AMIM-SHH-S DATE:

**MEMORANDUM FROM ARMY SUBSTANCE ABUSE PROGRAM (ASAP)**

**MEMORANDUM FOR COMMANDERS**

**SUBJECT: Instructions and Criteria for the Unit Prevention Leader (UPL) Class**

1. **Reference: AR 600-85, 23 July 2020, The Army Substance Abuse Program.**
2. **The criteria for selection of the UPL is:**
3. **E-5 or above and have the desire to serve as the UPL.**
4. **One year retain ability in the command.**
5. **No history or problems with the use of drugs or alcohol abuse within the last three years.**
6. **Willingness to be held at a higher standard than that expected of other soldiers in the unit.**
7. **Willingness to be a model in the responsible use of alcohol.**
8. **Willingness to abide by the confidentiality rule of drug testing.**
9. **Information:**
10. **The entire UPL Certification Packet must be delivered to ASAP, B LDG 201 (FS) or BLDG 1283 (HAAF) ONE week prior to the start of the class, as background investigations take some time to process. Sample copies of all forms are provided as enclosures to this memorandum.**
11. **Background Checks MUST be completed and turned in with the packet prior to class. Present the memorandum to DES / MPs to request a local background check. This can take up to one week to complete, please give yourself enough time to get this back and still turn in your packet one week prior to the class start date.**
12. **Duty Appointment Orders: List only one individual per appointment order.**
13. **Regulation: Unit copy of the UPL Handbook and CURRENT unit SOP is required on day 1 of the UPL course. The UPL Handbook can be found at www.sr2-cac.army.mil.**

**AMIM-SHH-S**

**SUBJECT: Instructions and Criteria for the Unit Prevention Leader (UPL) Class**

1. **Place of Duty: This is a (3) day course. Therefore, to meet the certification requirement, the soldier must attend the ENTIRE class, NO EXCEPTIONS! This will be considered their “PLACE OF DUTY.” Please do not send anyone to class that has appointments or business at the unit because they will be excused from the remainder of class and asked to resubmit their packet for a future class date that is accommodating to their schedule**
2. **For further assistance, contact the ASAP, Education and Training section, telephone**

**(571) 801-0472 (FS) or (912) 315-6730 (HAAF).**

**Alexandra J. Tippy**

**Alcohol and Drug Control Officer**

AMIM-SHH-S

SUBJECT: UPL Certification Training Packet

COMPETENCY ASSESSMENT STATEMENT

1. We realize that the additional duty as an UPL is important to the operation to the Commander’s Alcohol and Drug Abuse Program in this unit. By appointing the wrong soldier to the critical position of UPL, the credibility of the entire program could be jeopardized. In selecting the soldier named below, we minimize the possibility of innocent soldiers being falsely accused of improper drug use and drug using soldiers going undetected.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an above average soldier who possesses high ethical standards, is trustworthy, and has a firm leadership foundation. We believe this solder will work aggressively to enhance these units ASAP. In my opinion, this soldier is a responsible drinker or abstinent in the use of alcohol and has no known history of illicit drug use.
3. We realize that as a UPL, this soldier will require time away from primary daily duties to perform the additional duties as a UPL. We will provide the time when necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Unit Commander

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Unit 1SG

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of 1st line Supervisor

AMIM-SHH-S

SUBJECT: UPL Certification Training Packet

PRIVACY ACT STATEMENT

1. The personal information requested on these forms would be used to evaluate a request for certification as a UPL. The information will be routinely processed to verify records and ensure accuracy. In accordance with Title V, U.S.C. 301, the applicant has a right to refuse permission for this record examination. Although disclosure of this information is voluntary, it is necessary for review and approval of this application. Failure to provide the information may result in disapproval of the certification request.
2. I have read the Privacy Act Statement above and consent to the release of the information required establishing my eligibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Soldier

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

SAMPLE OF ORDERS

LETTER HEAD

OFFICE SYMBOL (MARKS #) DATE

MEMORANDUM FOR ASAP, ATTN: Education and Training Section

SUBJECT: Duty Appointment

1. Effective\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), Rank/Full Name / DOD# / UIC \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_

Is assigned the following duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_

 (Primary/Assistant UPL)

1. AUTHORITY: AR 600-85.
2. PURPOSE: (full explanation of duties), To perform duties as required IAW above cited

regulations.

1. PERIOD: To – From, or until officially relieved or released from appointment of

assignment.

1. SPECIAL INSTRUCTIONS: Develop, coordinate, and/or deliver informed preventive

education and training within the unit. Assist with in briefing all new personnel regarding Army Policy relating to alcohol and other drug abuse and functions and services designed to combat alcohol and other drug abuse. Coordinates the urinalysis testing program. Keeps the commander informed of the status on the ASAP and the trends in alcohol and other drug abuse in the unit. Maintains liaison with the servicing ASAP. Coordinates with the ASAP Education and Training section, all alcohol and/or other drug abuse related prevention education/awareness training conducted, to include those by other agencies. Completes and submits a “Prevention and Education Training” worksheet to the ASAP Education and Training Section NLT 2 days following all trainings. Performs other administrative functions related to the ASAP.

COMMANDERS SIG BLOCK

DISTRIBUTION:

ASAP (1)

Individual Concerned (1)

BN UPL (1)

File (1)

SAMPLE MEMORANDUM, REQUESTING CLASS ATTENDANCE

OFFICE SYMBOL (MARKS #) DATE

MEMORANDUM FROM CDR, (UNIT NAME)

MEMORANDUM FOR ASAP, ATTN: Education and Training Section

SUBJECT: Unit Prevention Leader (UPL) Course

1. Request the following personnel attend the UPL Course, to be held (DATE OF CLASS):

Soldiers full name / DOD#/ Rank

1. The point of contact for further information is (POC’s name and phone number).

 COMMANDER’S SIG BLOCK

SAMPLE MEMORANDUM, REQUESTING LOCAL AND NATIONAL BACKGROUND CHECK

OFFICE SYMBOL (MARKS #) DATE

MEMORANDUM FROM CDR, (UNIT NAME)

MEMORANDUM FOR DES

SUBJECT: REQUEST FOR RECORDS CHECK

1. Reference AR 190-45, Para 2-6, dated 27 SEPT 2016, Law Enforcement Reporting

(Name Checks)

1. Request Background Records Check from DES/MP’S on the following individual(s):

**NAME RANK DOD#**

1. POC for this memorandum is the undersigned: (phone)

 COMMANDER’S SIG BLOCK