

## DRUG STATEMENT FOR ENLISTED TO OFFICER/NROTC APPLICANTS

If the answer to block 14 of "MCRC Regular Officer Programs (ON/E) Application and Program Information Sheet" is "YES", set forth the full circumstances below, including approximate times, amounts taken, and period over which taken.

a. Type of drug (or drugs) used: \_\_\_\_\_

b. Approximate number of times used: \_\_\_\_\_

c. Amounts taken: \_\_\_\_\_

d. Methods by which taken: \_\_\_\_\_

e. Inclusive dates of use (be specific): \_\_\_\_\_

f. Were you convicted or arrested for the drug use admitted?

\_\_\_\_\_

g. Circumstances under which the drug use occurred (attach additional sheets if necessary):

\_\_\_\_\_  
(Signature of witnessing Officer)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE)

SSN

PROGRAM

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