

FY 25 - BASIC UNIT PREVENTION LEADER (BUPL) CERTIFICATION TRAINING REQUEST

The proponent for this form is the USAG-HI Army Substance Abuse Program (ASAP)

SUBMIT THIS REQUEST NO MORE THAN 60 CALENDAR DAYS PRIOR TO CLASS START

Section 1: Applicant Section (Please Print Legibly)		
Last Name:	First Name:	Rank/Grade:
DEROS:	ETS:	DOD ID#:
Unit:	CO UIC:	BN UIC
Contact Phone Number:	Requested Class Number:	Government Email:
Applicant Agreement (PLEASE READ BEFORE SIGNING): By signing below, I acknowledge and agree that: <ul style="list-style-type: none"> As a Unit Prevention Leader (UPL), I will be expected to model responsible use of alcohol and abstinence from unauthorized and/or illegal drugs. If I am involved in a drug or alcohol-related incident, I will immediately notify my Commander and understand that it may result in suspension or dismissal from my role as the UPL. Missing more than 15 minutes of instruction may result in removal from the course by the instructor. 		
Applicant Signature:		
Section 2: Commanding Officer Section		
Last Name:	First Name:	Rank/Grade:
Contact Email:	Active CRRT Account:	
Contact Phone:		
I verify that background checks on the above applicant have been completed through the following systems and the applicant has had no alcohol and/or drug related incidents during the last 36 months as of the date listed below: (Select all that apply – at least one must be selected)		
<input type="checkbox"/> Provost Marshal Office MPRS name check Vehicle Registration MPRS Barring System.	<input type="checkbox"/> CID/DCII AC12 DCII	<input type="checkbox"/> Civilian Law Enforcement. The aforementioned individual has not been convicted of any misdemeanors, criminal offenses and/or traffic violations committed within the surrounding community.
I have vetted the above listed applicant and feel confident that they will successfully execute the duties and responsibilities of a UPL in accordance with AR 600-85. I will appoint the above listed applicant as a UPL for my unit until officially released from appointment or reassigned. The UPL is expected to be the Commander's subject matter expert and liaison on the ASAP, conduct urinalysis collections with accuracy and fidelity, provide alcohol and drug misuse prevention training to the unit annually, and assist the Commander with meeting all requirements of unit drug testing and prevention programs. I authorize ASAP to conduct unannounced urinalysis on the applicant listed above either as a UPL candidate, or as a certified UPL, in accordance with AR 600-85.		
Commanding Officer's Signature:		Date:

Note: Submission of this request does not constitute or guarantee enrollment in the course. This form must be filled out in its entirety. This form is only valid for 60 days past the Commander's signature date. Upon completion of a DAMIS background check, the applicant is required to not have any drug or alcohol related incidents, record of positive urinalysis result, or enrollment in Substance Use treatment or mandatory ADAPT for the past 36 months. Commanding Officers will be notified if the applicant does not meet these requirements.

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ENROLLMENT: To enroll Soldiers into this course, submit a completed packet, no earlier than 60 calendar days prior to the class convening date below. Forms are to be dropped off at the ASAP Drug Testing Section, Building 556, 344 Heard Rd, across the from the Martinez Fitness Center tennis courts.

Please include point of contact, phone number and email address on this application.

CLASS DATES:

Class Number	Start Date	Grad Date	Susp Date
001-25	8-Oct-24	10-Oct-24	2-Aug-24
002-25	5-Nov-24	7-Nov-24	2-Sep-24
003-25	3-Dec-24	5-Dec-24	4-Oct-24
004-25	7-Jan-25	9-Jan-25	1-Nov-24
005-25	4-Feb-25	6-Feb-25	6-Dec-24
006-25	4-Mar-25	6-Mar-25	3-Jan-25
007-25	1-Apr-25	3-Apr-25	7-Feb-25
008-25	6-May-25	8-May-25	7-Mar-25
009-25	3-Jun-25	5-Jun-25	4-Apr-25
010-25	8-Jul-25	10-Jul-25	2-May-25
011-25	5-Aug-25	7-Aug-25	6-Jun-25
012-25	2-Sep-25	4-Sep-25	3-Jul-25

* Student(s) will receive an email notification of their enrollment and reporting instructions.

* Student(s) must have one year retainability after completing the 3-day BUPL training.

* **ASAP Contact Information: 344 Head Avenue Bldg. 556
Schofield Barracks, HI 96857
808-655-6048/6045/6050**