

1. Applicant's Name: [REDACTED]**a. Application Date:** 26 April 2021**b. Date Received:** 26 April 2021**c. Counsel:** [REDACTED]**2. REQUEST, ISSUES, BOARD TYPE, AND DECISION:**

a. Applicant's Requests and Issues: The current characterization of service for the period under review is general (under honorable conditions). The applicant requests an upgrade to honorable and a narrative reason of "SA".

The applicant seeks relief contending, in effect, the discharge was both improper and inequitable due to the Army's failure to follow required separation procedures, provide adequate medical evaluation, and consider the applicant's documented post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) sustained during combat deployment. The applicant asserts intermediate commanders introduced unsubstantiated allegations without written justification or providing a rebuttal opportunity, violating Army Regulation (AR) 635-200, paragraph 2-2(d). The applicant further contends separation occurred without the mandated counseling and rehabilitative measures required under AR 635-200, paragraph 1-17(a), and the chain of command ignored medical records indicating PTSD and TBI, denying a referral to medical channels under AR 635-200, paragraph 14-17(g). The applicant argues a single drug-related incident, directly tied to untreated combat trauma, was inappropriately elevated to serious misconduct and used to justify a general discharge despite a service record including multiple awards for valor and outstanding performance in combat. Additionally, the applicant emphasizes discharge documentation omitted key information regarding awards and medical diagnoses, resulting in an incomplete and misleading basis for separation. The applicant also contends youth, inexperience, and lack of leadership support exacerbated the effects of war trauma and contributed to post-deployment behavioral health struggles. Considering these facts and subsequent full disability recognition by the Department of Veterans Affairs, the applicant requests the discharge be upgraded to honorable and the narrative reason for separation be changed to Secretarial Plenary Authority.

b. Board Type and Decision: In a records review conducted on 20 May 2025, and by a 5-0 vote, the Board determined that the characterization of service was inequitable based medical mitigation for the basis of separation. Accordingly, the Board voted to grant relief in the form of an upgrade to the characterization of service to Honorable. The Board determined the narrative reason/SPD code and RE code were proper and equitable and voted not to change them.

Please see Section 9 of this document for more details regarding the Board's decision.

3. DISCHARGE DETAILS:

a. Reason / Authority / Codes / Characterization: Misconduct (Serious Offense) / AR 635-200, Chapter 14-12c / JKQ / RE-3 / General (Under Honorable Conditions)

b. Date of Discharge: 28 August 2009

c. Separation Facts:

(1) Date of Notification of Intent to Separate: 12 August 2009

(2) Basis for Separation: The applicant was informed of the following reasons: The applicant tested positive on a urinalysis for cocaine on 17 June 2009.

(3) Recommended Characterization: General (Under Honorable Conditions)

(4) Legal Consultation Date: 19 August 2009

(5) Administrative Separation Board: NA

(6) Separation Decision Date / Characterization: 21 August 2009 / General (Under Honorable Conditions)

4. SERVICE DETAILS:

a. Date / Period of Enlistment: 3 May 2006 / 3 years, 16 weeks

b. Age at Enlistment / Education / GT Score: 22 / High School Graduate / 96

c. Highest Grade Achieved / MOS / Total Service: E-4 / 13B1O, Cannon Crewmember / 3 years, 3 months, 3 days

d. Prior Service / Characterizations: NA

e. Overseas Service / Combat Service: SWA / Iraq (5 November 2007 – 9 January 2009)

f. Awards and Decorations: ARCOM-V-2, AAM, CAB, NDSM, ICM-CS, ASR, OSR

g. Performance Ratings: NA

h. Disciplinary Action(s) / Evidentiary Record: Electronic Copy of Specimen Custody Document – Drug Testing, 24 June 2009, reflects the applicant tested positive for COC 316268 (cocaine) during an Inspection Other (IO) urinalysis testing conducted on 17 June 2009.

Eight Personnel Action forms reflect the applicant's duty status changed as follows:

From Present for Duty (PDY) to Absent Without Leave (AWOL), effective 23 April 2007;
 From AWOL to Dropped From Rolls (DFR), effective 25 April 2007;
 From Present for Duty (PDY) to Absent Without Leave (AWOL), effective 23 February 2009;
 From AWOL to Dropped From Rolls (DFR), effective 2 March 2009;
 From Present for Duty (PDY) to Absent Without Leave (AWOL), effective 22 May 2009;
 From AWOL to Dropped From Rolls (DFR), effective 2 June 2009;
 From Present for Duty (PDY) to Absent Without Leave (AWOL), effective 16 June 2009;
 From AWOL to Dropped From Rolls (DFR), effective 17 June 2009.

Orders 236-0115, 24 August 2009, reflect the applicant was to be reassigned to the U.S. Army Transition Point and discharged on 28 August 2009 from the Regular Army.

NG Levels Query, 26 June 2009, reflects the applicant tested positive as follows:

18 December 2006 – OXYMOR
16 April 2007 – COC >LOL
25 April 2007 – COC 12691
29 August 2007 – OXYMOR 1488, OXYCOD 512
13 May 2009 – COC 64625
17 June 2009 – COC 316268

i. Lost Time / Mode of Return: 21 days:

AWOL, 23 April 2007 – 25 April 2007 / NIF
AWOL, 23 February 2009 – 2 March 2009 / NIF
AWOL, 22 May 2009 – 2 June 2009 / NIF
AWOL, 16 June 2009 – 17 June 2009 / NIF

j. Behavioral Health Condition(s):

(1) Applicant provided: Health Record, 24 June 2009, reflects the applicant had an outpatient psychiatry appointment for a psych consultation for adjustment disorder with anxiety and depressed mood, adjustment disorder with disturbance of emotions and conduct, alcohol abuse, alcohol dependence, cocaine dependence, and adjustment disorder with anxiety. The provider noted the applicant reported their command took all their medications for a few days and returned them the day of the appointment. The applicant reported feeling anxious and somewhat irritable. The applicant denied a substance abuse problem. The provider diagnosed the applicant with anxiety and depression.

Mental Status Evaluation, 30 June 2009, reflects the applicant was mentally responsible, had a clear thinking process, and had the mental capacity to understand and participate in the proceedings. The applicant had a TBI (remarkable) and PTSD screening. The PTSD screening was remarkable with current treatment, which included medication. The applicant qualified for reclassification, MEB, Chapter 5-17 or Chapter 9.

Health Record, 30 March 2009, reflects a psych consultation for acute anxiety and adjustment disorder with anxiety and depressed mood. The applicant reported difficulty sleeping. The record noted PTSD. The provisional diagnosis was possible PTSD or acute anxiety.

Laurel Ridge Treatment Center Patient Discharge Instructions/Plan, 11 May 2009, reflects the center admitted the applicant for detox from overuse of alcohol and cocaine. The center also treated the applicant for PTSD. The center diagnosed the applicant with PTSD and cocaine / alcohol dependence.

Health Record, 30 June 2009, reflects providers saw the applicant for Chapter 14. The problem list included adjustment disorder with anxiety and depressed mood, adjustment disorder with disturbance of emotions and conduct, alcohol abuse, alcohol dependence (alcoholism), cocaine dependence, and adjustment disorder with anxiety. The applicant reported the command took all their medications for a few days for an unknown reason. The applicant reported feeling anxious and irritable. The clinician met with the command team on 23 June 2009, and the meeting resulted in the applicant receiving their medications back; however, without the medication the applicant's symptoms returned. The record recommended providers reevaluate the applicant for PTSD and treat the applicant. The record also noted the applicant presented with issues of TBI and PTSD. The record also noted the applicant may qualify for MEB or reclassification.

Report of Medical Assessment, 2 July 2009, reflects the applicant felt their health was worse due to mental issues. The applicant also requested disability for PTSD.

Report of Medical History, 2 July 2009, reflects in the examiner's summary comments the applicant reported being depressed and having a PTSD diagnosis. The applicant also reported feeling mentally unhealthy. The applicant reported being hit in the head with an ACH, which almost knocked them out. They also reported frequent headaches, anxiety, and depression.

Health Record, 10 July 2009, reflects the clinician noted the applicant reported PTSD, anxiety, depression, and not doing well. The applicant also reported having racing thoughts and intrusive memories of traumatic events in Iraq.

Saints Medical Center Discharge Summary, 17 March 2011, reflects providers diagnosed the applicant with a drug overdose, history of heroine abuse since 2009, PTSD, depression and suicidal ideations.

VA Service Connected Disability Rating Decision, 6 January 2012, reflects the VA assigned the applicant a 100 percent rating for PTSD with major depressive disorder, alcohol dependence and polysubstance dependence.

(2) AMHRR Listed: MSE as described in previous paragraph 4j(1).

The ARBA's medical advisor reviewed DoD and VA medical records, including documents listed in 4j(1) and (2) above.

5. APPLICANT-PROVIDED EVIDENCE: Application for the Review of Discharge; five Health Records; Separation Initiating Commander Recommendation Memorandum; Intermediate Commander Recommendation Memorandum; Separating Authority Memorandum; three Recommendations for Award; award orders; Laurel Ridge Treatment Center Discharge Summary; Report of Medical Assessment; Report of Medical History; five third-party letters; Saints Medical Center Medical Record; VA Service-Connected Disability Decision letter.

6. POST SERVICE ACCOMPLISHMENTS: None submitted with the application.

7. STATUTORY, REGULATORY AND POLICY REFERENCE(S):

a. Section 1553, Title 10, United States Code (Review of Discharge or Dismissal) provides for the creation, composition, and scope of review conducted by a Discharge Review Board(s) within established governing standards. As amended by Sections 521 and 525 of the National Defense Authorization Act for Fiscal Year 2020, 10 USC 1553 provides specific guidance to the Military Boards for Correction of Military/Naval Records and Discharge Review Boards when considering discharge upgrade requests by Veterans claiming Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), sexual trauma, intimate partner violence (IPV), or spousal abuse, as a basis for discharge review. The amended guidance provides that Boards will include, as a voting board member, a physician trained in mental health disorders, a clinical psychologist, or a psychiatrist when the discharge upgrade claim asserts a mental health condition, including PTSD, TBI, sexual trauma, IPV, or spousal abuse, as a basis for the discharge. Further, the guidance provides that Military Boards for Correction of Military/Naval Records and Discharge Review Boards will develop and provide specialized training specific to sexual trauma, IPV, spousal abuse, as well as the various responses of individuals to trauma.

b. Multiple Department of Defense Policy Guidance Memoranda published between 2014 and 2018. The documents are commonly referred to by the signatory authorities' last names

(2014 Secretary of Defense Guidance [Hagel memo], 2016 Acting Principal Deputy Under Secretary of Defense for Personnel and Readiness [Carson memo], 2017 Official Performing the Duties of the Under Secretary of Defense for Personnel and Readiness [Kurta memo], and 2018 Under Secretary of Defense for Personnel and Readiness [Wilkie memo].

(1) Individually and collectively, these documents provide further clarification to the Military Discharge Review Boards and Boards for Correction of Military/Naval Records when considering requests by Veterans for modification of their discharge due to mental health conditions, including PTSD; TBI; sexual assault; or sexual harassment. Liberal consideration will be given to Veterans petitioning for discharge relief when the application for relief is based in whole or in part on matters relating to mental health conditions, including PTSD; TBI; sexual assault; or sexual harassment. Special consideration will be given to Department of Veterans Affairs (VA) determinations that document a mental health condition, including PTSD; TBI; or sexual assault/harassment potentially contributed to the circumstances resulting in a less than honorable discharge characterization. Special consideration will also be given in cases where a civilian provider confers diagnoses of a mental health condition, including PTSD; TBI; or sexual assault/harassment if the case records contain narratives supporting symptomatology at the time of service or when any other evidence which may reasonably indicate that a mental health condition, including PTSD; TBI; or sexual assault/harassment existed at the time of discharge might have mitigated the misconduct that caused a discharge of lesser characterization.

(2) Conditions documented in the service record that can reasonably be determined to have existed at the time of discharge will be considered to have existed at the time of discharge. In cases in which a mental health condition, including PTSD; TBI; or sexual assault/harassment may be reasonably determined to have existed at the time of discharge, those conditions will be considered potential mitigating factors in the misconduct that caused the characterization of service in question. All Boards will exercise caution in weighing evidence of mitigation in cases in which serious misconduct precipitated a discharge with a less than Honorable characterization of service. Potentially mitigating evidence of the existence of undiagnosed combat related PTSD, PTSD-related conditions due to TBI or sexual assault/harassment as causative factors in the misconduct resulting in discharge will be carefully weighed against the severity of the misconduct. PTSD is not a likely cause of premeditated misconduct. Caution shall be exercised in weighing evidence of mitigation in all cases of misconduct by carefully considering the likely causal relationship of symptoms to the misconduct.

c. Army Regulation 15-180 (Army Discharge Review Board) sets forth the policies and procedures under which the Army Discharge Review Board is authorized to review the character, reason, and authority of any Servicemember discharged from active military service within 15 years of the Servicemember's date of discharge. Additionally, it prescribes actions and composition of the Army Discharge Review Board under Public Law 95-126; Section 1553, Title 10 United States Code; and Department of Defense Directive 1332.41 and Instruction 1332.28.

d. Army Regulation 635-200 (Active Duty Enlisted Administrative Separations) provides the basic authority for the separation of enlisted personnel.

(1) Chapter 3, Section II provides the authorized types of characterization of service or description of separation.

(2) Paragraph 3-7a states an Honorable discharge is a separation with honor and is appropriate when the quality of the Soldier's service generally has met the standards of acceptable conduct and performance of duty for Army personnel or is otherwise so meritorious that any other characterization would be clearly inappropriate.

(3) Paragraph 3-7b states a General discharge is a separation from the Army under honorable conditions and is issued to a Soldier whose military record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.

(4) Chapter 14 establishes policy and prescribes procedures for separating members for misconduct. Specific categories include minor disciplinary infractions, a pattern of misconduct, and commission of a serious offense, to include abuse of illegal drugs, convictions by civil authorities and desertion or being absent without leave. Action will be taken to separate a member for misconduct when it is clearly established that rehabilitation is impractical or unlikely to succeed.

(5) Paragraph 14-3 prescribes a discharge under other than honorable conditions is normally appropriate for a Soldier discharged under this chapter. However, the separation authority may direct a general discharge if such is merited by the Soldier's overall record.

(6) Paragraph 14-12c prescribes a Soldier is subject to action per this section for commission of a serious military or civilian offense, if the specific circumstances of the offense warrant separation and a punitive discharge is, or would be, authorized for the same or a closely related offense under the Manual for Courts-Martial.

(7) Chapter 15 provides explicitly for separation under the prerogative of the Secretary of the Army. Secretarial plenary separation authority is exercised sparingly and seldom delegated. Ordinarily, it is used when no other provision of this regulation applies, and early separation is clearly in the Army's best interest. Separations under this paragraph are effective only if approved in writing by the Secretary of the Army or the Secretary's approved designee as announced in updated memoranda. Secretarial separation authority is normally exercised on a case-by-case basis.

e. Army Regulation 635-5-1 (Separation Program Designator (SPD) Codes), provides the specific authorities (regulatory or directive), reasons for separating Soldiers from active duty, and the SPD codes to be entered on the DD Form 214. It identifies the SPD code of "JKQ" as the appropriate code to assign enlisted Soldiers who are discharged under the provisions of Army Regulation 635-200, Chapter 14, paragraph 12c, misconduct (serious offense).

f. Army Regulation 601-210, (Regular Army and Reserve Components Enlistment Program), governs eligibility criteria, policies, and procedures for enlistment and processing of persons into the Regular Army, the U.S. Army Reserve, and Army National Guard for enlistment per DODI 1304.26. It also prescribes the appointment, reassignment, management, and mobilization of Reserve Officers' Training Corps cadets under the Simultaneous Membership Program. Chapter 4 provides the criteria and procedures for waiverable and nonwaiverable separations. Table 3-1 defines reentry eligibility (RE) codes: RE-3 Applies to: Person who is not considered fully qualified for reentry or continuous service at time of separation, but disqualification is waiverable. Eligibility: Ineligible unless a waiver is granted.

8. SUMMARY OF FACT(S): The Army Discharge Review Board considers applications for upgrade as instructed by Department of Defense Instruction 1332.28.

The applicant requests an upgrade to honorable. The applicant's Army Military Human Resources Record (AMHRR), the issues, and documents submitted with the application were carefully reviewed.

The applicant contends the discharge was both improper and inequitable due to the Army's failure to follow required separation procedures, provide adequate medical evaluation, and

consider the applicant's documented post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) sustained during combat deployment. The applicant provided five third-party letters, which described the applicant's change in behavior after returning from combat and supported the applicant's contention. The applicant also provided medical documentation showing a diagnosis of PTSD, adjustment disorder with anxiety, TBI, alcohol dependence and depression. The applicant's AMHRR does not contain documentation supporting an in-service diagnosis. The record shows the applicant underwent a mental status evaluation (MSE) on 30 June 2009, which indicates the applicant was mentally responsible and was able to recognize right from wrong. The separation authority considered the MSE. The AMHRR does not include any indication or evidence of arbitrary or capricious actions by the command.

The applicant contends the intermediate commanders introduced unsubstantiated allegations without written justification or providing a rebuttal opportunity, violating AR 635-200, paragraph 2-2(d). The applicant was notified of their rights and acknowledged their understanding of these rights on 12 August 2009 and elected not to submit a statement on their behalf. The intermediate commander's recommendation was the same date as the applicant's elections of rights. The AMHRR does not include any indication or evidence of arbitrary or capricious actions by the command.

The applicant contends separation occurred without the mandated counseling and rehabilitative measures required under AR 635-200, paragraph 1-17(a), and the chain of command ignored medical records indicating PTSD and TBI, denying a referral to medical channels under AR 635-200, paragraph 14-17(g). Army Regulation 635-200, paragraph 1-17d(2), entitled Counseling and rehabilitative requirements, states the separation authority may waive the rehabilitative requirements in circumstances where common sense and sound judgment indicate such a transfer will serve no useful purpose or produce a quality Soldier. The applicant underwent a MSE on 30 June 2009 and reflects the applicant was mentally responsible, had a clear thinking process, and had the mental capacity to understand and participate in the proceedings. The applicant had a TBI (remarkable) and PTSD screening. The PTSD screening was remarkable with current treatment, which included medication. The applicant qualified for reclassification, MEB, Chapter 5-17 or Chapter 9. The separation authority considered the MSE.

The applicant contends a single drug-related incident, directly tied to untreated combat trauma, was inappropriately elevated to serious misconduct and used to justify a general discharge, despite a service record including multiple awards for valor and outstanding performance in combat. Army Regulation 635-200, paragraph 3-5, in pertinent part, stipulates there are circumstances in which the conduct or performance of duty reflected by a single incident provides the basis for a characterization.

The applicant also contends youth, inexperience, and lack of leadership support exacerbated the effects of war trauma and contributed to post-deployment behavioral health struggles. In light of these facts and subsequent full disability recognition by the Department of Veterans Affairs. The AMHRR shows the applicant met entrance qualification standards, including age.

The applicant requests the narrative reason for separation be changed to Secretarial Plenary Authority. The applicant was separated under Chapter 14, paragraph 14-12c, AR 635-200 provisions with a general (under honorable conditions) discharge. The narrative reason specified by Army Regulations for a discharge under this paragraph is "Misconduct (Serious Offense)," and the separation code is "JKQ." Army Regulation 635-8 (Separation Processing and Documents) governs the preparation of the DD Form 214 and dictates the entry of the narrative reason for separation, entered in block 28, and separation code, entered in block 26 of the form, will be as listed in tables 2-2 or 2-3 of AR 635-5-1 (Separation Program Designator

(SPD) Codes). The regulation stipulates no deviation is authorized. There is no provision for entry of any other reason under this regulation.

9. BOARD DISCUSSION AND DETERMINATION:

a. As directed by the 2017 memo signed by A.M. Kurta, the board considered the following factors:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? **Yes.** The Board reviewed the applicant's DOD and VA health records, the applicant's statement, and/or civilian provider documentation and found that the applicant has the following potentially mitigating diagnoses/experiences: PTSD, MDD, and mTBI.

(2) Did the condition exist, or experience occur during military service? **Yes.** The Board found the applicant is 100 percent service connected (SC) for PTSD.

(3) Does the condition or experience excuse or mitigate the discharge? **Yes.** The Board applied liberal consideration and opined that a review of the available information reflects the applicant has a BH condition that mitigates his misconduct as outlined in the BoS. The applicant is 100 percent SC for PTSD and has additional diagnoses of MDD, Adjustment Disorders subsumed by PTSD, and a history of mTBI. Although the applicant had a history of routine alcohol use and occasional drug use prior to deployment, the records reflect an increase in alcohol and drug use post deployment, reportedly to self-medicate trauma-related symptoms. Given the nexus between PTSD and the use of substances to self-medicate, the applicant's misconduct of wrongful use of cocaine (circa 2009) is mitigated by his SC BH condition.

(4) Does the condition or experience outweigh the discharge? **Yes.** Based on liberally considering all the evidence before the Board, the ADRB determined that the condition or experience outweighed the drug use basis of separation.

b. Prior Decisions Cited: None

c. Response to Contentions:

(1) The applicant contends the discharge was both improper and inequitable due to the Army's failure to follow required separation procedures, provide adequate medical evaluation, and consider the applicant's documented post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) sustained during combat deployment. The Board considered this contention, found the PTSD/ supported, and determined that an upgrade in characterization is warranted based on medical mitigation of the basis of separation.

(2) The applicant contends separation occurred without the mandated counseling and rehabilitative measures. The Board considered this contention during proceedings and determined that separation for cocaine/drug use may occur without counseling and rehabilitation. Additionally, the evidentiary record does not reflect that the applicant was denied access to BH and/or rehabilitative resources.

(3) The applicant contends the intermediate commanders introduced unsubstantiated allegations without written justification or providing a rebuttal opportunity. The Board considered this contention but found insufficient evidence in the applicant's AMHRR or applicant-provided evidence to show that the command acted in an arbitrary or capricious

manner. Additionally, the Board determined that a General discharge would more likely than not have been awarded given the cocaine use, regardless of other asserted allegations.

(4) The applicant contends a single drug-related incident, directly tied to untreated combat trauma, was inappropriately elevated to serious misconduct and used to justify a general discharge. The Board considered this contention along with the totality of the applicant's service record and determined that a General discharge was proper and equitable at the time given the substantiated cocaine/drug use. The Board also considered, and heavily weighed, the documented pre-deployment drug use.

(5) The applicant also contends youth, inexperience, and lack of leadership support exacerbated the effects of war trauma and contributed to post-deployment behavioral health struggles. The Board considered this contention during proceedings and determined that the applicant met age requirements for military service and struggled with illegal substances pre-deployment (pre-nexus).

(6) The applicant requests the narrative reason for separation be changed to Secretarial Authority (SA). The Board considered this contention and determined that SA was not warranted given the documented drug use pre-deployment (pre-nexus) and a lack of evidence supporting particularly arbitrary or capricious intent by the command or the Army.

d. The Board determined that the characterization of service was inequitable based medical mitigation for the basis of separation. Accordingly, the Board voted to grant relief in the form of an upgrade to the characterization of service to Honorable. The Board determined the narrative reason/SPD code and RE code were proper and equitable and voted not to change them.

e. Rationale for Decision:

(1) The Board voted to change the applicant's characterization of service based on medical mitigation for the drug use basis of separation. The new characterization of service is Honorable.

(2) The Board voted not to change the applicant's reason for discharge or accompanying SPD code based on documented pre-deployment (pre-nexus) drug use, which the Board weighed heavier than the contentions of legal error and/or improper command actions. Therefore, the reason the applicant was discharged was both proper and equitable.

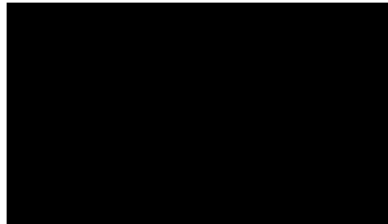
(3) The RE code will not change given the BH condition(s) and service connection. The current code is consistent with the procedural and substantive requirements of the regulation.

10. BOARD ACTION DIRECTED:

- a. Issue a New DD-214 / Separation Order: Yes
- b. Change Characterization to: Honorable
- c. Change Reason / SPD code to: No change
- d. Change RE Code to: No change
- e. Change Authority to: No change

Authenticating Official:

5/30/2025



AWOL – Absent Without Leave
 AMHRR – Army Military Human
 Resource Record
 BCD – Bad Conduct Discharge
 BH – Behavioral Health
 CG – Company Grade Article 15
 CID – Criminal Investigation
 Division
 ELS – Entry Level Status
 FG – Field Grade Article 15

GD – General Discharge
 HS – High School
 HD – Honorable Discharge
 IADT – Initial Active Duty Training
 MP – Military Police
 MST – Military Sexual Trauma
 N/A – Not applicable
 NCO – Noncommissioned Officer
 NIF – Not in File
 NOS – Not Otherwise Specified

OAD – Ordered to Active Duty
 OBH (I) – Other Behavioral
 Health (Issues)
 OMPF – Official Military
 Personnel File
 PTSD – Post-Traumatic Stress
 Disorder
 RE – Re-entry
 SCM – Summary Court Martial
 SPCM – Special Court Martial

SPD – Separation Program
 Designator
 TBI – Traumatic Brain Injury
 UNC – Uncharacterized
 Discharge
 UOTHC – Under Other Than
 Honorable Conditions
 VA – Department of Veterans
 Affairs