

COMMAND DRUG PROGRAM COORDINATOR AND TESTING DESIGNATED POSITION		
Command/Activity:		UIC:
Street Address:		
City:	State:	Zip:
Drug Program Coordinator (DPC)		
Name:		
Email:		
Phone (Commercial):		DSN:
Is your DPC certified Per DON CHR 792.3?		
Yes		No
Is your DPC appointed through mutual written agreement with another Navy activity?		
Yes		No
If Yes, name of Navy activity:		
Does your command have any Testing Designated Positions (TDP)?		
Yes		No
Verification of TDPs: (Designate below/attach list)		
Name	Series	Position Title
CO/XO/Executive Director _____		
Signature		Date