

APPLICATION FOR FORT KNOX UNIT PREVENTION LEADER COURSE

Principle Purpose: Ensure Qualified Candidates are nominated/selected for the Unit Prevention Leader (UPL) Course. Applicant's MUST be E-5 or above to qualify.

Information Disclosure: Information requested on this form is mandatory. Failure to provide requested information will result in non-acceptance to the UPL Course.

COURSE DATES: _____

PART I: (Completed by Applicant)

DATE: _____

NAME: _____ **GRADE:** _____ **DOD ID:** _____

ETS / PCS DATE: _____

(ALL Applicants **MUST have a MINIMUM of 1 year left** on contract or current assignment to attend the UPL Course.)

MILITARY EMAIL ADDRESS: _____

UNIT: _____

UNIT COMMANDER: _____ **UNIT UIC:** _____

Currently UPL Certified or Certified at another installation?

PART II: (Completed and Signed by Unit Commander)

1. The above individual is duty appointed as the Unit Prevention Leader (UPL). **UPL Appointment Orders are provided with this course request.**

2. I certify the above-named individual is:

(a) Not currently enrolled in mandatory SUD treatment.

(b) Not under investigation for legal, administrative, or abuse of substances (illegal drug, controlled drug, alcohol or other) related offenses or incidents within the last 3 years.

(c) A role model and exemplifies the highest standards of leadership in the unit.