



DEPARTMENT OF THE ARMY
ARMY SUBSTANCE ABUSE PROGRAM
BUILDING 7424 APENNINES DR.
FORT RILEY, KS 66442

AMIM-RLH-S

23 October 2024

MEMORANDUM FOR COMMANDERS AND UNIT PREVENTION LEADERS

SUBJECT: Battalion Deterrence Leader (BDL) and Unit Deterrence Leader (UDL) Training Certification Course.

1. The following dates have been projected for UDL Certification training. Please post to your schedules and calendars. If there are any concerns or comments, please contact the Drug Test Collection Point (DTCP) staff at 785-239-4151 (4152). BDL/UDL training is a three-day training course, and selected individuals for the course must attend all three days to achieve certification. If a student misses any portion of the course, they will at a minimum be required to attend those sections of the lessons the following month that were missed and will not be certified until that day.
2. A fourth day is available for the candidate to be certified as a Screening Test Technician to be able to perform breathalyzers at the unit. There is no current requirement for alcohol testing. However, Soldiers that are enrolled in the SUDCC treatment program may be required to be tested. This testing is to be conducted by the units. To have a Soldier attend the screening test technician certification they must have current UDL certification.
3. BDL/UDL training location is **Building 7424 Apennines Dr. (Army Substance Abuse Program)**. Students are asked to report 10 to 15 minutes prior to class start time, which is 0900. The uniform for military is duty uniform (no PT's) and for civilian students is business casual.
4. **The following documentation must be completed and turned in at building 7424, Room 124. Once documentation has been turned in a class date will be assigned. Required documents are as follows:**

☐ Commander's UDL Selection Memorandum.

☐ COMPLETED DA Form 7708 OR verification of Secret / Top Secret security clearance memo.

☐ Appointment Orders for the BDL/ UDL.

☐ **Updated** Unit ASAP SOP signed by the current Commander.

5. Class registration is on a first come – first serve basis to students that have completed all required documentation. Registration is recommended to take place a minimum of two weeks prior. This is due to the limited class size. For each class, a max of 2 candidates per unit will be assigned a guaranteed seat. Any additional candidates will be slotted in stand-by seats or in another class. Registration must be done **in person with CAC card by the UDL candidate.**
6. The following dates are the projected dates. Dates are subject to change. If there are changes, the UDL candidates and Commanders affected will be notified via email.

23-25/ <u>26</u> Sep 2024	21-23/ <u>24</u> Oct 2024	18-20/ <u>21</u> Nov 2024	9-11/ <u>12</u> Dec 2024
27-29/ <u>30</u> Jan 2025	10-12/ <u>13</u> Feb 2025	3-5/ <u>6</u> Mar 2025	14-16/ <u>17</u> Apr 2025
12-14/ <u>15</u> May 2025	9-11/ <u>12</u> Jun 2025	14-16/ <u>17</u> Jul 2025	18-20/ <u>21</u> Aug 2025
22-24/ <u>25</u> Sep 2025			

7. Point of contact for this memorandum is Nicholas Emmons at 239-4152 or DSN 856-4152.

//---ORIGINAL SIGNED---//

Nicholas J. Emmons
Drug Test Coordinator
Army Substance Abuse
Program



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
DRUG TEST COLLECTION POINT (DTCP)
BLDG. 7424 APENNINES DR.
FT. RILEY, KS 66442

AMIM-RLH-S

DATE _____

MEMORANDUM FOR DRUG TEST COLLECTION POINT

SUBJECT: Battalion Deterrence Leader (BDL) / Unit Deterrence Leader(UDL) selection.

1. The Battalion Deterrence Leader (BDL) or Unit Deterrence Leader (UDL) must be of good character and possess sufficient skill, credibility, integrity and maturity to carry out the highly sensitive duties as required by AR 600-85, Military Urinalysis Drug Testing Program SOP.
2. My signature constitutes that I have read the following and my Soldier meets all the criteria.
 - a. The Soldier must be an E-5 or above for selection as UDL, or E-6 or above for selection as Battalion Prevention Leader (BDL).
 - b. The Soldier has had a required background check (DA Form 7708) **OR** verification of Secret / Top Secret security clearance and the completed form is attached.
 - c. **The Soldier will also have a check with the Drug and Alcohol Management Information Systems (DAMIS). If the Soldier has had an illegitimate use positive the Commander will be contacted prior to Soldier being enrolled. The DAMIS background check will be conducted by the Drug Test Collection Point staff.**
 - d. The Soldier is on appointment orders as either the Primary or Alternate BDL or UDL. Appointment orders are attached.
 - e. I have provided a copy of my units ASAP SOP for review.
 - f. **I have personally interviewed** (rank/name) _____ who has disclosed any substance related history or abuse that may be identified from a background check.
 - g. I am requesting this Soldier to be enrolled in the UDL certification class on _____.
Thursday Screening Test Technician Certification Yes _____ No _____
OR
I am requesting this Soldier to be recertified on _____.
3. The Soldier will be assigned a class date when all required documentation is accepted at the Drug Test Collection Point, Building 7424.

COMMANDER SIGNATURE

COMMANDER PRINTED NAME

UNIT

PHONE NUMBER



DEPARTMENT OF THE ARMY
ARMY SUBSTANCE ABUSE PROGRAM
BUILDING 7424 APENNINES DR.
FORT RILEY, KS 66442

AMIM-RLH-S

DATE _____

MEMORANDUM FOR DTCP

SUBJECT: Security Clearance Verification.

1. This memorandum is to verify that the following Soldier has a valid Secret or Top Secret security clearance issued by the Federal Government.

A. NAME/RANK: _____

B. SSN: _____

C. DOD ID #: _____

D. TYPE OF CLEARANCE (circle one): TOP SECRET or SECRET

E. DATE CLEARANCE ISSUED: _____

F. ENTERPRISE EMAIL ADDRESS: _____

2. This memorandum may be used in lieu of the DA FORM 7708.
3. POC for this memorandum is the Security Officer at PH# _____.

Security Officer OIC or NCOIC Signature: _____

Security Officer OIC or NCOIC Name: _____

FOUO

PERSONNEL RELIABILITY SCREENING AND EVALUATION

For use of this form, see AR 190-13; the proponent agency is OPMG.

PRIVACY ACT STATEMENT

Authority: 10 USC 3013 Secretary of the Army; DOD 5200.08, Security of DOD Installations and Resources and the DOD Physical Security Review Board; AR 190-13, The Army Physical Security Program; and E.O. 9397 (SSN) as amended.

Principal Purpose: To evaluate the qualification and suitability of a person for assignment to sensitive duties or unaccompanied access to certain resources.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552 a(B) of the Privacy Act, this information can be shared with local law enforcement agencies for criminal background checks.

Note: This system of records may contain personally identifiable health information (PHI). The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974, as amended, or mentioned in this system of records notice.

Disclosure: Voluntary, however failure to provide all or part of the requested information may result in a non-selection for the stated duties.

Citation: A0690-200 DAPE Department of the Army Civilian Personnel Systems (January 06 2004, 69 FR 790); and A0600-8-104 AHRC, Army Personnel System (APS) (July 30 2013, 78 FR 45914).

PART I - IMMEDIATE SUPERVISOR/COMMANDER INTERVIEW

1. NAME (Last, First, MI)	2. ORGANIZATION	3. POSITION TITLE	4. SSN
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5. I ☐ DO ☐ DO NOT OBJECT TO PERSONNEL SCREEN REQUIREMENTS.

6. SCREEN FOR

- | | |
|---|--|
| <input type="checkbox"/> Unaccompanied access to arms, ammunition and explosives | <input type="checkbox"/> Unaccompanied access to control medical substances |
| <input type="checkbox"/> Employment/Retention as DA Civilian Police or Security Guard | <input type="checkbox"/> Issuance of Physical Security Inspector Credentials |
| <input type="checkbox"/> Other (specify) _____ | |

7. SIGNATURE	8. DATE (YYYYMMDD)
9. INTERVIEWER (Last, First, MI)	10. SIGNATURE
	11. DATE (YYYYMMDD)

PART II - CHECK OF PERSONNEL RECORDS

12. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND
13. NAME (Last, First, MI)
14. SIGNATURE
15. DATE (YYYYMMDD)

PART III - CHECK OF SECURITY RECORDS

16. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND
17. PERSONNEL SECURITY INVESTIGATION (PSI): COMPLETED ON DATE (YYYYMMDD) _____
TYPE (NACLC, ANACI, SSBI, etc.) _____ <input type="checkbox"/> FAVORABLY ADJUDICATED <input type="checkbox"/> DOSSIER REVIEW REQUIRED
18. PSI REQUEST OR REINVESTIGATION (IF REQUIRED): SUBMITTED ON DATE (YYYYMMDD) _____
TYPE (NACLC, ANACI, SSBI, etc.) _____
19. SECURITY CLEARANCE: <input type="checkbox"/> NONE <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/> NOT REQUIRED
20. NAME (Last, First, MI)
21. SIGNATURE
22. DATE (YYYYMMDD)

PART IV - CHECK OF MEDICAL RECORDS

23. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND
24. NAME (Last, First, MI)
25. SIGNATURE
26. DATE (YYYYMMDD)

PART V - CHECK OF LAW ENFORCEMENT RECORDS

27. POTENTIALLY DISQUALIFYING INFORMATION WAS <input type="checkbox"/> FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> NOT FOUND
28. NAME (Last, First, MI)
29. SIGNATURE
30. DATE (YYYYMMDD)

PART VI - RESULTS OF RANDOM/DIRECTED DRUG TESTING

31. TESTS RESULTS WERE:
<input type="checkbox"/> FORWARDED TO THE CERTIFYING OFFICIAL <input type="checkbox"/> CERTIFIED NEGATIVE <input type="checkbox"/> NOT A TESTING-DESIGNATED POSITION
32. NAME (Last, First, MI)
33. SIGNATURE
34. DATE (YYYYMMDD)

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PART VII - IMMEDIATE SUPERVISOR/COMMANDER EVALUATION/ BRIEFING

35. AFTER A THOROUGH REVIEW OF INFORMATION PROVIDED, I FIND THE PERSON:

☐ SUITABLE FOR THE POSITION/DUTY

☐ UNSUITABLE FOR THE POSITION/DUTY

36. I HAVE BEEN BRIEFED ON MY DUTIES AND UNDERSTAND THE STANDARDS.

37. SIGNATURE

38. DATE (YYYYMMDD)

39. NAME OF CERTIFYING OFFICIAL (Last, First, MI)

40. SIGNATURE

41. DATE (YYYYMMDD)

PART VIII - CONTINUING PERIODIC EVALUATION

Document changes in the individual's status and/or administrative data. Attach a continuation sheet if additional room is required to document an update. Follow guidance in the pertinent regulation for documentation requirements for restriction, suspension, administrative termination, or disqualification. (ATTACH BLANK SHEET FOR CONTINUATION OF PART VIII)

42. PERSON'S SIGNATURE/
DATE

43. CERTIFYING OFFICIAL'S
SIGNATURE/DATE

44. REASON FOR UPDATE

PART IX - SUSPENSION OR TEMPORARY DISQUALIFICATION (PENCIL ENTRY)

PART X - ADMINISTRATIVE TERMINATION

45. EFFECTIVE _____
DATE (YYYYMMDD)

46. EFFECTIVE _____
DATE (YYYYMMDD)

PART XI - DISQUALIFICATION

47. STATUS AT TIME OF DISQUALIFICATION

- ☐ 1. Being screened for _____
- ☐ 2. Assigned to/as: _____
- ☐ a. Unaccompanied access to AA&E
- ☐ b. Unaccompanied access to controlled medical substances
- ☐ c. DA Civilian Police or Security Guard
- ☐ d. Other _____

48. REASON FOR DISQUALIFICATION

- ☐ 1. Alcohol abuse
- ☐ 2. Drug abuse
- ☐ 3. Negligence/delinquency in duty performance
- ☐ 4. Court-martial/civilian convictions
- ☐ 5. Physical/mental condition
- ☐ 6. Poor attitude/lack of motivation
- ☐ 7. Other (Explain in Block 50)

49. PERSON IS DISQUALIFIED FROM THE SUBJECT POSITION/DUTIES ☐

50. RATIONALE

51. PERSON WAS NOTIFIED OF DISQUALIFICATION ON _____ by _____
DATE (YYYYMMDD) METHOD OF NOTIFICATION

52. NAME OF CERTIFYING OFFICIAL (Last, First, MI)

53. SIGNATURE

54. DATE (YYYYMMDD)

55. NAME OF REVIEWING OFFICIAL (Last, First, MI)

56. SIGNATURE

57. DATE (YYYYMMDD)

(Office symbol)

(Date)

MEMORANDUM FOR RECORD

SUBJECT: Appointment of Unit Deterrence Leader

1. Effective (Date), SFC John Doe, DOD ID, is assigned the duty as Primary Unit Deterrence Leader (UDL). SFC Steve Edwards, DOD ID is assigned as Alternate UPL.
2. Authority: AR 600-85.
3. Purpose: The Unit Deterrence Leader is expected to be the commander's subject matter expert on all areas within the Army Substance Abuse Program (ASAP), conduct flawless urinalysis collections, provide alcohol and other illicit drug training to the unit and assist the commander in running his/her drug prevention programs.
4. Period: 24 months or until officially relieved or released from appointment.
5. Special Instructions: Primary and Alternate UDL's must be certified on an annual basis through the Army Center for Substance Abuse Programs approved Unit Deterrence Leader Certification Training Program.

John D. Commander
CPT, MS
COMMANDING

Changeable Unit SOP

To find the Changeable Unit SOP on the internet -

- Type in the entire address as listed below:

<https://home.army.mil/riley/index.php/about/dir-staff/dhr/army-substance-abuse-program>

- Look under RESOURCES on the middle right hand side:

Click on - NEW UNIT SUPPLEMENTAL SOP

- Save a copy
 - Ensure to change the Unit Information in the header and have current unit commander sign.
 - Information that is typed in blue is what is generally modified.
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- Any time updates are made or a change of command occurs please provide a copy to ASAP.