August 2018	Bldg. 1118, DHR Classroom

No Walk-Ins will be accepted into any class.

3. Soldiers who successfully complete the 40-hour certification and pass the final examination will be awarded a UPL Certificate of Completion and their UPL cards.
4. **UPL students should bring a copy of their current unit ASAP SOP to class on day 1.** All students will be provide an ACSAP UPL Handbook for their personal use and a Participants Guide.
5. All students will receive training on the Drug Testing Program (DTP) and will be provided with instructions on how to download a copy of the program. DTP is the Army and ASAP-FC standard for random selection and form preparation for use on all urinalysis collections.
6. All students must report to class NLT 0920 hours, on the first day of class. All students will receive a course overview on the first day of the class that will provide daily itineraries for the duration of the course.
7. In case of a weather delay on post: if two-hour delayed reporting is authorized, class will begin as scheduled. If a post closure is ordered, ASAP will contact students upon return to work with information about rescheduling the class.
8. To complete the registration process, commanders are encouraged to complete the criminal records check through PMO (see page 3 of this packet), conduct a medical records check through their aid station or healthcare clinic, and request a personnel records check through their servicing S-1. Documentation of these checks should be kept on file for the duration of the UPL appointment. The commander and the applicant will then complete and sign the request for training (page 2 of this packet) and deliver an original to the ASAP (MUST have original signatures or CAC digital signature) NLT than the cutoff dates for the requested class listed above.
9. For further assistance and/or to register, contact the ASAP-FC at 526-2181/2727 (ASAP).

Unit Prevention Leader Application

Applicant Information:

Last Name <small>Click here to enter text.</small>	First Name, MI First Name, MI <small>Click here to enter text.</small>	Requested Class Date <small>Click here to enter text.</small>
Rank <small>Click here to enter text.</small>	Duty Phone <small>Click here to enter text.</small>	ETS date <small>Click here to enter text.</small>
Unit UIC <small>Click here to enter text.</small>	Duty Email Address <small>Click here to enter text.</small>	DoD ID Number <small>Click here to enter text.</small>
Company <small>Click here to enter text.</small>	Battalion <small>Click here to enter text.</small>	Brigade <small>Click here to enter text.</small>

Applicant Agreement:
By signing below I verify that I have had no drug or alcohol related incidents within the past three years. Upon successful completion of the UPL course, I understand that as a UPL I will be expected to model responsible use of legal drugs and abstinence from illegal drugs. I will be considered the primary trainer for ensuring my unit meets ASAP training requirements in AR 600-85. I understand that should I be involved in a drug or alcohol related incident, I will immediately be relief from my position as UPL. I understand that I must not make any appointments that would cause me to miss any portion of the UPL course or I may be terminated from the course by the instructor.

Applicant signature	Date <small>Click here to enter text.</small>
---------------------	--

Commander's Information

Last Name <small>Click here to enter text.</small>	First Name <small>Click here to enter text.</small>	M.I. <small>Click here to enter text.</small>
Rank <small>Click here to enter text.</small>	Duty Phone <small>Click here to enter text.</small>	Duty Email address <small>Click here to enter text.</small>

Commander, by signing below you are affirming that you are aware of, and have complied with, the required items listed below (UPL Qualifications listed in AR 600-85, section 9-6, page 59):

- (1) *Be an officer, warrant officer or noncommissioned officer (E-5 or above for UPL - recommend E-7 or above at all levels).*
- (2) *Be designated on appointment orders by the unit commander.*
- (3) *Successfully complete ACSAP standardized CTP prior to collecting any drug testing specimens.*
- (4) *Possess unimpeachable moral character.*
- (5) *Not be currently enrolled in the ASAP Rehabilitation Program.*
- (6) *Not be under investigation for legal, administrative, or substance abuse related offenses or have had a drug or alcohol-related incident within the last 3 years. Soldiers that have previously been enrolled in the ASAP for counseling or completion of ADAPT should not be considered as potential UPLs for at least 36 months after release from counseling or completion of ADAPT.*
- (7) *Commanders should request a local review of the UPL candidate's medical, personnel, and criminal records and a background check by the ASAP for past drug or alcohol treatment or positive urinalysis tests. The commander will make the final decision to appoint the candidate based on all the information received except that the requirements in paragraphs a (1) through (6), above, are not waivable.*

Commanders may request a Criminal Records check by completing the form on page 3 and taking to the Provost Marshal's Office.
 Commanders may request a medical records check by contacting their unit aid station or healthcare clinic.
 Commanders may request a personnel records check by contacting their S-1.

A check of ASAP records will be completed by ASAP personnel upon receipt of this form (with Commander's signature). If an unfavorable check results, Commanders will be notified prior to the beginning of the course.

Furthermore, by signing below, you authorize ASAP to conduct unannounced urinalysis on the applicant listed above as a potential UPL candidate or as a certified UPL, in accordance with AR 600-85.

I DO DO NOT (check one) authorize the above Unit Prevention Leader to sign for and receive positive urinalysis results from the Fort Carson Drug Testing office.

Commanding Officer Signature	Date <small>Click here to enter text.</small>
------------------------------	--

Upon completion of this form, deliver an original (**MUST have Commander's original or digital signature**) to
 ASAP, 1638 Elwell St. Building 6236, Room 213, Fort Carson.
 Class registration closes 10 calendar days before the start of class. For questions, please contact ASAP at
 (719) 526-2181

Unit Prevention Leader Application

DEPARTMENT OF THE ARMY
UNIT NAME
ADDRESS

_____ (600-85)
(Office Symbol)

(Date)

MEMORANDUM FOR Provost Marshal

SUBJECT: Request for Criminal Records Check

1. The following individual is being considered for duties as a Unit Prevention Leader (UPL). IAW AR 600-85, request that a criminal records check be conducted.

PERSONAL HISTORY FORM For CRIMINAL RECORDS CHECK

LAST NAME: _____

FIRST NAME: _____

RANK: _____

SOCIAL SECURITY NUMBER: _____

UIC: _____

UNIT: _____

DUTY PHONE NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

ETS: _____

2. POC for additional information is the undersigned.

Commander's Signature Block