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