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| **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/or School Principal verifying the seven years of SRO duty or NASRO Practitioner |
| **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: |

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|  **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: \_\_\_\_\_\_\_\_\_\_\_\_**  |