

# FY 22 - BASIC UNIT PREVENTION LEADER (BUPL) CERTIFICATION TRAINING REQUEST

The proponent for this form is the Army Substance Abuse Program (ASAP) Hawaii

**SUBMIT THIS REQUEST NO MORE THAN 90 CALENDAR DAYS PRIOR TO CLASS START**

<b>Section 1: Applicant Section (Please Print Legibly)</b>		
Last Name:	First Name:	Rank/Grade:
DEROS:	ETS:	DOD ID#:
Unit:	UIC:	Contact Phone:
Class Date Requested (See back for dates):	Contact Email:	
<p><b>Applicant Agreement (PLEASE READ BEFORE SIGNING):</b>                      By signing below and successful completion of the BUPL course, I understand that as a Unit Prevention Leader (UPL) I will be expected to model responsible use of legal drugs and abstinence from the use of illegal drugs. I also understand that should I be involved in a drug or alcohol related incident I must immediately notify my commander and resign my position as the UPL. I also agree that I will not make any appointments that will take me out of the BUPL course of instruction for more than 15 minutes or I could be terminated from the course by the instructor. I also certify that I have at least one year remaining on island.</p>		
Applicant Signature:		
<b>Section 2: Commanding Officer Section</b>		
Last Name:	First Name:	Rank/Grade:
Contact Email:	Current # of UPLs in unit	
Contact Phone:		
<p>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 duringr the last 36 months as of the date listed below: (Select all that apply – at least one must be selected)</p>		
<input type="checkbox"/> Provost Marshall 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.
<p>I have vetted the above listed applicant and feel confident that the responsibilities of an UPL will be in accordance with AR 600-85. Upon successful completion of the BUPL course, I will appoint the above listed applicant as an 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 all areas within the Army Substance Abuse Program, conduct flawless urinalysis collections, provide alcohol and other illicit drug training to the unit annually, and assist the Commander in running unit drug testing and prevention programs. Furthermore, I hereby authorize ASAP to conduct unannounced urinalysis on the applicant listed above either as a potential UPL candidate, or as a certified UPL in accordance with AR 600-85.</p>		
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 and the Alco-Sensor Breathalyzer certificate must accompany this form. This form is only valid for 90 days from commanders signature date. ASAP will conduct a DAMIS check on the above listed applicant. Applicants must have a clean ASAP record for the past 36 months. Commanding Officers will be notified if the applicant does not meet this requirement.

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The proponent for this form is the Army Substance Abuse Program (ASAP) Hawaii

**Enrollment.** To enroll Soldiers in this course, submit a completed packet, no earlier than 90 calendar days prior to the class convening date below. Scan the forms and send an encrypted email to:

[nodira.saidova-ridley.civ@army.mil](mailto:nodira.saidova-ridley.civ@army.mil) or [pamela.s.jinnohara.civ@army.mil](mailto:pamela.s.jinnohara.civ@army.mil). Forms may also be dropped off at the ASAP Prevention Section, building 556, 344 Heard Rd, across the from the Martinez Fitness Center tennis courts. Always include point of contact, phone number and email address on completed packet. The following forms constitute a completed packet:

- a. This completed ASAP BUPL Training Request Form.
- b. Alco-Sensor Breathalyzer Device Training Certificate. (To get this certificate go to the ASAP building 556, 344 Heard Rd, across from the Martinez Fitness Center. Enter on the right of the main covered entrance, beneath the large Drug Testing/Employee Assistance sign, in the bricked in parking lot. This training is available Monday thru Thursday, 0800-1200).

The class schedule for the BUPL Certification Course is as follows:

## CLASS SCHEDULE

Class #	Start Date	Grad Date	Susp Date
001-22	19 Oct 21	21 Oct 21	08 Oct 21
002-22	02 Nov 21	04 Nov 21	22 Oct 21
003-22	14 Dec 21	16 Dec 21	03 Dec 21
004-22	11 Jan 22	13 Jan 22	30 Dec 21
005-22	08 Feb 22	10 Feb 22	28 Jan 22
006-22	08 Mar 22	10 Mar 22	25 Feb 22
007-22	12 Apr 22	14 Apr 22	01 Apr 22
008-22	10 May 22	12 May 22	29 Apr 22
009-22	07 Jun 22	09 Jun 22	27 May 22
010-22	12 Jul 22	14 Jul 22	01 Jul 22
011-22	09 Aug 22	11 Aug 22	29 Jul 22
012-22	13 Sep 22	15 Sep 22	02 Sep 22

**\*Students will receive notification/reporting instructions via email of their enrollment in the class.**