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SECRETARY OF THE AIR FORCE**

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**NUCLEAR WEAPONS PERSONNEL
RELIABILITY PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This Air Force instruction (AFI) implements Air Force Policy Directive 36-21, *Utilization and Classification of Air Force Military Personnel*, and Department of Defense (DoD) Directive 5210.42, *Nuclear Weapon Personnel Reliability Program (PRP)*, May 25, 1993 with Changes 1 and 2. It explains how certifying officials screen, select, and monitor people who work with nuclear weapons and direct the removal of all individuals with questionable reliability. This AFI applies to Air Force Reserve and Air National Guard units that possess nuclear weapons, nuclear components, or Nuclear Command and Control systems and equipment certified by an Air Force inspection activity as a nuclear capable delivery unit.

This instruction requires the collection of information protected by the Privacy Act of 1974. Your authority to collect this information is in Title 10, United States Code (U.S.C.), Section 8013. System of Records Notice F030 AF MP A, *Personnel Data System*, also applies.

Coordinate major command (MAJCOM) level publications with Headquarters Air Force Personnel Center, Commanders Programs Branch (HQ AFPC/DPSFC3), 550 C Street W Suite 35, Randolph AFB TX 78150-4734. Address only Personnel Reliability Program (PRP) management in these instructions. Process supplements that affect any military personnel function as shown in AFI 37-160, volume 1, table 3.2, *The Air Force Publications and Forms Management Program--Developing and Processing Publications*, and coordinate with HQ AFPC/DPSFC3. See **Attachment 1** for references, abbreviations, acronyms and terms.

(AFSPC) This supplement implements and extends the guidance of AFI 36-2104, *Nuclear Weapons Personnel Reliability Program (PRP)*. The AFI is published word-for-word without editorial review. Air Force Space Command (AFSPC) supplemental material is indicated in bold face. This supplement describes AFSPC's procedures for use in conjunction with the basic AFI. It applies to AFSPC and all subordinate units with a mission involving active duty Air Force and civilian personnel who

are presently assigned to or are selected for assignment to duties designated as requiring PRP. It does not apply to the Air Force Reserve Command nor Air National Guard units. Upon receipt of this integrated supplement discard the Air Force basic publication.

SUMMARY OF REVISIONS

This revision requires the MAJCOM PRP monitor to establish procedures to ensure periodic review and updating of the MAJCOM assignments PLUG table with appropriate Personnel Processing Codes (PPC) when the PRP authorization is 50% or higher (paragraph 1.3.7.); establishes HQ AFPC/DPSFC3 as approval authority for requests for removal of permanent decertification involving drug abuse (paragraph 2.1.2.); clarifies policies for Personnel Security Investigations (PSIs) for PRP, requires periodic reinvestigations (PR) every 5 years for PRP-certified civilians and contractors only, and allows formal certification for second or subsequent assignment to a PRP position within a 5-year period when the PSI is over 5 years old (Attachment 4); further defines mandatory selection criteria regarding alcohol and drug abuse (Attachment 5); recommends use of the Sample PRP Questionnaire when screening personnel and health records for PRP certification (paragraph 2.2.8. and Attachment 6); requires certifying officials to verify with HQ AFPC/DPSFC3 that civilian candidates with prior active service in the Air Force do not have a record of permanent decertification (paragraph 2.2.9.1.); requires conspicuous marking of the AF Form 10, **Unit Personnel Record Group (UPRG)**, for military and the Standard Form 66, **Official Personnel Folder**, for civilians certified for PRP (paragraph 2.3.8.); requires medical treatment facility (MTF) notify the certifying official (CO), in writing, of all potentially disqualifying information (PDI) and document the notification in the health record (paragraph 2.4.3.); requires MTF to document medical care received by a non-military provider (paragraph 2.4.5.1.); requires annotation of permanent decertification, or removal thereof, in medical record (paragraph 2.4.8.); clarifies policy regarding hypnosis (paragraph 2.4.9.); clarifies definition of alcohol abuse and dependence, certifying official, competent medical authority, drug abuse, potentially disqualifying information, and substance abuse (Attachment 1); further defines permanent decertification and removal actions (Attachment 3); and adds attachments with detailed guidance pertaining to administrative, interim, formal, Permanent Change of Assignment (PCA), and code J removal actions (Attachment 2, Attachment 8, Attachment 9, Attachment 14, Attachment 15, Attachment 16 and Attachment 17). A | indicates revisions from the previous edition.

(AFSPC) The revision of this publication is to meet the format standards required by Air Force. No content material has changed. Some required format changes have been made to allow for the conversion process.

Chapter 1— HIGHER HEADQUARTERS ACTIONS 5

- 1.1. Headquarters US Air Force (HQ USAF): 5
- 1.2. MAJCOM Directorate of Personnel. 5
- 1.3. MAJCOM PRP Monitor: 5
- 1.4. HQ AFSC/SEW. 5

Chapter 2— WING AND SUBORDINATE UNIT RESPONSIBILITIES 7

- 2.1. Wing Commanders. 7
- 2.2. Group and Unit Commanders: 8

2.3. Mission Support Squadron (MSS) Commander:	10
2.4. Director, Base Medical Services (DBMS):	12
2.5. Weapons Safety Office.	15
2.6. Supervisors:	16
2.7. Individuals:	16
2.8. Forms Prescribed.	16
Attachment 1—GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS	17
Attachment 2—ADMINISTRATIVE CERTIFICATION PROCESSING GUIDELINES	22
Attachment 3—SUSPENSION AND DECERTIFICATION GUIDELINES FOR CERTIFYING OFFICIALS	27
Attachment 4—SECURITY INVESTIGATION REQUIREMENTS GUIDE	33
Attachment 5—PRP MANDATORY SELECTION CRITERIA	35
Attachment 6—SAMPLE PRP QUESTIONNAIRE	37
Attachment 7—SAMPLE INTERVIEW TOPICS FOR CERTIFYING OFFICIALS	41
Attachment 8—INTERIM CERTIFICATION PROCEDURES	42
Attachment 9—INTERIM CERTIFICATION TABLE	45
Table A9.1. Interim Certification Guidelines (see notes 1, 2, and 3).	45
Attachment 10—PRP STATUS CODES	47
Table A10.1. DIN ADA Update.	47
Attachment 11—PRP DECERTIFICATION CAUSE AND EXTENT CODES	48
Table A11.1. DIN ADD Update (see notes 1, 2 and 3).	48
Table A11.2. DIN ADE Update (see notes 1, 2, and 3).	49
Attachment 12—RELEASE OF MEDICAL INFORMATION	50
Attachment 13—AFSCS REQUIRING INITIAL ACCESSION/TDY PRP SCREENING	51
Table A13.1. AFSCs Requiring Initial Accession/TDY PRP Screening (see notes 1 and 2)	51
Attachment 14—MEDICAL AND DENTAL RECORDS ANNOTATION	52

Figure A14.1.PRP Notification Stamp.	52
Attachment 15—FORMAL CERTIFICATION PROCEDURES	54
Attachment 16—PCA RECERTIFICATION PROCEDURES	56
Attachment 17—ASSIGNMENT TO NON-PRP DUTIES (CODE J)	57

Chapter 1

HIGHER HEADQUARTERS ACTIONS

1.1. Headquarters US Air Force (HQ USAF):

- 1.1.1. The Commanders Programs Branch (HQ AFPC/DPSFC3) administers the PRP on behalf of HQ USAF/DP.
- 1.1.2. The Directorate of Civilian Personnel (AFPOA/DPW) monitors civilian PRP matters and assists with annual reporting to DoD.
- 1.1.3. The Clinical Quality Management Division (HQ AFMOA/SGOC) coordinates medical issues.

1.2. MAJCOM Directorate of Personnel. Administers the PRP for the command and serves as liaison on PRP matters within the command staff. Designates PRP monitors for the MAJCOM-level PRP.

1.2.1. (Added-AFSPC) HQ AFSPC/DPACC is designated the MAJCOM-level PRP monitor. Suspension and decertification notifications on the HQ AFSPC/DO and AFSPC Numbered Air Force (NAF) commanders will be made to DPACC during duty hours. Notifications required after duty hours will be made to the AFSPC Command Center who will relay information to the MAJCOM PRP monitor.

1.2.2. (Added-AFSPC) HQ AFSPC/DPACC will make notifications received in above paragraph to AFSPC/CC.

1.3. MAJCOM PRP Monitor:

- 1.3.1. Advises and assists all serviced organizations to include the preparation and review of training packages, when appropriate.
- 1.3.2. Recommends improvements to the PRP and prepares the MAJCOM PRP supplement, if necessary.
- 1.3.3. Provides checklists and guidance to the MAJCOM inspector general (IG) teams and validates IG findings on PRP.
- 1.3.4. Establishes MAJCOM procedures in coordination with other MAJCOM offices sharing PRP responsibilities.
- 1.3.5. Coordinates MAJCOM procedures with HQ AFPC/DPSFC3.
- 1.3.6. Provides annual certification and decertification statistics on contractors and civilians to HQ AFPC/DPSFC3. These statistics are due by 15 January (RCS: DD-C3I-1403).
- 1.3.7. Ensures updating of the MAJCOM Assignment PLUG Table with appropriate PPC for PRP when notified by base personnel that 50% or higher of an authorized AFSC in a unit requires PRP certification.

1.4. HQ AFSC/SEW. Determines PRP-position categories for critical, controlled, or noncoded duties when required. Administers PRP-contractor and contingency operations requirements.

1.5. (Added-AFSPC) NAF Directorate of Personnel. When a base's wing or missile group commander is certified on the PRP, the NAF will notify the base (letter or message) on whom to notify when PRP notifications are required on the wing/group commander. An information copy of this letter or message will be forwarded to HQ AFSPC/DPACC at 150 Vandenberg St., Ste 1105, Peterson AFB CO 80914-4450.

Chapter 2 WING AND SUBORDINATE UNIT RESPONSIBILITIES

2.1. Wing Commanders. Responsible for the wing PRP:

2.1.1. Serve as reviewing official for all permanent decertification case files started by subordinate units. For DoD civilians, send copies of your decision to AFPOA/DPW and the MAJCOM/DPC.

2.1.1.1. (Added-AFSPC) The local Civilian Personnel Flight (CPF) will forward copies of completed AF Forms 286A, Notification of Personnel Reliability Program Permanent Decertification Action, to HQ USAF/DPCE and HQ AFSPC/DPCW, 150 Vandenberg St., Ste 1105, Peterson AFB CO 80914-4450.

2.1.2. Approve or disapprove requests for removal of permanent decertification for people in subordinate units. Do not remove permanent decertifications if the cause was drug abuse as the approval authority rests with HQ AFPC/DPSFC3 (see paragraph [A3.3.4.](#) for processing instructions).

2.1.3. Determine the need, frequency, agenda, and participants of base PRP meetings.

2.1.3. (AFSPC) The Military Personnel Flight (MPF) PRP Monitor will send copies of meeting minutes, if published to HQ AFSPC/DPACC, 150 Vandenberg St., Ste 1105, Peterson AFB CO 80914-4450.

2.1.4. Ensure annual staff assistance visits (SAV) to units with an active PRP are conducted and documented in writing.

2.1.4. (AFSPC) The format for the Staff Assistance Visit (SAV) report is at the discretion of the MSS/CC. At a minimum the following items will be reviewed and reported for each SAV:

2.1.4.1. (Added-AFSPC) Appointment/delegation letter currency, Unit OIs, and compliance with DoDD 5210.42, AFI36-2104, this supplement and base supplement.

2.1.4.2. (Added-AFSPC) Certification/Recertification procedures.

2.1.4.3. (AFSPC) Added) Currency of security investigations and submission procedures.

2.1.4.4. (Added-AFSPC) Administrative certification procedures.

2.1.4.5. (Added-AFSPC) Additional duty PRP procedures.

2.1.4.6. (Added-AFSPC) Interim certification procedures.

2.1.4.7. (Added-AFSPC) Suspension, temporary decertification, and permanent decertification procedures.

2.1.4.8. (Added-AFSPC) Substance abuse/misuse (alcohol and drug) procedures.

2.1.4.9. (Added-AFSPC) Initial and refresher PRP training of all PRP administrators.

2.1.5. Ensure all base agencies have procedures for notifying unit commanders of all PDI on PRP candidates and certified personnel.

2.1.6. Ensure commanders, monitors and support agency personnel are instructed and continually trained on their role in administering the PRP.

2.2. Group and Unit Commanders:

2.2.1. Certify, decertify, and remove personnel according to DoD Directive 5210.42, this AFI, and local procedures. Formal certification occurs in the following situations: personnel arriving PCS and are assigned to a PRP billet in the unit, PCA of a non-PRP certified person to a PRP billet in the unit, internal unit assignments of personnel to a PRP billet, and additional duty certification (see [Attachment 15](#) and [Attachment 16](#)). Once certification action is initiated (assignment to a PRP billet) and PDI is discovered, the member may not be moved to a non-PRP position (or certification otherwise stopped) until the certification action is completed or the member is decertified:

2.2.1.1. Delegation of certification authority to another certifying official (CO) in the functional chain of command is authorized. However, the designated CO must be certified at a level (critical or controlled) equal to, or higher than personnel being certified (see [Attachment 1](#)).

2.2.1.1. (AFSPC) A copy of the delegation letter will be forwarded to the Director of Base Medical Services (DBMS) PRP monitor, MPF PRP monitor. If the unit has DoD civilians certified, also send a copy to the CPF PRP monitor.

2.2.2. Document these certifications and decertifications on the Report on Individual Person (RIP) Personnel Reliability program Administrative Certification (PRPCER), AF Form 286, **Personnel Reliability Program (PRP) Certificate**, or AF Form 286A, **Notification of Personnel Reliability Program Permanent Decertification Action**. For DoD civilians, annotate the AF Form 971, **Supervisor's Employee Brief**, to record PRP certification and permanent decertification actions. PDI documented on AF Form 286 will be limited to referencing the PDI source document.

2.2.2. (AFSPC) PDI will not be documented on AF Form 286, Personnel Reliability Program (PRP) Certificate. Documentation of PDI prior to 1 April 1997 was authorized by AFI36-2104, 30 June 1994 and the previous AFI36-2104AFSPC1 (AFSPC supplement), 6 January 1995.

2.2.2.1. (Added-AFSPC) Maintain only permanent PRP decertification documents and/or the AF Form 286 which documents the most recent certification or removal action. If only documenting an intra-base recertification, keep the previous AF Form 286 which documents the current medical screening.

2.2.3. See [Attachment 2](#) for administrative certification procedures.

2.2.4. Identify each position requiring a PRP-certified individual, coding only the minimum number of PRP positions on the Unit Manning Document and reevaluate annually. Use DoDD 5210.42, enclosure 3, as a guide for designating critical or controlled positions.

2.2.4. (AFSPC) The duties involved, not the Air Force Specialty Code (AFSC) or work area, determine the requirement for certification. A requirement for PRP certification is identified in one of two ways: by position number or by assignment of additional duties.

2.2.4.1. In some cases you may be required to PRP certify personnel for additional duty only when the performance of PRP duties is not on a routine or regular basis. Certify those selected for additional-duty PRP positions according to this instruction, but do not document these requirements on the Unit Manning Document.

2.2.4.1. (AFSPC) Certifying Officials (CO) must be PRP certified ("A" critical or "D" controlled) equal to, or higher than the PRP additional duty personnel they are certifying. Reviewing officials will also be certified in a PRP category ("A" critical or "D" controlled)

equal to, or higher than the personnel they are certifying. These are not additional duty certifications and require the Unit Manpower Document (UMD) be coded to reflect this requirement.

2.2.4.2. Request MPF PRP office contact MAJCOM PRP office for update of appropriate PPC for PRP whenever 50% or higher of an authorized AFSC in a unit requires PRP certification.

2.2.4.2. (AFSPC) Submit these requests in writing to HQ AFSPC/DPACC.

2.2.5. See [Attachment 4](#) for PSI requirements.

2.2.6. See [Attachment 5](#) for PRP mandatory selection criteria.

2.2.7. The CO may appoint an individual within the unit to function as the PRP monitor and focal point for the day-to-day administrative duties related to the PRP. An individual in the military grade of E-5, or above, or a civilian equivalent for nonmilitary organizations, is recommended.

2.2.7. (AFSPC) A copy of the delegation letter will be forwarded to the DBMS PRP monitor, MPF PRP monitor and the CPF PRP monitor.

2.2.8. Screen personnel records, PSI requests (if available), and arrange for health records screening and/or medical examination for each PRP candidate. Recommend use of the **Sample PRP Questionnaire** at [Attachment 6](#) during the screening process.

2.2.9. Determine the person's reliability by studying the person's past and present behavior.

2.2.9.1. Review the person's job or duty history. For civilian candidates with prior active duty service, contact HQ AFPC/DPSFC via message or memorandum and verify that no prior record of permanent decertification exists.

2.2.9.2. Obtain inputs regarding a person's reliability from base agencies such as the MTF, MPF, Civilian Personnel Flight (CPF), Family Support Center (FSC), Security Police (SP), and the Office of Special Investigations (OSI).

2.2.9.3. Consider all PDI uncovered during certification screening and continuously monitor the person's behavior to detect signs of unreliable performance before any compromise can occur.

2.2.10. Personally interview each PRP candidate, including DoD civilian candidates, for PRP positions prior to any type of certification. See [Attachment 7](#) for sample interview topics.

2.2.11. Interim certify people when necessary to accomplish the mission. Interim certification is used in carefully controlled conditions when a person does not have the required security investigation commensurate with the level of PRP duties (critical or controlled). Interim certification is authorized in a critical PRP position for a period of up to 180 days and a controlled position for 90 days. The CO may approve extensions of the interim certification period for 90-day intervals (see paragraph [A8.1.4.](#)). Interim certification also applies in the following situations: when a non-PRP certified individual PCAs to the unit; is reassigned internally within the unit to a PRP billet; or is reassigned from a controlled PRP billet to a critical billet, and in all situations lacks the required security investigation for the assignment (see [Attachment 8](#) and [Attachment 9](#)).

2.2.12. Record PRP notifications on AF Form 164, **Personnel Reliability Program Notification and Suspension Log**, or by local methods. If local method is used, it must contain the same information that is required on AF Form 164. Publication of a local form is not authorized. Refer to [Attachment 3](#) for suspension procedures.

2.2.12. (AFSPC) Coordination with HQ AFSPC/DPACC of locally devised methods is required.

2.2.13. Update PDS codes so they reflect the person's current PRP status (see [Attachment 10](#) and [Attachment 11](#)).

2.2.14. Create procedures to immediately remove suspended or decertified individuals from PRP duties. Inform the MPF, MTF, entry control authorities, and other base agencies of your actions in writing. [Attachment 3](#) contains steps to assist certifying officials in completing actions associated with suspension, and temporary and permanent decertification.

2.2.14.1. Refer to the CPF for help in placing permanently decertified DoD civilians and to the MPF for military personnel.

2.2.14.1. (AFSPC) Ensures CPF receives two copies of completed AF Form 286A, Notification of Personnel Reliability Program Permanent Decertification Action, on DoD civilians.

2.2.15. For units responsible for officer accessions and the 394th Personnel Processing Squadron, refer to [Attachment 13](#) for AFSCs requiring initial PRP screening for either critical or controlled PRP. If you recommend the individual for PRP, add this statement to their PCS orders: "Member has been initially screened and meets the qualification criteria as stated in AFI 36-2104 for performance of nuclear weapons associated duties."

2.2.16. Ensure TDY personnel are briefed of their individual responsibilities (paragraph [2.7.](#)) and TDY orders reflect the member's active PRP status (includes administrative certification).

2.2.16.1. TDY commanders will immediately report PDI to the parent commander of PRP TDY personnel.

2.2.17. (Added-AFSPC) Prepares all AF Forms 286 and 286A and provides to the MPF for filing in the UPRG for active duty personnel or maintains in the unit for DoD civilians and contractors. These forms will be typed and all annotations on the reverse of the form will be from head to foot. NOTE: For civilians the AF Form 286A original will be filed in secured files in the Certifying Officials organization with a copy kept in a secure file within the CPF.

2.2.18. (Added-AFSPC) Prepares all required actions to forward completed AF Forms 286A to the reviewing official (including staff summary sheet if required). Minimum coordination through the MPF PRP or CPF PRP monitor is required prior to submission to the reviewing official. Supplement other local coordination requirements if kept to a minimum to ensure expeditious processing.

2.2.19. (Added-AFSPC) Individuals certified for additional duty PRP, who change to full-time duties or are certified for full-time PRP, who change to additional duty, require a PDS change in PRP status code with no change in certification date, provided there is no change in certifying official. These same rules apply if there are changes from critical to controlled or vice versa. Annotate the reverse of the AF Form 286 with the date duties changed.

2.2.20. (Added-AFSPC) Commander-directed referrals are initiated by request letter to the MTF and should include the reasons for the request and other applicable information (use sealed envelope if sensitive material is included).

2.3. Mission Support Squadron (MSS) Commander:

2.3.1. Represents the senior commander on PRP matters:

- 2.3.1.1. May appoint individuals, preferably in the military grade of E-5 or higher, to act on their behalf as the base PRP monitor and to administer the day-to-day functions of the PRP.
- 2.3.2. Informs units or commanders and their supporting staff agencies on policy or procedural changes.
- 2.3.3. Ensures MPF and CPF personnel are trained on the program objectives.
- 2.3.4. Keeps a current listing of civilian positions designated under the PRP.
- 2.3.5. Publishes PRP rosters, as needed (see Air Force Manual [AFMAN] 36-2622, *Personnel Data System End Users Manual*).
- 2.3.6. Ensures PRP database is error free and that unit PRP-status updates (at PC-III bases) and/or unit requests for status updates (at non-PC III bases) are updated in a timely and accurate manner (see [Attachment 10](#) and [Attachment 11](#)). Non-PRP bases must ensure PRP database contains no active PRP codes other than for administrative certification. Particular attention must also be paid to code J currency.
- 2.3.7. Ensures filing of all AF Forms 286 and AF Forms 286A, in Section III of the UPRG for military, and the SF 66, **Official Personnel Folder**, for civilians. HQ AFPC/DPSFC3 is the only office who may authorize removal of the AF Form 286A.
- 2.3.7.1. In the event the current AF Form 286 or AF Form 286A are not in the UPRG for military, and SF 66 for civilians, obtain the certification or decertification dates from the PDS or health records and reaccomplish the form. The MPF chief will sign the reaccomplished form. Contact HQ AFPC/DPSFC3, if necessary, to obtain permanent decertification data.

2.3.7.1.1. (Added-AFSPC) If the AF Form 286 is used to document a prior certification and the individual is not currently certified ("J" coded), fill in the identification information, the MPF commander will sign in the commander's signature block and use the Personnel Data Base (PDS) code and date to enter the required information in section VI. Document in the top and bottom margins of form the following statement: "THIS FORM HAS BEEN REACCOMPLISHED TO DOCUMENT PREVIOUS CERTIFICATION ("J" CODE)". If the AF Form 286 is used to document current certification, obtain the certification dates from the PDS and reaccomplish the form. Document in the top and bottom margins of the form the following statement: "THIS FORM HAS BEEN REACCOMPLISHED TO DOCUMENT CURRENT CERTIFICATION". NOTE: Do not file or update a reaccomplished AF Form 286 if member is currently temporarily decertified ("M" coded) from PRP duties. Maintain the form at the unit until the temporary decertification action is resolved.

2.3.7.1.2. (Added-AFSPC) Use AF Form 286A to document a missing decertification form. Fill in the identification data and the MPF commander will sign the commander's signature block. Fill in the reason for decertification and document in the top and bottom margins of the form the following statement: "THIS FORM HAS BEEN REACCOMPLISHED TO DOCUMENT DECERTIFICATION" Use the PDS information to complete the decertification codes. If a thorough search of member's records and PDS do not provide the required information to reaccomplish the form, advise HQ AFPC/DPSFC3 with information copy to HQ AFSPC/DPACC of the information available and the data required.

2.3.8. Ensures AF Forms 10, **Unit Personnel Record Group**, for military personnel, and Standard Form 66, **Official Personnel Folder**, for civilian personnel, are conspicuously marked and visible to reflect assignment to PRP duties (PRP status codes A, C, D, E, F, H, L, M, and T). To conspicuously mark the records jacket, print the acronym PRP on the upper right hand corner. This does not apply to individuals who are administratively certified.

2.3.8. (AFSPC) An audit will be conducted at least once a calendar year on the UPRGs or SF 66/ Electronic OPF (Official Personnel Folder) of all PRP personnel. Written documentation of these audits is required.

2.3.9. Establishes procedures to ensure administrative certifications occur within 30 days of receipt of the assignment by the member and that member does not receive assignment orders until all PRP requirements have been met. This includes validation of security data which if not valid, a request for an update has been submitted to DIS.

2.3.10. Conducts and documents quarterly PRP training.

2.3.11. (Added-AFSPC) Ensures all local PRP administrators (i.e., certifying officials, unit PRP monitors if appointed, MPF PRP monitor, CPF PRP monitor and medical authority) receive initial PRP training in the management of PRP objectives prior to assumption of duties. Training documentation is at your discretion.

2.3.12. (Added-AFSPC) Ensures that a base training plan is established with minimum coverage of programs objectives and requirements. (It is imperative for the success of this critical program that all program objectives are thoroughly trained and that the spirit and intent of the PRP understood.)

2.3.13. (Added-AFSPC) Ensures that a base supplement is written to support local policies. Each AFSPC location with one or more PRP position(s) is required to supplement AFI 36-2104. Base supplements will be approved by the MAJCOM prior to being published. Send draft supplements to HQ AFSPC/DPACC, 150 Vandenberg St., Ste 1105, Peterson AFB CO 80914-4450.

2.4. Director, Base Medical Services (DBMS):

2.4.1. Oversees overall management and training regarding the PRP within the MTF and ensures PRP medical screenings, notifications, and evaluations are accomplished in a timely and accurate manner.

2.4.1. (AFSPC) The Medical Treatment Facility (MTF) commander will appoint an officer or NCO (minimum 5-skill level or civilian equivalent) who has sufficient training and knowledge of the PRP as the MTF PRP monitor.

2.4.1.1. (Added-AFSPC) Ensures indoctrination and training are accomplished IAW paragraph 2.4.11(Added). The medical consultant to the PRP will create a training program that will provide training to all MTF medical providers. (It is imperative for the success of this critical program that all program objectives are thoroughly trained and that each care provider understands the spirit and intent of the PRP.)

2.4.1.2. (Added-AFSPC) Ensures PRP status rosters and change rosters are received and posted by all sections maintaining PRP records.

2.4.1.3. (Added-AFSPC) Reviews emergency room/extended care clinic medical and dental treatment records each duty day to ensure medical determinations and required notifications were made on PRP members treated after normal duty hours.

2.4.2. Appoints at least one competent medical authority (CMA) (see [Attachment 1](#)) within the DBMS function to act as the medical consultant to ensure reviewing and certifying officials receive sufficient medical information to make sound judgments on individuals' suitability to perform PRP duties.

2.4.3. Ensures screening of the health records (medical, dental, mental health, etc.) including pre-service or pre-employment documents of military members, DoD civilians, contractor employees, and candidates for employment and notifies the CO, in writing, of all PDI. Medical personnel, other than the CMA, who are specifically trained and formally designated, may screen medical records for evaluating initial acceptability for performing PRP duties and as part of the continuing evaluation process following visits by healthcare providers other than CMAs. These will be at least 7-level personnel from the 4NOXX or 4FOXX career field. When the screening is performed by other than an appointed CMA and raises a question or identifies potentially disqualifying information about an individual's physical capability or mental suitability to perform PRP functions, refer the case to the competent medical authority for further evaluation or a medical examination. Documents the specific PDI and the notification to the CO on the SF 600 in the health record ensuring the CMA signs the entry on the SF 600. When PDI is found on screenings for initial certification, the CMA must sign the documentation. **NOTE:** IDMTs may fulfill this requirement by documenting the time, date, and CMA with whom consulted in the medical record. Provide the results of the review and all PDI to the CO. DoD civilians, contractor employees and candidates for employment must arrange for copies of medical records to be provided for review by host base MTF PRP office and/or CMA. **NOTE:** *Certain medical conditions that may have an affect on personal reliability may not have reoccurred for some time, or may be satisfactorily treated. Nevertheless, report these conditions as PDI so the CO has the complete picture of the person being certified.*

2.4.3.1. (Added-AFSPC) PRP screening by a CMA during administrative certification does not negate the requirement for the local (gaining) CMA to perform the screening for a formal certification.

2.4.3.2. (Added-AFSPC) Subsequent screening and audits conducted after initial screening by the CMA at location formally certifying member may be accomplished by any authorized reviewer when no additional findings of a potentially disqualifying nature are noted. If the record was not properly screened during initial screening as required, the record must be referred to the CMA.

2.4.4. Identifies all health records belonging to PRP-certified personnel (includes administratively certified individuals, PRP status code "B") using AF Form 745, **Sensitive Duties Program Record Identifier** (see AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System [MHSS]*).

2.4.5. Immediately notifies the certifying official or designated representative when a significant effect on the individual's suitability to perform PRP duties is expected as a result of medical, dental, or mental health treatment, or medication given (i.e., narcotics, sedatives, tranquilizers, or a medication known to cause drowsiness), and if drug or alcohol abuse is suspected. This includes PRP-certified

personnel undergoing treatment and a subsequent change in medication, treatment, or condition casts doubt on their suitability to perform PRP duties:

2.4.5. (AFSPC) Designated representatives will be made in writing to the DBMS.

2.4.5.1. Reviews evaluation and treatment (medical, dental, or mental health), including referrals, of PRP individuals by non-military providers. Treats information obtained in this review the same way as information obtained from military providers, making notifications to the CO. To provide for timely and accurate review in such cases, each MTF will use a specifically designed form, consisting of a statement to the non-military provider of what information is needed, and why, and a section authorizing the release of such information, to be signed by the patient. The patient will hand-carry this form to the non-military provider and return it immediately to the PRP monitor upon completion of the visit. The PRP monitor will keep a log of these forms and each MTF will establish a time frame for return of the form, after which an aggressive effort (specified in an operating instruction) will be made to obtain the information. The provider may return the form by alternate means (mail, fax, etc.) if necessary, as long as the method used will allow receipt of the information within the time frame specified by the MTF and guarantees confidentiality. A suggested format for this form is found at [Attachment 12](#). Prescriptions from non-military providers to PRP individuals will not be filled nor will medications be dispensed automatically through the pharmacy to PRP personnel without an indication that the PRP monitor or a military provider is aware of such action.

2.4.5.2. Documents such notifications in the health record using the PRP Notification Stamp (see [Attachment 14](#)). Describes the medical condition in enough detail so that the CO can decide on the individual's suitability to perform PRP duties.

2.4.5.2. (AFSPC) Only individuals specifically designated by the MTF commander will make notifications. When a PRP-certified individual receives care in a clinic authorized to maintain separate medical records (i.e., inpatient, dental, OB/GYN, mental health and family advocacy records), the PRP notification stamp must be placed in the individual's primary outpatient record, not just the record contained in the section. The record contained in the section will contain the stamp illustrated below:

"PRP NOTIFICATION IS/IS NOT REQUIRED. SEE PRIMARY OUTPATIENT RECORD FOR PRP NOTIFICATION STAMP".

This stamp will be completed by the appropriate section and action will be taken to ensure the PRP notification stamp in the individual's primary outpatient record is completed as required.

2.4.5.3. (Added-AFSPC) Following the initial visit with a care provider, the MTF notifies the member's unit of the estimated period of time required to reach a PRP recommendation. Upon completion of the evaluation, or when a determination or recommendation is made, the MTF notifies the individual's commander of the findings of the evaluation and documents the medical record using the PRP notification stamp. NOTE: At any time during the evaluation a care provider uncovers additional PDI the commander must be notified immediately. Previously existing suspensions or temporary decertifications are not justification for delaying notification of newly discovered potentially disqualifying information. Recommendations for permanent decertification will be provided to the commander in writing, to include the diagnosis, within five duty days after immediate verbal notification.

2.4.6. Trains assigned medical personnel, including geographically separated units (GSU), on the objectives and administration of this program.

2.4.7. Provides a summary of the pertinent health records to certifying and reviewing officials at their request, without a request from the individual (Title 5 U. S. C., section 552a[b][1]). The actual record will be provided only if specifically requested for clarification purposes or other expressed compelling need. Mental health clinic records may, if necessary, be reviewed in their entirety by certifying or reviewing officials, provided a privileged mental health provider is present to help interpret psychological testing data and other technical information which may be contained in the record. Certifying and reviewing officials must not release or discuss the medical records except as directed in this paragraph.

2.4.8. Ensures upon notification of permanent decertification, the AF Form 745 is removed and the effective date and reason are annotated on the Standard Form 600, **Health Record-- Chronological Record of Medical Care** (SF 600), and SF 603, **Health Record-Dental**, or SF 603A, **Health Record-Dental Continuation**.

2.4.8.1. Ensures upon notification of removal of a permanent decertification from the wing commander or HQ AFPC/DPSFC3, the SF 600 is annotated with pertinent data citing the memorandum, office and date of removal. File a copy of the memorandum in the health records.

2.4.9. Provides the CO with a PRP qualification recommendation (potential for degraded job performance or diminished reliability) whenever hypnosis is contemplated or was administered (DoDD 5210.42, enclosure 4, section F). **NOTE:** Hypnosis should not be administered to individuals under the PRP without the knowledge and consent of the certifying official.

2.4.10. Ensures mental health providers who evaluate and/or treat family members of individuals on PRP are not required to evaluate or arrange for the mental health evaluation of the individual member for the purpose of evaluating suitability to perform PRP duties unless the mental health provider providing the care to the family members judges that evaluation to be necessary.

2.4.11. (Added-AFSPC) All MTF personnel who are involved in direct patient care will receive initial PRP training before performing duties which involve patient contact. Thereafter, refresher PRP training will be conducted semiannually. PRP training of medical food service, bioenvironmental engineers, military public health or anyone not involved in direct patient care is at the option of the DBMS. Documentation of medical PRP training will be maintained by the MTF PRP monitor. For Bases with administratively certified personnel only, refresher training is required annually.

2.4.12. (Added-AFSPC) Medical recommendations of permanent decertification from the PRP will include the diagnosis. In cases where more than one diagnosis applies, the recommendation will indicate which is the primary diagnosis. When drug abuse or alcohol dependence is diagnosed, they will be the primary diagnosis.

2.4.13. (Added-AFSPC) An audit will be conducted at least annually and will include the outpatient, inpatient (while hospitalized), dental, OB/GYN, mental health and family advocacy records. Questionable situations or apparent violations of procedures in the AFI or supplement will be brought to the attention of the CMA and certifying official for review and action.

2.5. Weapons Safety Office. Works with applicable agencies to support the PRP and assists the MSS/CC to resolve any PRP issues (see AFI 91-101, *Air Force Nuclear Weapons Surety Program*).

2.6. Supervisors:

- 2.6.1. Monitor the reliability of subordinates and notify the CO of any PDI.
- 2.6.2. Tentatively select DoD civilian candidates for PRP positions.

2.7. Individuals:

- 2.7.1. Monitor your own reliability and notify the CO of any PDI.
- 2.7.2. Inform your certifying official of all civilian medical and dental treatment, to include self-medication. If you require treatment from a civilian physician, provide copies of medical records for review by your host base MTF PRP office.
- 2.7.3. Inform support agencies of your active PRP status before getting treatment or consultation.
- 2.7.4. Inform your certifying official or supervisor when co-workers appear to engage in situations that may affect reliability.
- 2.7.5. Ensure your reliability by staying physically competent, mentally alert, and technically proficient.
- 2.7.6. Notify your certifying official when hypnosis is contemplated or has ever been administered.

2.8. Forms Prescribed. AF Form 164, **Personnel Reliability Program Notification and Suspension Log**; AF Form 286, **Personnel Reliability Program (PRP) Certificate**; AF Form 286A, **Notification of Personnel Reliability Program Permanent Decertification Action**.

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DCS/Personnel

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

References

DoDD 5210.42, *Nuclear Weapon Personnel Reliability Program (PRP)*

AFI 31-501, *Personnel Security Program Management*

AFI 32-3001, *Explosive Ordnance Disposal Program*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*

AFI 44-120, *Drug Abuse Testing Program*

AFI 44-121, *Alcoholism Rehabilitation Program*

AFI 47-101, *Managing Air Force Dental Services*

AFI 91-101, *Air Force Nuclear Weapons Surety Program*

AFMAN 36-2622, *Personnel Data System End Users Manual* (formerly AFM 30-130, volume II)

DSM-IV, *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, 4th or most current edition, American Psychiatric Association, Washington D.C. 1994

Abbreviations and Acronyms

AFPC—Air Force Personnel Center

AFRES—Air Force Reserve

AFROTC—Air Force Reserve Officers' Training Corps

AFSC—Air Force Specialty Code

ANG—Air National Guard

ASCAS—Automated Security Clearance Approval System

BI—Background Investigation

CO—Certifying Official

CPF—Civilian Personnel Flight

CMA—Competent Medical Authority

DAFSC—Duty Air Force Specialty Code

DBMS—Director of Base Medical Services

DEP—Delayed Enlistment Program

DIN—Data Identification Number

DIS—Defense Investigative Service

DOD—Department of Defense
EAD—Extended Active Duty
GSU—Geographically Separated Unit
HQ AFSC—Headquarters Air Force Safety Center
IDMT—Independent Duty Medical Technician
IG—Inspector General
MAJCOM—Major Command
MPF—Military Personnel Flight
MTF—Medical Treatment Facility
NAC—National Agency Check
NACI—National Agency Check Plus Written Inquiries
OPR—Office of Primary Responsibility
OSI—Office of Special Investigations
PCA—Permanent Change of Assignment
PC-III—Personnel Concept III
PCS—Permanent Change of Station
PDI—Potentially Disqualifying Information
PDS—Personnel Data System
PPC—Personnel Processing Code
PR—Periodic Reinvestigation
PRP—Personnel Reliability Program
PRPCER RIP—Personnel Reliability Program Administrative Certification RIP
PSI—Personnel Security Investigation
RIP—Report on Individual Person
RNLTD—Report Not Later than Date
SAV—Staff Assistance Visit
SBI—Special Background Investigation
SDP—Sensitive Duties Program
SG—Surgeon General
SSBI—Single Scope Background Investigation
SSN—Social Security Number
TDY—Temporary Duty

UPRG—Unit Personnel Record Group

USAFR—United States Air Force Reserves

Terms

Active Service—A general term applied to all active military service with the active force without regard to duration or purpose. For PRP purposes:

- Consider cadets or midshipmen at any of the four service academies as active duty.
- Do not consider Air Force Reserve Officers Training Corps (AFROTC) personnel as active duty. Pre-commissioning security investigations done on officers are not valid for PRP unless completed within 2 years of the date these officers report for active duty after commissioning.
- Request a new investigation for individuals enlisted in the Armed Forces under the Delayed Enlistment Program (DEP) when their ENTNAC is over 2 years old at the time of enlistment.

Alcohol Abuse—Meets the criteria for diagnosis of alcohol abuse included in the most current edition of the DSM as determined by CMA.

Alcohol Dependence—Meets the criteria for diagnosis of alcohol dependence in the most current edition of the DSM as determined by CMA.

Break in Active Service—For the purpose of PRP, an interruption in active military service of over 24 months constitutes a break in active service. People are considered to have a break in active service or employment when:

- They return to active duty or employment after an absence of 2 years or more. Inactive service in a US Armed Forces Reserve or National Guard component constitutes a break in service even if active duty for training or other temporary active service of less than 180 days may occur.
- More than 2 years have elapsed since the date their last security investigation was completed and the extended active duty (EAD) date. This applies to individuals enlisted under the Delayed Enlistment Program (DEP) and officers who have received a commission through Air Force Reserve Officer Training Corps (AFROTC).

Certification— A statement on an AF Form 286 signed by the certifying official. It validates the person named in the certificate has been screened and evaluated and meets the standards for assignment to a PRP position. There are four types of certification:

- **Administrative Certification.** A statement by the losing commander documented on the RIP PRPCER, or AF Form 286, that the person in question is qualified for a projected assignment to PRP duties (code B). Refer to [Attachment 5](#) for mandatory selection criteria and [Attachment 2](#) for processing.
- **Formal Certification.** A statement documented on the AF Form 286 by the certifying official that the person in question is fully qualified for assignments requiring critical or controlled certification (codes A, D, F or H). Formal certification occurs on or after the person's arrival at the new assignment or billet, but before he or she performs any PRP duties (see [Attachment 14](#)).
- **Interim Certification.** A type of certification allowing performance of PRP duties, but subject to restrictions pending completion of a current PSI (see [Attachment 8](#) and [Attachment 9](#)). Use PRP status codes E and T only.

- **Permanent Change of Assignment (PCA) Recertification.** The same as formal certification (excluding medical screening), but results from a PRP certified individual moving from one unit to another, changing position number or billet, and certifying official (see [Attachment 15](#)).

Certifying Official— For military and Department of Defense (DoD) civilian personnel, this individual is:

- The commander who controls nuclear weapons, weapons systems, or critical components and performs the actual PRP certification. The commander may delegate this duty to a deputy or assistant (officer only) in the functional chain-of-command. In any case, the CO must be certified in a PRP category (critical or controlled) equal to, or higher than the personnel they are certifying. Interim certified certifying officials may certify and decertify personnel of their unit.
- For contractor personnel, the person designated in the contract who has technical knowledge of the contract and contact with the individuals they will certify.
- By position, the commander and vice-commander of a MAJCOM, a Field Operating Agency (FOA) commander, a Numbered Air Force (NAF) commander, and a Air Logistic Center (ALC) commander is a certifying official and need not be formally certified unless they perform nuclear weapons duties requiring PRP certification. With the exception of the MAJCOM commander and vice-commander, if CO duties are delegated to a deputy or assistant, the delegated CO must be certified for PRP.

Commander—The person who controls operations within a specific Air Force function (usually the squadron commander). In most cases, the commander is the formal certifying official.

Competent Medical Authority—A US military medical corps officer, biomedical sciences corps officer, nurse corps officer, or dental corps officer, or a US civilian physician employed by, or under contract to the US government, responsible for oversight and review of medical services or clinical evaluation, as specified by the certifying official and, when appropriate, the reviewing official.

Controlled Position—A position that requires the assigned person to enter a no-lone zone or to control entry into a no-lone zone. The person has no technical knowledge pertaining to the launching, releasing, or detonating of a nuclear weapon or critical component.

Critical Component—A component of a nuclear weapon system that if bypassed, activated, or tampered with could contribute to authorization, prearming, arming, or launching of a combat delivery vehicle carrying a nuclear weapon, or the mistargeting of a nuclear weapon.

Critical Position—A position that requires a person to be in close physical proximity to a nuclear weapon. This person controls access to or uses technical data on the electrical or mechanical parts, or has access to unlock and or authenticate values of a nuclear weapon or weapons system that launch, release, or detonate the weapon.

Drug Abuse—The use or possession of controlled substances, or illegal drugs, or the nonmedical or improper use of other drugs (e.g., prescription and over-the-counter, etc.) that are packaged with a recommended safe dosage. That includes the use of substances for other than their intended use (i.e., glue and gasoline fume sniffing or steroid use for other than that which is specifically prescribed by competent medical authority).

Individual Reliability—Stable performance in carrying out duties associated with nuclear weapons, weapons systems, or critical components and compliance with responsibilities as outlined in [paragraph 2.7](#).

Medical Treatment Facility—A facility established for the purpose of furnishing medical and dental care to eligible individuals.

Notification—A procedure used by support agencies (such as MTF, Family Support, Security Police) to inform the commander of a person who should be considered for suspension or decertification.

Nuclear Weapon—A complete assembly (i.e., implosion type, gun type, or thermonuclear type) in its intended ultimate configuration which, upon completion of the prescribed arming, fusing, and firing sequence, is capable of producing the intended nuclear reaction and release of energy.

Nuclear Weapons System—A combat delivery vehicle with its nuclear weapon or weapons and associated support equipment, noncombat delivery vehicles, facilities, and services.

Permanent Decertification—A determination by the certifying official the person does not meet the reliability standards specified in DoD Directive 5210.42 or this AFI (see [Attachment 3](#)).

Personnel Data System (PDS)—A collective term encompassing the total vertical computerized personnel data system. It is used when a specific subsystem is not being referenced. The system is designed to provide capability for equitable, responsive, uniformly administered and cost-effective management, and administration of active duty military, Air National Guard, Air Force Reserve, retired, and civilian personnel.

Personnel Reliability—A commander's determination of an individual's trustworthiness to perform duties related to nuclear weapons.

Potentially Disqualifying Information (PDI)—Any information derived from a situation that causes an impairment of an individual's duty performance or causes an individual's reliability to be in question (see paragraph [A2.6](#)).

Reviewing Official—The commander or a designated representative at the command level immediately above the certifying official (no lower than wing or comparable level commander). The reviewing official makes final decisions on permanent decertification case files.

S-1 Profile—No psychiatric disorder.

Sensitive Duty—The medical community uses this terminology to refer to the PRP in this AFI and the Presidential Support Program (AFI 31-501). Use AF Form 745 to identify the health records of personnel in PRP.

Substance Abuse—Meets the criteria for diagnosis of substance abuse included in the most current edition of the DSM, as determined by CMA.

Suspension—Actions initiated by the certifying official, support agencies, the supervisor, or the individual to temporarily relieve a person from PRP duties because of PDI and personal reliability is not in question ([Attachment 3](#)).

Technical Competence—The degree of skill and knowledge required to perform the assigned tasks effectively. Personnel with an entry-level AFSC are technically competent for purposes of the PRP.

Temporary Decertification—An interim procedure used to prohibit an individual from performing PRP duties ([Attachment 3](#)).

Two-Person Concept—A system designed to prohibit access by one individual to nuclear weapons and certain designated components by requiring the presence at all times of at least two authorized persons, each capable of detecting an incorrect or unauthorized procedure with respect to the task to be performed.

Attachment 2 ADMINISTRATIVE CERTIFICATION PROCESSING GUIDELINES

A2.1. The MPF:

A2.1.1. Relocations Element receives the assignment allocation which identifies a requirement to administratively certify the member for duties under the PRP. This notification normally appears as a PPC indicated on the assignment allocation (i.e. DAG, HRA, HRB, HRD, S12, S14, S15, S17, S21, S25, S26, 9JY, and 9NG) or may appear in the assignment remarks.

A2.1.1.1. Coordinates the PRP requirement with the MPF chief (DPM) and the MPF PRP monitor.

A2.1.1.2. Not publish PCS orders until completion of administrative certification and receipt of a copy of the signed certification paperwork.

A2.1.1.3. Reclama assignments when the administrative certification results in permanent decertification.

A2.1.2. PRP monitor forwards the administrative certification RIP or AF Form 286 to the losing commander for processing of the administrative certification. Administrative certification is not required for individuals who are already formally certified.

A2.1.3. MPF Chief (DPM) monitors the administrative certification process to ensure timely actions by the unit and MTF. This function cannot be delegated and ensures:

A2.1.3.1. PDI is expeditiously forwarded to the gaining certifying official and MPF.

A2.1.3.2. Administrative certifications are completed within 30 days of PRP-assignment acknowledgment. If not, a statement of delay of certification must be on the reverse of the AF Form 286 or PRP-administrative certification RIP and signed by the certifying official.

A2.1.3.3. PCS orders are signed by the MPF Chief but not published until after the certification is complete. This includes validating the security investigation data which, if invalid, ensures a request to update the investigation has been submitted to DIS.

A2.1.3.4. The PRP candidate is permanently decertified if the gaining commander determines administrative certification is not appropriate because of the PDI forwarded by the losing commander.

A2.2. The Unit Commander will ensure:

A2.2.1. A suspense is established for completion of the administrative certification within 30 days of PRP assignment acknowledgment. This includes the submission of a PSI request off base to the DIS, if required. *Note: The administrative certification process is vitally important, especially to a gaining commander. Failing to ensure only the most reliable personnel are certified for PRP continues to receive high-level interest and directly impacts mission performance. Use DoDD 5210.42, Attachment 2, Attachment 4, Attachment 5, Attachment 6, and Attachment 7 from this instruction to process your administrative certifications.*

A2.2.1. (AFSPC) A unit commander that performs only administrative certifications does not need to be certified under the PRP.

A2.2.2. Verification of the currency of the security investigation and need for a new PSI in accordance with **Attachment 4** based on the category of certification (critical or controlled) required by the PPC. If a new PSI is required, initiate the request immediately through the unit security manager. *Note: Personnel requiring administrative certification whose PSI is 5 years old or older between the assignment selection date and the Report Not Later Than Date (RNLTD) must submit a new PSI, unless the individual has performed PRP duties within the past 5 years (code J or currently formally certified). If the Code J expires prior to the RNLTD and the PSI is 5 years old or older, submit a new PSI prior to administrative certification.*

A2.2.3. Personal review of the entire UPRG, Unfavorable Information File (UIF), control roster, Personnel Information File (PIF), and PSI request forms, if available. Recommend use of the **Sample PRP Questionnaire** at **Attachment 6** during the screening process. *NOTE: The commander must be advised of all PDI to be able to assess eligibility for PRP certification. Establish procedures to ensure all agencies (unit personnel, medical, security managers, etc.) report all PDI. It is the commander's responsibility to determine the person's reliability based on consideration of all PDI. Refer to paragraph **A2.6.** for further discussion and a general listing of PDI.*

A2.2.4. Mandatory selection criteria are met for administrative certification (see paragraph **A2.4.2.** and **Attachment 5**).

A2.2.5. The unit commander signs the RIP PRPCER in section I and immediately forwards to the MTF.

A2.3. The MTF PRP Monitor will:

A2.3.1. Ensure the entire health (medical, dental, mental health and Family Advocacy) records are reviewed for PDI.

A2.3.2. Ensure all PDI is provided to the commander in writing, as well as documented on the SF 600. Include a recommendation for suitability to perform PRP duties in the notification to the unit commander (see paragraph **2.4.3.**).

A2.3.3. Ensure all health records are flagged using an AF Form 745 regardless of the medical recommendation to the commander and complete section II of the RIP PRPCER or AF Form 286:

A2.3.3.1. Ensure that all subsequent medical PDI is passed to the CO until the individual departs PCS.

A2.3.4. Immediately forward the RIP PRPCER to the unit commander with written notification of all PDI, if applicable.

A2.4. The Unit Commander will ensure:

A2.4.1. If a new PSI is required, do not process the RIP PRPCER any further until the local security police has accepted the investigation paperwork and forwarded it to DIS. *Note: Investigation requests must be submitted to the local security police and forwarded off base within 30 days of initial notification of investigative requirements (AFI 31-501) and prior to completion of the administrative certification.*

A2.4.2. The historical data in the person's records and any PDI uncovered during the screening process are reviewed in order to evaluate the person's reliability to perform nuclear weapons-related duties. If the PDI does not result in a permanent decertification, forwards all PDI found during the

screening process to the gaining certifying official and permanently decertifies the PRP candidate if the gaining certifying official determines administrative certification is not appropriate.

A2.4.3. If PDI was found and the gaining certifying official determines administrative certification is appropriate, conducts a face-to-face personal interview to include a spirit-and-intent briefing (see [Attachment 7](#)). This interview cannot be delegated.

A2.4.4. The RIP PRPCER is signed in section III by the unit commander and the individual, acknowledging receipt of the interview and certification. Squadron section commanders below MAJCOM/FOA/DRU level are not permitted to certify. This includes technical training squadron section commanders who possess the C (commander) prefix on their AFSC (see [Attachment 1](#)).

A2.4.5. Permanent decertification is accomplished if the individual is found not qualified for administrative certification (see [Attachment 3](#) for processing). Permanent decertification does not automatically disqualify a person from an assignment. After the reviewing authority (wing commander or equivalent) has approved the decertification action, ensure the MPF Personnel Relocations Office is informed to verify with the gaining MAJCOM and MPF if the individual can be used in a non-PRP position. If not, the MPF will reclaim the assignment. **Note: Once an individual is identified for PCS assignment to a PRP billet, the administrative certification begins and can only result in certification or permanent decertification. A change in assignment does not negate the requirement for permanent decertification.**

A2.4.6. Update of the PDS with PRP-Status code B and date the commander signed in section III if found qualified for administrative certification. Non PC-III units will forward the RIP PRPCER to the MPF PRP monitor for update of PDS. If the certification occurred after 30 days from the date of assignment notification, explain the reason for delay on the reverse of the AF Form 286 or on the RIP.

A2.4.7. If the individual is permanently decertified, update the PDS with one of the following PRP status codes (refer to [Attachment 10](#) and [Attachment 11](#) and the PC-III Help Screen for additional update instructions):

A2.4.7.1. P - when the individual is permanently decertified from projected critical PRP duties and *has* performed PRP duties within the last 5 years.

A2.4.7.2. Q - when the individual is permanently decertified from projected critical PRP duties and *has not* performed PRP duties within the last 5 years.

A2.4.7.3. R - when the individual is permanently decertified from projected controlled PRP duties and *has* performed PRP duties within the last 5 years.

A2.4.7.4. V - when the individual is permanently decertified from projected controlled PRP duties and *has not* performed PRP duties within the last 5 years.

A2.4.8. The completed RIP PRPCER (if administratively certified), or AF Form 286A documenting permanent decertification, is forwarded to the MPF PRP monitor. A copy of the completed AF Form 286A must be forwarded to the MTF for removal of the AF Form 745. **Note: Once an individual is administratively certified for PRP, continuous evaluation of the individual is required. If a member fails to maintain mandatory selection criteria, initiate permanent decertification action.**

A2.4.9. In conjunction with the MPF, responds to processing discrepancy and query messages reported by the gaining unit and MPF within 5 duty days by message. On query messages, advises

every 5 duty days thereafter of certification status if the individual is not certified. On discrepancy messages, include which measures are taken to preclude reoccurrence.

A2.5. The MPF:

A2.5.1. MPF Chief ensures the certification is complete to include verifying the security date (see paragraph [A2.1.3.](#)). PCS orders must not be published until after the administrative certification is complete.

A2.5.2. MPF chief ensures the wing commander notifies the gaining wing commander by message of those individuals who are not certified within 60 days of departure. The message must include the reasons for delay in certification and the expected certification date.

A2.5.3. PRP monitor provides a copy of the RIP PRPCER or AF Form 286 to the MPF Personnel Relocations Office and files the original in section III of the UPRG or files the original AF Form 286A in section III of the UPRG, if the person is permanently decertified. If the individual is permanently decertified, notify the MTF to remove the AF Form 745 from the health records and annotate the decertification action on the SF 600.

A2.6. PDI Discussion:

A2.6.1. PDI is any information regarding, but not limited to, a persons physical, mental, or emotional status, on and off duty, which may cast doubt on his or her ability to perform nuclear weapons related duties. This information can be gathered from a variety of sources such as the UPRG screening (i.e. OPR/EPR ratings and comments, security investigation request and enlistment documents, etc.), health records screening (medical, dental, mental health records), Family Advocacy, PIF, UIF, contact with supervisory personnel, and the member. Evidence of any deficiency in the following paragraphs is reason to question the reliability of an individual. This list combines elements of both DoD and AFI guidance, but is not an all-inclusive list. When considering the reliability of a person, do not allow this list to be a substitute for sound judgment, but take into account the risk to nuclear surety. Also, refer to [Attachment 5](#) for mandatory selection criteria and the Sample PRP Questionnaire at [Attachment 6](#):

A2.6.1.1. Lack of dependability in accepting responsibilities, or ability to carry out duties effectively and in an approved manner; poor attitude, lack of motivation toward assigned duties.

A2.6.1.2. Lacks the physical competency, mental alertness and technical proficiency to perform assigned duties; negligence or delinquency in duty performance.

A2.6.1.3. Lacks flexibility in adjusting to changes in the working environment and ability to use good judgment in meeting adverse or emergency situations.

A2.6.1.4. Does not possess good social adjustment and emotional stability; or lacks a positive attitude toward nuclear weapons duty and the objectives of the PRP.

A2.6.1.5. Financial irresponsibility, bankruptcy, garnishment of wages, credit problems, or delinquency on debts.

A2.6.1.6. Currently taking any medications which could be disqualifying for PRP.

A2.6.1.7. Significant mental or character traits, or aberrant behavior, substantiated by competent medical authority, that might affect the reliable performance of duties; mental health treatment, or Family Advocacy counseling.

A2.6.1.8. Behavior patterns that show or suggest a contemptuous attitude toward the law, regulations, or other duly constituted authority.

A2.6.1.9. Substance abuse (alcohol or drug) is always potentially disqualifying. This includes the use of illicit drugs, non-prescription steroids, mood or mind altering drugs (prescription or non-prescription), misuse of prescription/non-prescription drugs, DWI/DUI, and alcohol incidents. Closely review DoD and AFI references for alcohol and drug abuse and contact the MAJCOM PRP office for clarification.

A2.6.1.10. Member does not possess a current and documented S-1 profile.

A2.6.1.11. Significant medical problems, serious illness, surgery, unconsciousness, sleepwalking, seizures, dizziness, and fainting.

A2.7. Gaining PRP Unit and MPF Responsibilities:

A2.7.1. The gaining MPF ensures the PRP requirement exists and queries the losing unit and MPF of the status of administrative certifications which are not updated in PDS within 60 days of gaining unit receiving the assignment allocation RIP.

A2.7.2. Gaining PRP MPFs will report all administrative certification discrepancies to include administrative errors. Discrepancies that result in a delay in formal certification or permanent decertification will be reported as *mission impact* discrepancies. Report the specific discrepancy (mission impact or not) or discrepancies by message to the losing wing, group, and unit commanders, MSS/CC, and MPF/DPM, with information to the losing and gaining MAJCOMs and HQ AFPC/DPSFC3.

A2.7.3. The losing unit commander and MSS/CC will respond to the discrepancy message within 5 duty days of receipt of the message. The message will include what measures are taken to preclude reoccurrence.

Attachment 3

SUSPENSION AND DECERTIFICATION GUIDELINES FOR CERTIFYING OFFICIALS

A3.1. Suspension. Use this action to immediately remove an individual from PRP-related duties without decertification (see attachment 1). Although a recommendation for suspension may come from many sources, the certifying official makes the final decision. A person who has been suspended is still considered reliable with regard to the PRP, but because of circumstances cannot perform duties requiring PRP certification. *Note: A certifying official who is suspended is still considered reliable and may perform the usual PRP administrative functions (i.e. certification, suspension and decertification actions):*

A3.1.1. Application. Suspension applies only to individuals who are interim or formally certified in the PRP. Use suspension:

- When the individual's reliability is not in question.
- When the problem is temporary (30 days or less).
- While researching the facts to determine if an individual's reliability is impaired. Do not use suspension in place of decertification when the facts and circumstances indicate unreliable behavior.

A3.1.2. Mandatory Actions. A suspension requires the CO to:

- Remove the suspended individual from duties requiring PRP certification.
- Notify the individual's supervisor of the suspension and brief the individual on the suspension. In the briefing, explain that the individual must not perform PRP-related duties.
- Continue evaluating the individual's reliability.

A3.1.3. Documentation. A suspension is:

- Recorded on the AF Form 164 (or locally devised means [paragraph 2.2.12.]) by name, SSN, reason, and date for each notification with the CO's decision for suspension.
- Not PDS-updated and not annotated on AF Form 286 or 286A.

A3.1.4. Duration. A suspension lasts for a maximum of 30 days. If the cause of the suspension lasts longer, temporary or permanent decertification is required.

A3.2. Temporary Decertification. Use this action to keep an individual from performing PRP duties when an individual's reliability is in question or impaired and neither suspension nor permanent decertification is appropriate. Do not use temporary decertification if the facts dictate permanent decertification. A person who is temporarily decertified may not perform duties requiring PRP certification. Temporary decertification is not required for personnel with an illness, injury, or disease that requires hospitalization or placement on quarters if their reliability is not in question. *NOTE:* If the certifying official is temporarily decertified, he or she cannot initiate certification, suspension, and decertification action on members of their unit. Proceed to the next higher level in the chain of command for these actions.

A3.2. (AFSPC) The CO ensures temporary decertification action is accomplished within 1 duty day of access being denied.

A3.2.1. Application. Temporary decertification applies only to individuals who are interim or formally certified and whose reliability is in question, or when a 30-day suspension expires, or while researching the facts of an incident or situation to determine whether the individual should be reinstated to the PRP or permanently decertified. Temporary decertification is mandatory for individuals diagnosed as alcohol abusers (see paragraph A5.1.8.), when a Special Security File is established, if access to classified information is withdrawn, and when an individual's security clearance has been withdrawn and is pending adjudication by the 497 IG/INS:

A3.2.1.1. Ensure the temporary decertification is resolved or the individual is permanently decertified prior to military separation or discharge processing.

A3.2.1.2. If you cannot resolve a temporary decertification and military reassignment (PCA/PCS) is mandatory, the losing commander must explain why the individual is being reassigned in a temporarily decertified status.

- Notify the gaining commander in writing at least 30 days before the member's projected departure.
- Send copies to HQ AFPC/DPSFC3 and the gaining and losing MAJCOM and MPF (DPMA) PRP monitors.

A3.2.1.3. Following the individual's reassignment, the gaining commander reevaluates the case, and either continues or removes the temporary decertification, or permanently decertifies the individual.

A3.2.2. Mandatory Actions. Temporary decertification requires the CO to:

- Immediately remove the individual from duties requiring PRP certification and notify appropriate entry control authorities.
- Notify the individual via memorandum of removal from duty detailing the reasons and restrictions. Obtain the individual's acknowledgment of the notification memorandum as soon as possible.
- Update PRP status code "M" and the date the CO signs the memorandum.
- Continue to evaluate the individual's reliability.
- Remove temporary decertification via memorandum as soon as you have enough information to decide an appropriate action or at the end of the temporary decertification period.
- If you do not remove temporary decertification, permanently decertify the individual.

A3.2.2. (AFSPC) If the individual is not available to acknowledge receipt, process the case and explain why the individual's acknowledgment could not be obtained. Ensure the temporary decertification letter is signed as soon as the individual is available for acknowledgment. Establish a decertification case file including at a minimum the temporary decertification memorandum and supporting documentation. Maintain the case file until the member is reinstated or permanently decertified (include temporary decertification case file in the permanent decertification case file).

A3.2.3. Duration. Temporary decertification can last for up to 180 days. Use this time to collect the information you need to decide whether to remove the temporary decertification or take permanent decertification action. If you cannot find enough information to make this decision, you may extend

the process in 30-day increments, not to exceed a total of 270 days. Document each extension by memorandum.

A3.3. Permanent Decertification. Use this action to remove an individual from the PRP. Use it in situations that will not allow suspension or temporary decertification. Permanent decertification indicates the individual has questionable reliability or long-term impaired capability (longer than the temporary decertification time frame). Under these circumstances, the individual may not perform duties requiring PRP certification:

A3.3. (AFSPC) The CO ensures permanent decertification action is accomplished within 1 duty day of receiving information/documentation requiring decertification.

A3.3.1. Application. Permanent decertification applies to individuals who are certified in the PRP or are being screened for the PRP. Permanently decertify when:

- You have confirmation of the individual's drug abuse (see [Attachment 5](#) for clarification).
- The person is diagnosed as alcohol dependent.
- The person is being involuntarily discharged or removed for cause. In this situation, permanently decertify the individual and update the PDS before discharge.
- The person no longer continues to meet the criteria listed in [Attachment 5](#).
- The person is not qualified for administrative certification for PCS or training.
- The person's security clearance has been revoked.

A3.3.1. (AFSPC) When a PRP-certified individual is being involuntarily discharged or removed for cause, the permanent decertification will be effective NLT the date the individual is notified of the action.

A3.3.1.1(Added-AFSPC). The commander may permanently decertify any member who has recurring alcohol-related incidents, but does not meet the diagnostic criteria for alcoholism before completion of the SART evaluation process. Use cause code B800. Whenever there are no current alcohol problems, but in the commander's judgment the individual's alcohol history makes him or her unsuitable for nuclear weapons duties, permanent decertification will be accomplished using cause code J600. A member may be permanently decertified using cause code E900 upon identification, regardless if drug abuse confirmation is before or during the SART evaluation process. The AF Form 286A will include the specific circumstances and type of drug in the narrative.

A3.3.2. Mandatory Actions. Permanently decertification requires the CO to:

- Remove the person from duties requiring PRP certification and notify appropriate entry control authorities.
- Notify the person in writing (AF Form 286A) of the reasons for removal and give them an opportunity for rebuttal and acknowledgement. Provide a copy to the CPF for DoD civilians.
- Notify all agencies supporting the unit's PRP that the person is no longer PRP-certified (i.e. MPF, MTF, etc.).
- Forward the permanent decertification case file to the reviewing official for approval or disapproval.

- Updates PDS with PRP decertification status code, date CO signs, cause code and extent code, if applicable after the reviewing official signs the AF Form 286A (see **Attachment 10** and **Attachment 11**).
- If an error is discovered or the reviewing official determines decertification is invalid after the information is updated, advise the MPF to correct the PDS locally within 30 days of the decertification date.
- If PDS is not corrected within 30 days of the effective date or PDS cannot be updated due to the members separation record status (RS120) or dropped from rolls, advise HQ AFPC/DPSFC3 by message, through the MPF, with the following information: SSN, last and first names, middle initial, grade, PRP status code and date, MAJCOM ID, AFSC, date of birth, and cause codes.

A3.3.2. (AFSPC) The unit will notify the entry controlling authorities immediately (confirm in writing the following duty day) that the individual is no longer PRP-certified. Advise the individual that they may submit statements or documentation to the commander within ten calendar days after receiving the notice of the decertification. Provide them a copy of the AF Form 286A. If the individual is not available for acknowledgment, process the case file without acknowledgment and explain why the acknowledgment could not be obtained. Once the individual is available, have them sign the AF Form 286A. If the individual indicated they would submit additional information, suspend the case file until the individual submits additional documentation or the ten calendar days after the acknowledgment date if no documentation is submitted and process the case file.

A3.3.2.1(Added-AFSPC). The MTF PRP monitor annotates the health record (SF 600) to show permanent decertification, effective date, and reason. If the reason for decertification is not medical, then annotate the SF 600 to reflect permanently decertified on (date), for other than medical reasons.

A3.3.3. Documentation. Document permanent decertification on AF Form 286a in the UPRG and SF 600 in the medical records. The reason for decertification on the AF Form 286A must include the specific circumstances surrounding the CO's decision to decertify the individual. MPFs must ensure the AF Form 286A is prepared properly and the PDS is updated correctly prior to filing the form in the UPRG.

A3.3.3. (AFSPC) A permanent decertification case file will be established, include supporting documentation referencing the information that warranted the decertification. The AF Form 286A is designed to stand alone, therefore, the remarks area will be clearly documented as to the reasons for permanent decertification. Member's unit of assignment maintains the case file IAW AFMAN 37-139.

A3.3.3.1(Added-AFSPC). The MPF or CPF PRP monitor attaches the AF Form 286A to the current AF Form 286 and both become a permanent document.

A3.3.4. Duration. Permanent decertification stays in effect until documented evidence is submitted which clearly demonstrates the disqualifying problem no longer exists, is not likely to return, and the individual concerned is otherwise qualified to perform PRP duties. Use the following steps when processing a request for removal of permanent decertification:

- As a minimum for all requests, supporting documents should include current medical evaluation, if appropriate, copies of AF Forms 286/286A, copies of performance reports at time of decertification to present, and memorandum of endorsement from the unit commander.
- The reviewing official is the approval authority for requests for removal of permanent decertification unless the reason for decertification was drug abuse (paragraph 2.1.2.). Forward these requests through the MAJCOM/DP to HQ AFPC/DPSFC3.
- If the reviewing official approves the request, the unit will ensure a copy of the approval memorandum arrives at HQ AFPC/DPSFC3 (military) for removal of the decertification from the PDS, or AFPOA/DPW (civilian), the MSS commander, and the MTF.
- If HQ AFPC/DPSFC3 reviews the request, a memorandum of our decision will be provided to the MAJCOM PRP office for distribution to the base.
- Regardless, the MTF will annotate the approved removal action citing the approval memorandum, office, and date as authority on SF 600.
- The MPF will annotate the approved removal action citing the approval memorandum, office, and date as authority on the reverse of the AF Form 286A and file in section III of the UPRG.

A3.3.4. (AFSPC) A 1-year observation period of duty performance is encouraged, regardless of the original reason for permanent decertification.

A3.3.4.1(Added-AFSPC). The MPF or CPF PRP monitor will forward a copy of the approved removal letter to HQ AFSPC/DPACC. AF Forms 286 and 286A will remain as a permanent document.

A3.3.5. Disposition of Permanently Decertified Personnel. Punitive action is not to be taken against personnel solely because of their failure to qualify or remain qualified under this program. The member's record will not contain any adverse comments based solely on the decertification. The servicing MPF will take the following actions when determining disposition of personnel who have been permanently PRP decertified:

- Review feasibility to locally reassign member to a non-PRP position in current CAFSC.
- Request disposition through appropriate MAJCOM Assignment and Classification functions, with informational copies to HQ AFPC/DPPAPC, appropriate DPAAD, and DPSFC3. Provide specific rationale relating to permanent PRP decertification actions. HQ AFPC, with MAJCOM recommendation, will determine appropriate disposition by directing:
- Local utilization in another previously awarded AFSC.
- Realignment or reassignment.
- AFSC withdrawal and retraining.

NOTE:

The Air Force Office of Special Investigation (AFOSI) must notify the commander that a PRP certified individual is under investigation and the circumstances of the investigation. The commander is not required to immediately suspend or decertify an individual solely because an AFOSI investigation has been initiated. Any actions taken will depend on the nature of the allegations. The individual under investigation may continue in PRP duties when it is clear that the security or safety of nuclear weapons systems are not in jeopardy. Nuclear surety must be the primary concern and must not be compromised

to aid an investigation. If the safety or security criteria cannot be met, the commander must immediately remove the individual from PRP.

Attachment 4

SECURITY INVESTIGATION REQUIREMENTS GUIDE

A4.1. An individual who has been selected to perform critical PRP duties must have a current (within 5 years) Single Scope Background Investigation (SSBI) prior to formal certification:

A4.1.1. When an individual has a prior SBI or BI and a current NAC has been conducted, the security clearance eligibility date becomes the date of the current NAC. (i.e. SBI+NAC or BI+NAC). In this instance the individual meets the security investigative requirements for controlled, and interim certification for critical, if the date is within the last 5 years.

A4.2. An individual who has been selected to perform controlled PRP duties must have a current (within 5 years) National Agency Check (NAC), Periodic Reinvestigation (PR), or NAC with Written Inquiries (NACI) prior to formal certification. An ENTNAC completed for first-term enlistment or induction into the Armed Forces satisfies this requirement:

A4.2.1. When an individual has a prior NACI and a current NAC has been conducted, the date of investigation is the date of the current NAC (i.e., NACI plus NAC). In this instance the individual meets the security investigative requirements for controlled if the date is within the last 5 years.

A4.3. Ensure the PSI is less than 5 years old for initial PRP certification:

A4.3.1. If the PSI date is not current within the last 5 years, initiate the appropriate PSI request and ensure the local security police forward the request to DIS.

A4.3.2. For a second or subsequent assignment to a PRP billet, if the PSI is over 5 years old and the individual performed PRP duties within the last 5 years, formal certification is authorized without submitting a new PSI.

A4.3.3. Personnel being considered for the PRP who have a 2 or more year break in service (see [Attachment 1](#)) since the last investigation must submit a new PSI.

A4.4. Contractors or civilians certified under the PRP must have a periodic reinvestigation (PR) every 5 years. Initiate the PR in accordance with AFI 31-501 at the 54-month point and submit to DIS within 30 days. Continue the person as PRP certified while the PR is being conducted unless the CO determines the person does not meet PRP standards. If for some reason the PR is not submitted by the 5 year point, remove the person from the PRP until the PR is submitted, then return to PRP as interim certified only until the PR is completed.

NOTES:

1. Initiate personnel security investigations in accordance with AFI 31-501, *Personnel Security Program Management*.

2. Personnel required to submit a new PSI who have an approved separation or retirement date within 1 year of selection to a PRP billet, are exempt from submitting the new PSI. However, if the separation or

retirement date is canceled, remove the individual from the PRP, submit the PR, and consider for interim certification only.

Attachment 5

PRP MANDATORY SELECTION CRITERIA

A5.1. Ensure individuals selected and certified for the PRP meet the following minimum criteria at all times:

A5.1.1. Have an S-1 (no psychiatric disorder) profile (for civilians, physical competence, and mental alertness).

A5.1.1(AFSPC). When a member fails to continue meeting reliability criteria outlined in this attachment, the certifying official must promptly decertify the member from PRP duties

A5.1.2. Are technically competent to perform the assigned duties.

A5.1.3. Have the required security investigation (see [Attachment 4](#)) and a security clearance level commensurate with the security classification of information required for the position.

A5.1.4. Have a positive attitude toward nuclear weapons duty and the objectives of the PRP.

A5.1.5. Are not under consideration for separation for cause, under court-martial charges, or awaiting civilian trial for felony charges. **NOTE:** The certifying official can temporarily decertify an individual pending the outcome of these actions.

A5.1.6. Are US citizens or US Nationals (i.e., a citizen of the US or other person formally designated as a "US national"; reference section 1408 of Title 8, U.S.C., reference b).

A5.1.7. Do not have a history of drug abuse. Abuse of controlled substances is a violation of the law. It demonstrates a behavior pattern or action which is reasonably indicative of a contemptuous attitude toward the law or other duly constituted authority. Refer to drug abuse in [Attachment 1](#):

A5.1.7.1. When screening personnel or health records for PRP certification and drug abuse is discovered, immediately report the findings to the CO. Competent medical authority (CMA) should evaluate all incidents of drug abuse (type of drug used, date of incidents, frequency and reason for use, diagnosis, prognosis, etc.) and provide a recommendation to the CO. Refer questionable cases to your MAJCOM PRP office.

A5.1.7.2. Pre-service isolated or experimental cannabis use is not automatically disqualifying for PRP. However, if CMA or the CO determine the preservice cannabis use was not experimental or isolated, permanent decertification is required. In-service isolated or experimental use is not automatically disqualifying for individuals who disclosed the incident and the incident was considered for certifications which occurred prior to 25 May 1993. All other incidents (to include incidents not reported or considered because of no requirement to PRP certify prior to 25 May 1993) of in-service use is prohibited and must result in permanent decertification.

A5.1.7.3. All other drug abuse or misuse of medication is permanently decertifying.

A5.1.7.4. Individuals who abuse drugs while in the PRP will be immediately permanently decertified.

A5.1.7.5. Personnel involved in trafficking, cultivating, processing, manufacturing, or selling any illegal drug will be permanently decertified.

A5.1.7.6. Whenever questionable circumstances evolve regarding drug abuse and PRP eligibility for which a waiver of Air Force policy is required, initiate permanent decertification. Requests for removal of permanent decertification will be considered by HQ AFPC/DPSFC3 only after permanent decertification action is completed. This allows for higher headquarters consideration and approval or disapproval documentation to be placed in the personnel and medical records (see paragraph [A3.3.4](#) for processing of a permanent decertification removal request).

A5.1.8. Do not have a diagnosis of alcohol dependence or alcohol abuse (see [Attachment 1](#) definition) unless specific qualification criteria listed below is satisfied:

- Requests for certification or removal of permanent decertification for individuals decertified as alcohol abusers may be approved at base level only if the following conditions are met.
- Individuals diagnosed as alcohol dependent, or permanently decertified for alcohol dependence, may be reconsidered for PRP duties after successful completion of an initial inpatient rehabilitation program, if prescribed, followed by a 1-year period of strict compliance with aftercare program requirements, regular and frequent participation in meetings with Alcoholics Anonymous or a similar organization, and total abstention from alcohol. A PRP-qualification screening including mental health evaluation and a favorable prognosis by CMA must be completed and included in the request for removal of permanent decertification. Failure to satisfactorily complete the 1-year formal aftercare program or any alcohol incident subsequent to reinstatement results in continuation of the permanent decertification. Process requests for removal of permanent decertification according to paragraph [A3.3.4](#).
- Individuals diagnosed as alcohol abusers, or permanently decertified as alcohol abusers, may be reconsidered for PRP duties after the member successfully completes a minimum 180-day rehabilitation program, or 180 day treatment regimen, prescribed by the CMA. Positive changes in job reliability and lifestyle, a PRP-qualification screening including mental health evaluation, and a favorable prognosis by CMA must be documented before recertification. Failure to satisfactorily meet these requirements, or involvement in another alcohol incident subsequent to recertification requires permanent decertification.
- PRP-certified individuals diagnosed as alcohol abusers must as a minimum, be temporarily decertified. The temporary decertification may be removed after the member successfully completes a minimum 180-day rehabilitation program, or 180 day treatment regimen, prescribed by the CMA. Positive changes in job reliability and lifestyle, a PRP-qualification screening including mental health evaluation, and a favorable prognosis by CMA must be documented before recertification. Failure to satisfactorily meet these requirements, or involvement in another alcohol incident subsequent to recertification requires permanent decertification.
- Individuals involved in an alcohol incident requiring entry into a formal counseling program must as a minimum, be suspended from PRP.

Attachment 6

SAMPLE PRP QUESTIONNAIRE

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force, DoD 5210.42 and AFI 36-2104.

PRINCIPAL PURPOSE: Identify Potentially Disqualifying Information (PDI) for PRP certification.

ROUTINE USES: When completing the AF Form 286, or RIP PRPCER for administrative certification, attach this questionnaire as a guide when screening records for PDI. Item 1 is completed by the unit while screening the UPRG, PIF, UIF, etc. Item 2 is completed by the individual being considered for PRP certification. Item 3 is completed by Medical Treatment Facility (MTF) personnel while screening the health records. Item 4 is reserved for appropriate comments. The completed questionnaire is provided to the certifying official along with the AF Form 286, or RIP PRPCER, prior to the spirit and intent interview for PRP. The information will only be disclosed to the unit PRP monitor, Medical Treatment Facility, base PRP office, and certifying official. Upon formal certification, this questionnaire may be destroyed by the certifying official.

DISCLOSURE: Refusal to answer questions or provide information may result in not being certified.

(LAST, FIRST, M.I.)

(GRADE) (DATE)

1. UNIT COMMANDER OR PRP MONITOR: The individual must meet all of the following criteria. Circle Yes or No. If "NO" is circled for questions A - F or "YES" is circled for questions G - J, explain in detail in item 4.

A. Does the individual have the physical competency, mental alertness and technical proficiency to perform assigned duties? YES/NO
--

- | | |
|---|--------|
| B. Does the individual accept responsibility, exercise sound judgment and adjust well to changes in the work environment? | YES/NO |
| C. Does the individual have the required security investigation and a security clearance commensurate with the security classification required for the position? | YES/NO |
| D. Is the individual's security investigation date current: | YES/NO |
| E. Does the individual have a positive attitude toward nuclear weapons duty and the objective of the PRP? | YES/NO |
| F. Is the individual a US citizen or US national? | YES/NO |
| G. Is the individual under consideration for separation for cause, court-martial charges, or awaiting civilian trial? | YES/NO |
| H. Does the individual's past job or duty history indicate irresponsibility, or lack of dependability in carrying out assigned duties? (OPRs/EPRs, comments, and ratings) | YES/NO |
| I. Does the UPRG contain PDI or derogatory information? (review for Denial of Good Conduct Medal, demotion, DD Form 398, DD Form 1996, etc.) | YES/NO |
| J. Is the individual on the Control Roster, WMP, or have a UIF? | YES/NO |

 (Certifying Official or Unit PRP Monitor Signature)

 (DATE)

PRP CERTIFICATION QUESTIONNAIRE - INDIVIDUAL

2. MEMBER: Complete all questions truthfully to the best of your knowledge. Circle Yes or No. A yes to any of the questions does not mean you will not be certified. If a yes is given, explain in item 4. All questions apply to pre-service and in-service time frames.

HAVE YOU EVER:

- | | |
|--|--------|
| A. Been hypnotized? | YES/NO |
| B. Experimented/used drugs or other substances such as cannabis, hashish, ecstasy, designer drugs, speed, amphetamines, barbiturates, or other narcotic drugs? | YES/NO |
| C. Used non-prescription steroids, or mood or mind altering drugs that could cause flashbacks (i.e. LSD, PCP, heroin, cocaine)? | YES/NO |

- | | |
|---|--------|
| D. Been involved in the unauthorized trafficking, cultivating, processing, manufacturing, or sale of any legal or illegal drugs? | YES/NO |
| E. Had a DUI, DWI, Minor in Possession, or any other alcohol related incident? | YES/NO |
| F. Had a break in service (i.e. AFROTC, USAF Academy, Guard/Reserves, Delayed Enlistment Program, etc)? | YES/NO |
| G. Been or are you under criminal investigation? | YES/NO |
| H. Seen or are you currently seeing a psychiatrist, mental health facility, or received mental health counseling (to include marital counseling)? | YES/NO |
| I. Had a loss of consciousness, history of dizziness, sleepwalking or head injury? | YES/NO |
| J. Filed a petition under any chapter of the bankruptcy code (to include chapter 13)? | YES/NO |
| K. Had your wages garnished or had anything repossessed? | YES/NO |
| L. Had a lien placed upon your property for failing to pay taxes? | YES/NO |
| M. Had a judgment against you which you have not paid? | YES/NO |
| N. Been or are you currently delinquent on debts? | YES/NO |
| O. Attempted or thought about committing suicide: | YES/NO |
| P. Been arrested or received any traffic tickets? | YES/NO |
| Q. Been convicted of, or involved in a serious incident (i.e. misdemeanor offenses, assault, sexual misconduct, child or spouse abuse)? | YES/NO |

(Members Signature) (Date)

PRP CERTIFICATION QUESTIONNAIRE - MTF

3. MTF PRP CONSULTANT OR MONITOR: Please answer all questions to the best of your knowledge based on the review of all known health records. Circle Yes or No and provide any additional medical comments in item 4, or attach a memorandum addressed to the certifying official.

A. Does individual have a documented "S-1" physical profile?	YES/NO
B. Was there PDI discovered in any of the health records that was not listed on this questionnaire?	YES/NO
C. Is there evidence of any alcohol related incident, abuse, misuse, or treatment?	YES/NO
D. Is there evidence of use of cannabis, hashish, ecstasy, designer drugs, speed, amphetamines, barbiturates, or other narcotic drugs, pre-service or in-service?	YES/NO
E. Abused or misused any prescription or over the counter drugs?	YES/NO
F. Is there evidence of any mental health, substance abuse or family advocacy concern/ disorder?	YES/NO
G. Are there any past or present medical conditions, including hospitalization, surgery, loss of consciousness, sleepwalking or head injury?	YES/NO
H. Is member currently taking any medication which could be disqualifying for PRP, or impair reliability?	YES/NO
I. In addition to the medical record, have the dental, mental health and Family Advocacy records, if any, been reviewed for PDI?	YES/NO
J. Has the individual been cleared by competent medical authority after reviewing all PDI?	YES/NO
K. Has further medical documentation, or recommendation been forwarded to the Certifying Official?	YES/NO
L. Has an annotation been made on the SF 600 of PDI discovered and date the certifying official was notified?	YES/NO

(MTF PRP Consultant or Monitor Signature) (DATE)

4. Additional comments:

Attachment 7

SAMPLE INTERVIEW TOPICS FOR CERTIFYING OFFICIALS

A7.1. After screening an individual's personnel and medical records for PRP duties, the certifying official must interview the person. In the interview, cover the following topics:

A7.1.1. Spirit and intent of the PRP. Explain to the person that:

- The PRP is designed to select people of the highest reliability to perform nuclear weapons related duties.
- The PRP is intended to prevent the unauthorized launch of a missile or aircraft armed with a nuclear weapon, or the unauthorized detonation of a nuclear weapon.
- When approving an individual for the PRP, a certifying official is certifying the person can be trusted to perform nuclear weapons-related duties in a predictable and acceptable manner.

A7.1.2. Qualifications of people selected to perform PRP duties. In the interview:

- Emphasize records and performance data must show the individual meets the high standards of the PRP and the interview is intended to give the certifying official further clarification of this. Do not overemphasize negative aspects.
- Advise the individual that people who perform PRP-related duties must be mentally stable at all times.
- Explain the importance of the assignment, the responsibilities involved, and the individual's obligations under the PRP's continuing observation and evaluation.
- Ensure the individual has a positive attitude toward nuclear weapons-related duties.
- Discuss documented PDI in sufficient detail that you are either comfortable certifying the person or know enough that your judgment is to permanently decertify the person. Pay particular attention to issues related to substance abuse.
- Ask direct questions which allow the person to disclose any PDI that is not already documented.

A7.1.3. Individual responsibilities under the PRP. Explain that individuals have an obligation to report to their certifying officials any factors or conditions (on and off duty) that could impair their performance or that of other PRP-certified members. Suggest reviewing paragraph [2.7](#) with the individual.

A7.1.4. Consequences of irresponsibility. Make it clear an individual who has displayed irresponsibility or instability (on or off duty) will not be permitted to perform PRP duties.

A7.1.5. Disqualification from the PRP. Explain the purpose of suspension, temporary decertification, permanent decertification, and their possible impact on the individual. Remember these actions are not punitive in nature, but the circumstances surrounding a specific incident may result in punitive action.

A7.1.6. Other Topics. Discuss any other topics you deem appropriate.

Attachment 8

INTERIM CERTIFICATION PROCEDURES

A8.1. The Unit Commander will ensure:

A8.1.1. Receipt of the Allocation RIP on PCS inbound personnel and determine the member's duty assignment, noting on the allocation brief which PRP category the position requires (if applicable). If the member is projected to a PRP position (full time or additional duty) and assignment instructions do not reflect the requirement for administrative certification, request the MPF notify the losing MPF (with info to gaining and losing MAJCOMs and unit commanders) for processing of the administrative certification. Reference the applicable PPC and any other pertinent information deemed appropriate. Otherwise, the losing base will not know to perform a PRP administrative certification.

A8.1.2. Immediately upon inprocessing for PCS gains, internal and PCA moves, coordinates with the unit security manager for a review of the security investigation data in accordance with [Attachment 4](#) and AFI 31-501. Ensure a request for the proper level of investigation, if required, is submitted to the local security police and forwarded it to DIS prior to certification.

A8.1.3. Retrieval and review of the UPRG, PIF, UIF, and PSI request forms for PDI. The certifying official must be advised of all PDI to determine eligibility for PRP certification. Prepare AF Form 286, Section I. Recommend use of the Sample PRP Questionnaire at [Attachment 6](#) during the screening process.

A8.1.4. If the member is not eligible, or the commander chooses not to interim certify, the individual is entered into code C status until the 497 IG/INSA updates the security investigation. Forward the AF Form 286 to the MTF PRP monitor for completion of section II and request return of the form.

A8.1.5. If the member appears eligible and the CO intends to interim certify, establish a suspense for routing of the AF Form 286 and update of PDS with PRP status code L and suspense date:

A8.1.5.1. The AF Form 286 is forwarded to the MTF for completion of section II.

A8.2. The MTF PRP Monitor will:

A8.2.1. Ensure all health records (medical, dental, mental health and Family Advocacy) are screened in accordance with paragraph [2.4](#) for identification and reporting of all PDI to the CO (see [Attachment 1](#), definition of PDI).

A8.2.2. Ensure the results of the screening are entered in the medical record on the SF 600 documenting the specific PDI, CMA evaluation, and the notification to the commander. *Ensure all PDI is provided to the commander in writing.*

A8.2.3. Ensure completion of the AF Form 286, Section II.

A8.2.4. File an AF Form 745 in the health records, if one is not already there.

A8.2.5. Forward the AF Form 286 to the unit with written notification of all PDI, if applicable.

A8.3. After receipt of the AF Form 286 from the MTF, the Unit Commander will ensure:

A8.3.1. Verification of the member's eligibility for certification after reviewing the UPRG, MTF screening and security investigation request in accordance with [Attachment 4](#) and [Attachment 5](#). If not eligible, initiate permanent decertification action in accordance with [Attachment 3](#). If the certifying official elects not to interim certify, the unit should maintain the AF Form 286 pending completion of the security investigation and ensure the PDS is updated with code C and a future suspense date.

A8.3.2. The spirit and intent interview with the individual is conducted and complete the AF Form 286, section III, interim certification statement, entering the certification date, but leaving the closeout date blank. If the individual is interim certified as a result of a PCA move, the interim certification statement will be typed on the reverse of the AF Form 286 and the certifying official and member will sign below the statement.

A8.3.3. Interim-certified personnel are specifically identified to supervisory personnel, entry controllers, etc. and individual access media shall be specifically marked as two interim-certified individuals cannot be paired together in a two-person team.

A8.3.4. Update of PDS with the appropriate PRP status code ("E" for critical, or "T" for controlled) and the certification date (date certifying official and member signed AF Form 286, Section III). **NOTE:** After the update, the following remark will appear: "180/90 day point of interim certification is (date)". This date is automatically computed by the PDS when updated with the appropriate interim certification code and reflects the suspense date when the interim certification expires. This date and code E or T is entered in section VI (in pencil) of the AF Form 286.

A8.3.5. Approximately 30 days before expiration of an interim certification, receipt from the PDS an interim certification RIP (PRPINT) notifying the certifying official of the expiration date. At this time, inquire in PDS to determine if the security investigation has been completed:

A8.3.5.1. If the security investigation is not completed, initiate electrical message tracer action through the local security police to the 497 IG/INSA and request status of the investigation request. If you do not receive a reply to the tracer action within 10 days of the interim certification expiration date, have the security police authorized requestor call the 497 IG/INSA PRP point of contact and request the status of the investigation. After electronic, written or telephonic notification of derogatory information from the 497 IG/INSA, determine the propriety of continuing or withdrawing interim certification based on the data provided. If you do not receive an investigation update from the 497 IG/INSA by the interim certification expiration date, remove the individual from PRP duties and place in code C. You may extend the interim certification at a later date after receipt of a favorable response from the 497 IG/INSA. Annotate the period of code C status and interim certification extension period on the reverse of the AF Form 286.

A8.3.6. If extension of the interim certification is appropriate, complete the first indorsement of the RIP PRPINT and return a copy to the MPF PRP monitor. Update the PDS with the appropriate extension code and date. **Note: Update code E or T, and re-input the current expiration date. The PDS will automatically extend the expiration date 90 days. Each time the interim certification expires, repeat steps A8.3.5 - A8.3.6 until the security investigation is completed and updated.**

A8.3.7. Once the security investigation is completed, retrieve the original AF Form 286 for accomplishment of formal certification.

A8.3.8. In section III, annotate the closeout date of the interim certification statement with the date the certifying official verified completion of the security investigation and mark the top formal certification block.

A8.3.8.1. Annotate section VI (in pencil) with the correct PRP status code (A, D, F, or H) and the original date of certification from section III (date commander and member signed).

A8.3.9. Update the PDS with PRP status code and date and forward to MPF PRP monitor.

A8.3.10(Added-AFSPC). Wings/Groups are encouraged to establish local procedures to ensure interim certified personnel are visually identifiable.

A8.3.11(Added-AFSPC). Wing/Group commanders will establish written local procedures to ensure interim certified personnel are not paired in a two-person team with another individual also having an interim PRP certification (see DoDD 5210.42, encl 4, paragraph D).

A8.3.12(Added-AFSPC). If notified by Central Adjudication Division (497 IG/INSA) that no security investigation request is pending or the investigation request has not been received, immediately remove the affected member from PRP and update PRP status code C until a new investigation request is reviewed, accepted and forwarded to Defense Investigative Service (DIS). The reverse of the AF Form 286 will be annotated to indicate the circumstances. The original interim certification date will still apply for PDS update of formal certification.

A8.4. The MPF PRP Monitor will:

A8.4.1. Report PPC processing discrepancies.

A8.4.2. Verify accuracy of the AF Form 286 and unit update of PDS.

A8.4.3. Ensure original AF Form 286 is filed in member's UPRG and conspicuously mark the record.

Attachment 9

INTERIM CERTIFICATION TABLE

Table A9.1. Interim Certification Guidelines (see notes 1, 2, and 3).

R U L E	A	B	C
	If the PRP requirement is a	and the individual	then
1	critical position	has a favorable NAC that is less than 5 years old and no break in active service or employment longer than 2 years since the last investigation (see attachment 1) or, has a favorable SSBI over 5 years old and no break in active service or employment longer than 2 years since the last investigation and member has not performed PRP duties within the last 5 years	you may interim-certify this individual for up to 180 days provided the local security police have submitted the security investigation paperwork to DIS.
2	controlled position	has a prior NAC or higher investigation that is over 5 years old and there is no break in active service, or employment longer than 2 years since the last investigation; an ENTNAC completed for first-term enlistment or induction into the Armed Forces satisfies this requirement and the member has not performed PRP duties within the last 5 years	you may interim certify this individual for up to 90 days provided the local security police have submitted the security investigation paperwork to DIS.

NOTES:

1. COs may approve extensions of the interim certification period for 90-day intervals after confirming with 497 IG/INSA the reason for delay in completion of the security investigation and determining the propriety of continuing or withdrawing the interim certification. If you do not receive a reply to your electrical message tracer within 10 days of the expiration of the interim certification, have the security police authorized requestor call the 497 IG/INSA PRP point of contact and request the status of the investigation. If you do not receive the investigation update by the expiration of the interim certification, remove the individual from PRP duties and place them in code C. You may extend the interim certification at a later date after receipt and consideration of a response from 497 IG/INSA. Annotate the period of code C and the period of interim certification extension on the reverse of the AF Form 286.

2. Interim-certified personnel must be specifically identified to supervisory personnel, entry controllers, etc. and individual access media shall be specifically marked as such as two interim-certified individuals cannot be paired together in a two-person team.

3. If for any reason a security investigation request is reaccomplished due to loss and submitted to the 497 IG/INS while in PRP status code E or T, closeout the original interim certification period in section III of the AF Form 286. Document the period in code C status on reverse of the AF Form 286. After the investigation request is resubmitted, begin a new period of interim certification on the reverse of the AF Form 286 by retyping the interim certification statement from section III. Ensure the CO and the member signs and dates the statement. Once the security investigation is completed and the member is formally certified, closeout the interim certification statement on the reverse of the AF Form 286 and update the PDS with appropriate PRP status code and original date of certification from section III.

Attachment 10
PRP STATUS CODES

Table A10.1. DIN ADA Update.

PDS Code (See note.)	Definition
A	Authorized or assigned to a critical position for nuclear weapons duty.
B	Administratively certified for training or PCS requiring PRP certification (applies to military only).
C	Awaiting results of a security investigation (not interim certified).
D	Authorized or assigned to a controlled position for nuclear weapons duty.
E	Interim certified for a critical position.
F	Certified critical required by additional duties.
H	Certified controlled required by additional duties.
J	Certified within the last 5 years in a critical or controlled position.
L	Awaiting certification.
M	Temporarily decertified.
P	Permanently decertified from a critical nuclear weapons duty position.
Q	Permanently decertified during initial screening for critical PRP duties. This does not apply to a person certified within the last 5 years (code J).
R	Permanently decertified from a controlled nuclear weapons duty position.
T	Interim certified for a controlled position.
V	Permanently decertified during initial screening for controlled PRP duties. This does not apply to a person certified within the last 5 years (code J).

NOTE: Use DINs JZY and AEJ for civilians.

Attachment 11

PRP DECERTIFICATION CAUSE AND EXTENT CODES

Table A11.1. DIN ADD Update (see notes 1, 2 and 3).

Cause Code	Definition
A200	Negligence or delinquency in performance of duty.
B800	Alcohol misuse. Also requires update of DIN ADE.
C400	Courts-martial or civil conviction of a serious nature. Also requires input of DIN ADE.
D100	A pattern of behavior or actions that reasonably indicates a contemptuous attitude toward the law or duly constituted authority.
E900	Drug abuse. Also requires input of DIN ADE.
J600	In the commander's judgment, a failure to meet the necessary standards for duties under the PRP; poor attitude or lack of motivation. Also requires update of DIN ADE.
M300	Medical reasons. Also requires update of DIN ADE.
Q500	Other (use with codes Q and V only when decertified during initial screening).
S150	Lack of loyalty or trustworthiness; security clearance not obtainable or withdrawn for cause.

1. Update DIN ADG with DAFSC.
2. See AFMAN 36-2622.
3. When more than one cause code applies, the following order of precedence applies: E900, B800, M300, S150, C400, A200, D100, J600 and Q500.

Table A11.2. DIN ADE Update (see notes 1, 2, and 3).

Cause Code	Extent Code	Definition
B800	ABU8	Alcohol abuser
	DEP8	Alcohol dependent
C400	CIV4	Civilian conviction
	MIL4	Military conviction
E900	793A	Narcotics
	793C	Depressants
	793E	Stimulants
	793F	Marijuana or cannabis
	793H	Hallucinogenics
	793S	Anabolic steroid abuse
	OTHER	Other (remarks required -- DIN AMU)
J600	ATT6	Thinking or attitude
	BEH6	Behavior or activity
	CON6	Level of consciousness
	MOO6	Mood and feeling
M300	PHY3	Physical condition
	MEN3	Mental condition
	ABR3	Aberrant behavior
	OTHER	Other (remarks required -- DIN AMU)
Q500	UPR5	UPRG review
	INT5	Personal interview
	PRO5	Proficiency qualification

1. Update DIN ADG with DAFSC.
2. See AFMAN 36-2622.
3. The PDS can be corrected locally within 30 days of the decertification date. After 30 days, forward requests for correction to the PDS for permanent decertification updates to HQ AFPC/DPSFC3 in writing. Include grade, full name, SSN, PRP status code and date, decertification cause code and extent code, PRP decertification AFSC, and date of birth currently updated in PDS. Indicate what error took place and list the items requiring correction.

Attachment 12

RELEASE OF MEDICAL INFORMATION

MEMORANDUM FOR: Practitioner

FROM: Unit

SUBJECT: Release of Medical Information

This person works in a sensitive job at (name of installation member is assigned to). We respectfully request the following information: diagnoses, medications (to include name, strength, complete directions, and number dispensed), and your recommended medical plan. Please enter this information below and have the patient return it as soon as possible to the appropriate medical monitor. Alternately, you may send it to our office in the addressed envelope provided. In any case, we need this form returned to our office within (nbr) days of this person's appointment with you. Your cooperation is sincerely appreciated. Thank you!

Signature

Name and Duty Title of Certifying Official

Home and Duty Phone Numbers

Medical Information:

I (Patient's Name), request release of the above information to the PRP certifying official/alternate certifying official/PRP monitor on completion of this medical visit. This information is required for me to continue working in this sensitive position.

(Patient's Signature)

(Date)

Attachment 13

AFSCS REQUIRING INITIAL ACCESSION/TDY PRP SCREENING

Table A13.1. AFSCs Requiring Initial Accession/TDY PRP Screening (see notes 1 and 2)

AFSC	Critical	Controlled
Officer	11B2-C	
	11B3-B,C	31P3
	11R2-F	
	11R3-F	
	12B3-A, B, D, E	
	12R3-G	
	13S2-C	
	13S3-C	
	21A3-A	
Enlisted	2A5X1E 2M0X1	2M0X3-A
	2M0X2-A	2A5X1-F
	2W1X1-K, L	2E1X4
	2W200	3P0X1
	2W2X1	
	3E8XX (See note 2)	

1. If a PPC is included in the assignment notification, administrative certification is required instead of an initial accession/TDY PRP screening.
2. For training purposes only.

Attachment 14

MEDICAL AND DENTAL RECORDS ANNOTATION

A14.1. When a PRP-certified member receives treatment, medical and dental personnel must use the stamp illustrated (figure A14.1), or one of similar content, to annotate the medical or dental records:

Figure A14.1. PRP Notification Stamp.

Date: _____ Name/Grade/SSN:

Is PRP (AFI 36-2104) reporting required?

Yes ___ No ___ If yes, then what functional impairment is expected?

Type of medication prescribed:

Estimated duration: _____ Unit:

Person contacted: _____ Date: _____ Duty phone:

Notification made by:

A14.2. Medical Treatment Record. Whenever a PRP-certified individual receives medical treatment, annotate the SF 600 using the PRP notification stamp. This includes individuals engaged in a long-term treatment plan where medication or the condition changes that may affect reliability. The attending practitioner determines whether to notify the unit based on the functional impairment expected or reliability factor in question:

A14.2.1. If you notify the unit, enter the date and fill out the rest of the stamp. Notify immediately.

A14.2.2. If you are not notifying the unit, enter *No* on the stamp and take no further action.

A14.3. Dental Treatment Record. When a PRP-certified individual receives dental treatment, use the AF Form 644A, **Record of Dental Attendance (SDP)**, or 644B,

Dental Officer of the Day (DoD)/Dental Charge of Quarters (DCQ) Patient Log.

Indicate in the SDP block whether you notified the unit:

A14.3.1. When PRP notification is required, annotate SF 603, **Health Record-Dental**, or 603a, **Health Record-Dental Continuation**, section 2, item 10, using the PRP notification stamp. The stamp on the SF 603 or 603a may extend across the columns in item 10. The provider completes the stamp.

A14.3.2. When PRP notification is not required, enter the statement, "*PRP No*" in SF 603 or 603a, item 10. The provider verifies this entry along with treatment entries according to AFI 47-101, *Managing Air Force Dental Services*.

Attachment 15
FORMAL CERTIFICATION PROCEDURES

A15.1. The Unit Commander will ensure:

A15.1.1. Receipt of the Allocation RIP on PCS inbounds to the unit. If projected to a PRP billet, verify that the appropriate PPC is updated on the RIP which notifies the losing base to accomplish PRP administrative certification. If the PPC is missing, have the MPF contact the losing MPF via electrical message, with information copies to the losing and gaining MAJCOM PRP office and commanders, instructing them to complete PRP administrative certification.

A15.1.2. Immediately upon inprocessing for PCS/PCA gains, or internal unit assignment to a PRP billet, a review of the security investigation data in accordance with [Attachment 4](#). Coordinate with the unit security manager to ensure a request for the proper level of investigation, if required, is submitted to the local security police and forwarded to DIS prior to formal certification.

A15.1.3. Preparation of the AF Form 286, Section I and review of the UPRG, PIF, UIF, Etc, for PDI. The CO must be advised of all PDI to determine eligibility for PRP certification. Recommend use of the Sample PRP Questionnaire at [Attachment 6](#) during the screening process.

A15.1.4. Eligibility for interim certification in accordance with [Attachment 8](#) and [Attachment 9](#). If the member is not eligible, or the CO chooses not to interim certify, the member must remain in code C status until the 497 IG/INS updates the security investigation.

A15.1.5. A suspense for routing the AF Form 286 is established and PDS is updated with PRP status code L and a suspense date, or code C and suspense date if member does not meet the security investigation requirements.

A15.1.6. The AF Form 286 is forwarded to the MTF for completion of Section II.

A15.2. The MTF PRP Representative will:

A15.2.1. Ensure the health (medical, dental, mental health and Family Advocacy) records are screened in accordance with paragraph [2.4](#). for identification and reporting to the CO of all PDI (see [Attachment 1](#), definition of PDI).

A15.2.2. Ensure the results of the screening are entered in the medical record on the SF 600 documenting the specific PDI, CMA evaluation, and the notification to the commander. *Ensure all PDI is provided to the commander in writing.*

A15.2.3. Complete the AF Form 286, Section II.

A15.2.4. File an AF Form 745 in the health records, if one is not already there.

A15.2.5. Forward the AF Form 286 to the unit with written notification of all PDI, if applicable.

A15.3. Upon receipt of the AF Form 286 from the MTF, the Unit Commander will ensure:

A15.3.1. Verification of the member's eligibility for certification after reviewing the UPRG, DBMS screening and security investigation in accordance with [Attachment 4](#) and [Attachment 5](#). If not eligible, initiate permanent decertification action in accordance with [Attachment 3](#).

A15.3.2. If individual is to be certified, a personal interview is conducted with the individual using **Attachment 7** as a guide. If determined eligible and qualified for PRP duties, the CO and member will sign and date the AF Form 286 in section III.

A15.3.3. Annotation (in pencil) in section VI of the appropriate PRP status code and date section III was signed.

A15.3.4. Update of the PDS with the appropriate PRP status code and date.

A15.3.5. The AF Form 286 is forwarded to the MPF PRP monitor.

A15.4. The MPF PRP Monitor will:

A15.4.1. Report PPC processing discrepancies.

A15.4.2. Verify accuracy of AF Form 286 and unit update to ensure PRP status code and date is correct.

A15.4.3. Ensure original AF Form 286 is filed in the member's UPRG and conspicuously mark the record.

NOTE:

Individuals certified for additional duty PRP (codes F and H), who change to full-time duties (codes A and D), require a PDS change in PRP status code with no change in the certification date.

Attachment 16

PCA RECERTIFICATION PROCEDURES

A16.1. The Gaining Commander will ensure:

A16.1.1. Immediately upon inprocessing of the PCA gain, retrieve and review the member's UPRG, PIF, and UIF for PDI. The certifying official must be made aware of all PDI to determine eligibility for continued PRP certification. The gaining commander may wish to consult with the losing commander for relevant PRP information.

A16.1.2. Review of the PRP position category (critical or controlled) to which the member will be assigned and ensure the appropriate security investigation exists according to [Attachment 4](#). If the member does not have the required security investigation, initiate a request for the proper level of investigation and submit to the local security police who must forward the request to DIS prior to consideration for interim certification (see [Attachment 8](#) and [Attachment 9](#)).

A16.1.3. Update of PDS with code L and a suspense date pending commander's personal interview, or:

A16.1.3.1. Update of code C and a suspense date if the member does not meet security investigation requirements and interim certification is not considered. The unit will maintain the AF Form 286 until the security investigation has been completed.

A16.1.4. Verification of the member's eligibility for certification after reviewing any PDI and security investigation in accordance with [Attachment 4](#) and [Attachment 5](#).

A16.1.4.1. If not eligible, initiate decertification action in accordance with [Attachment 3](#).

A16.1.5. If the individual is to be PCA recertified, a personal interview is conducted using [Attachment 7](#) as a guide.

A16.1.6. The AF Form 286, section IV is completed by the CO and the individual.

A16.1.6.1. The AF Form 286, section VI is annotated (in pencil) with the appropriate PRP status code and date section IV was signed.

A16.2. The MPF PRP Monitor will:

A16.2.1. Verify accuracy of AF Form 286 and unit update to ensure PRP status code and date is correct.

A16.2.2. Ensure original AF Form 286 is filed in member's UPRG and conspicuously mark the record.

NOTE:

Individuals certified for additional duty PRP (codes F and H), who change to full-time duties (codes A and D), require a PDS change in PRP status code with no change in the certification date. Do not delay officer certifications pending approval of duty change information from HQ AFPC.

Attachment 17
ASSIGNMENT TO NON-PRP DUTIES (CODE J)

A17.1. Administratively Certified Personnel. If upon PCS arrival the member is administratively certified (PRP status code B) and is not to be assigned to a PRP position, the MPF PRP monitor:

A17.1.1. Removes the AF Form 286 or RIP PRPCER from the member's records documenting the code B only.

A17.1.2. Advises the MTF PRP monitor to remove the AF Form 745 from the health records.

A17.1.3. Updates the PDS with spaces unless documentation reflects the member was previously assigned to PRP duties within the past 5 years. In this case, update code J and date last performed PRP.

A17.2. Formally Certified Personnel (see notes). When a PRP-certified individual is reassigned to duties that no longer require PRP certification, the certifying official or MPF must notify appropriate agencies (i.e. MPF, MTF, entry control authorities, etc.) in writing to include the effective date:

A17.2.1. If the individual receives an assignment not requiring PRP certification, the losing MPF PRP monitor will identify during outprocessing and notify the MTF PRP monitor that PRP certification is no longer required and removal of the AF Form 745 from the health records is required. Code J will be updated using the day before the individual departs duty station.

A17.2.2. If the individual arrives PCS formally certified, they will be identified during inprocessing, and the MPF PRP monitor will notify the MTF PRP monitor that certification is no longer required and removal of the AF Form 745 from the health records is required. Code J is updated using the date prior to the day the member departed his/her last duty station.

A17.2.3. If the individual PCAs to a non-PRP position, the unit notifies the MPF and MTF PRP monitors for removal of PRP identification documents and update of the PDS. Code J will be updated using the day prior to the duty effective date of the PCA.

A17.2.4. In all cases, annotate the AF Form 286, section VI, with code J and the date and file in section III of the UPRG.

A17.3. Interim Certified Personnel (see notes). When a interim-certified individual is reassigned to duties that no longer require PRP certification, the certifying official or MPF must notify appropriate agencies (i.e. MPF, MTF, entry control authorities, etc.) in writing to include the effective date:

A17.3.1. If the individual receives an assignment not requiring PRP certification, the losing MPF PRP monitor will identify during outprocessing and notify the MTF PRP monitor that PRP certification is no longer required and removal of the AF Form 745 from the health records is required.

A17.3.2. If the individuals arrive PCS interim certified, they will be identified during inprocessing and the MPF PRP monitor will notify the MTF PRP monitor that certification is no longer required and removal of the AF Form 745 from the health records is required.

A17.3.3. If the individual PCAs to a non-PRP position, the unit notifies the MPF and MTF PRP monitors for removal of PRP identification documents and update of the PDS.

A17.3.4. In all cases, delete the PRP data from PDS using spaces (do not update code J) and destroy the AF Form 286.

1. For members being reassigned PCS, responsibility for updating code J and annotating and filing the AF form 286 falls on the losing MPF.
2. For members who PCA, code J responsibilities fall with the losing PRP unit.
3. Removal (code J) actions for officers will not be delayed pending receipt of the duty information change approval from HQ AFPC.