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U.S. DOE - Naval Reactors Personnel Security Information Reporting Form (In-Patient Care Or Treatment For Mental Health)

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.

Check box if this report is regarding some other cleared individual. Provide your contact information here. Leave blank any clearance holder information not known.

Name: (self-reporting leave blank)

Phone Number:

Unclassified Email Address:

CLEARANCE HOLDER/APPLICANT INFORMATION THIS REPORT IS APPLICABLE TO

Today's Date:

Federal

Work Location (Site and City/State):

Contractor

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: (for any questions)

Hospitalization for Mental Health Reasons

Please provide the requested information regarding your hospitalization for mental health reasons.

Voluntary Hospitalization

Involuntary Hospitalization

Please provide the name and address of the hospital. Include the name(s) of treating physicians

Please provide reason you were admitted to the hospital

Please provide the diagnosis and prognosis for this stay

See next page for additional questions regarding the information you are reporting

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Please provide the dates of your hospitalization

Please provide details regarding any on-going care you are receiving for this condition. Include type of medication/treatment, frequency of care, etc.

**** If this hospitalization was related to drug or alcohol use and/or abuse, please complete the IR Form specific to Drug or Alcohol Use and/or Treatment. ****

Questions may be directed to the NR PERSEC Helpdesk: NRPERSEC.Helpdesk@nrp.doe.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.

Submission Instructions

When complete, sign the form and forward to the Naval Reactors Personnel Security Office. Keep a copy of your submission for your own personal records.

Contact the NR Personnel Security Office for any form submission questions.

Submission methods

*** DO NOT SUBMIT BETWEEN DIFFERENT NETWORKS DUE TO SYSTEM COMPATIBILITY PROBLEMS ***

1. From NMCI, send to steve.a.bowen.civ@us.navy.mil AND arthur.m.duvall.civ@us.navy.mil
2. From DOECO, send to nrpersec.helpdesk@nrp.doe.gov
3. From PrimeNet, send to nrpersec@unnpp.gov
4. From NNPP Net (high side), send to nrpersec@nnpp.gov
5. By FAX, 518-395-6078
6. By mail, US Dept of Energy, NR PERSEC, PO Box 1069, Schenectady, NY 12301-1069
7. From corporate and personal E-mail accounts, send via a password-protected PDF in an unencrypted mail to the Personnel Security Office at nrpersec.helpdesk@nrp.doe.gov and send the password for the PDF to the Personnel Security Office via a second, separate email.

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