Naval Reactors Personnel Security Information Reporting Form

(Drug Or Alcohol Or Other Addiction or Related Treatment)

The individual filling out this form is responsible for ensuring no classified, Unclassified Controlled Nuclear Information, or Unclassified Naval Nuclear Propulsion Information is included or attached.

Only use this section if this is regarding some other individual. Check this box and provide your contact information here. Leave blank any information not known about the individual. ☐

Name: | Phone Number: | Unclassified Email Address: (To contact you)

CLEARANCE HOLDER/APPLICANT INFORMATION THIS REPORT IS APPLICABLE TO

Today's Date:

☐ Federal
☐ Contractor

Work Location (Site and City/State):

Name (Last, First, Middle):

Employer:

Date of Birth: | Last 4 SSN: | DOE# (If Known) | Clearance Level: | Special Access: ☐ HRP ☐ SCI

Home Address: | City, State, Zip

Work Phone: | Home or Cell Phone: | Unclassified Email Address: (To use for contact)

Drug, Alcohol, or Other Addiction Treatment

☐ Drug Treatment ☐ Alcohol Treatment ☐ Other Addiction Treatment

Please provide complete name and contact information for your treatment provider.

Provide what are you in treatment for and why you needed treatment. Attached separate page(s) for more space.

Please provide your dates of treatment.

Please explain the type of treatment you have obtained (inpatient, outpatient, etc.)

Do you have a diagnosis and/or prognosis? If so, what is it?

See Next Page

Form Revision: 10/2026

Controlled by:	Department of Energy
Controlled by:	Naval Reactors Security – 08U
CUI Category:	PRVCY
Dissemination Control:	FEDCON
POC:	412-476-7288/megan.bakkala@nrp.doe.gov

If applicable, answer the following questions regarding your alcohol use

What type of alcohol do you typically drink? (beer, wine, hard liquor, etc.) Please identify brand and type.

How much do you drink on a work night?

How much do you drink when you do not have to work the next day?

In a typical week, on how many days or nights do you consume alcohol?

Describe your definition of intoxication and how you know you are intoxicated.

How often in the previous 12 months have you consumed alcohol to the point of intoxication? Alcohol type and quantity?

In the past year, what is the most alcohol you have consumed in one sitting?

Have you ever been advised by a medical professional to stop or reduce your alcohol use? If yes - explain.

Have you ever been advised to seek alcohol treatment or counseling? If yes - explain.

Have you ever been to alcohol treatment or counseling? Where and when? (Including inpatient or outpatient treatment)

If applicable, answer the following questions regarding your drug use

What illegal drugs have you used in the past 5 years (e.g., marijuana)? What legal drugs have you improperly or illegally used in the past 5 years? List ALL illegal drugs, any drugs used improperly (e.g., OTC), or against prescribed directions.

When did you last use illegal drugs, or illegally use legal drugs? (Date)

See Next Page

(Drug use information - Continued)

Please describe how you misused prescription drugs.

What are your intentions regarding the use of drugs?

Have you ever been advised to seek counseling or treatment for drug use?

Have you ever been to drug treatment counseling? Where and when? (Including inpatient or outpatient treatment)

If applicable, answer the following questions regarding addiction other than drugs or alcohol

Describe your addiction (i.e., gambling, sexual to include pornography, etc.).

Provide when this started, the frequency of the behavior, and is this behavior driven by impulse or need.

When did you last act on that impulse or need? (Date) Describe that occurrence.

Has anyone ever told you that you have an addiction problem? Provide who, when, and what your response was.

Have you incurred any financial problems as a result of that impulse or need? Describe.

Has that impulse or need had any other (non-financial) negative impacts in your life? Describe.

Have you sought treatment or counseling for that concern? Describe and include where and when.

Do you belong to any groups, which aid for that impulse or need? If so, provide dates of your attendance.

See Next Page

Provide any additional information or concerns not already included above:

PLEASE NOTE - Attach additional pages with your answers if this form doesn't provide adequate space for reported information. Questions may be directed to the NR PERSEC Helpdesk: NRPERSEC@unnpp.gov or 518-395-6373

I certify or affirm that the information on this form is true and correct, to the best of my knowledge.

Signature: Date:

Signature may be electronic or wet.

See Next Page

Submission Instructions

This form is for CLEARANCE HOLDERS and APPLICANTS associated with the Naval Reactors Program / Naval Nuclear Propulsion Program ONLY.

This report is separate and in addition to any reporting required to granting offices for Sensitive Compartmented Information (SCI) or Special Access Program access authorizations.

Mis-routing this form to the incorrect Personnel Security Office will NOT satisfy or comply with your reporting requirements.

The individual filling out this form is responsible for ensuring no classified, Unclassified Controlled Nuclear Information, or Unclassified Naval Nuclear Propulsion Information is included or attached.

Note: You will not receive any confirmation E-mails. Do not send duplicate messages. These forms will be forwarded to NR Personnel Security Office Adjudicators for review. If they require updates or corrections, they will reach out to you directly from a [dot]gov E-mail account. You are required to provide them with any additional requested information. Be advised that all interactions are added to the your case file permanent record and factored into the adjudicative process. Concerns with any interactions can be reported to the Personnel Security Office at 518-395-6373 for escalation to management attention.

Keep a copy of your submission for your own personal records and future reference if questioned.

See the PDF titled "*NR PerSec Reporting Requirements and Instructions*" for more information.

Use one of the following methods to submit your form:

**** AVOID NNPP NET SUBMISSION - IT ADDS TRANSFER REVIEWS BY OTHER PEOPLE ****

1. Sent from PrimeNet:
   E-mail to nrpersec@unnpp.gov
2. Sent from NMCI:
   E-mail to keith.a.stout.civ@us.navy.mil AND karen.a.travis.civ@us.navy.mil
3. Sent from DOE network:
   E-mail to nrpersec.helpdesk@nrp.doe.gov
4. FAX to 518-395-6078
5. USPS mail to:
   US Dept of Energy, NR PERSEC, PO Box 1069, Schenectady, NY 12301-1069
6. Sent from corporate and personal E-mail accounts:
   Send via a password-protected PDF in an unencrypted E-mail to the PerSec Office at nrpersec.helpdesk@nrp.doe.gov and send that password to the PerSec Office via a second, separate email. Contact the PerSec Office at 518-395-6373 with questions.