

## Indiana School Resource Officers Association (INSROA) SRO Accreditation Application

SRO Name (Include title):

Law Enforcement Agency:

Phone (Where you can be reached):

Agency Address:

Email:

County:

Chief or Sheriff Name:

Email:

Chief or Sheriff Phone Number:

Are you currently a NASRO Practitioner?

**Certified SRO Level:**

- Completed NASRO Basic SRO
- Sworn Law Enforcement Officer
- Indiana School Safety Specialist Certification
- CIT or comparable mental health training
- Attended at least one INSROA Conference
- Current member of INSROA

**Professional SRO Level:**

- Certified Level Requirements plus:
- 4 years or more of verifiable cumulative SRO duty
- Attendance to two or more INSROA Annual Conferences during the four years as an SRO
- At least two years of paid membership in INSROA during the four years as SRO
- Signatures on this form from Chief/Sheriff AND School Principal verifying the four years of SRO duty
- NASRO Advanced/Mgmt. Course
- Full Time SRO

**Master SRO Level:**

- Professional requirements plus:
- 7 years or more of verifiable cumulative SRO duty or NASRO Practitioner
- Attendance at four INSROA Conferences
- At least four years of paid membership in INSROA during the seven years as SRO
- Signatures on this form from Chief/Sheriff AND School Principal verifying the seven years of SRO duty

### Current SRO School Information

Name of School and School District:

School Address:

How many years?

Phone:

Email:

Fax:

City:

County:

ZIP Code:

Principal's name:

Principal's Signature:

Date of Signature:

### Past SRO School Information (If Applicable)

Name of School and School District:

School Address:

How many years:

Phone:

Email:

Fax:

City:

County:

ZIP Code:

Principal's Name:

Principal's Signature:

Date of Signature:

I authorize that information provided on this form accurate and complete.

Signature of applicant:

Date:

Signature of Chief/Sheriff:

Date:

**INSROA Office Use Only:**

INSROA Basic Training verified: \_\_\_\_\_

INSROA Conferences verified: \_\_\_\_\_

INSROA Membership verified: \_\_\_\_\_

Cumulative SRO duty verified: \_\_\_\_\_

**INSROA Office Use Only:**

SRO Notified Date: \_\_\_\_\_

Board Notified Date: \_\_\_\_\_

Pin/Certificate Issued: \_\_\_\_\_

*Please email completed form to [julieqnasro@gmail.com](mailto:julieqnasro@gmail.com)*