

Indiana School Resource Officers Association (INSROA) SRO Accreditation Application

SRO Name (Include title):

Law Enforcement Agency:

Phone:

Agency Address:

Email:

County:

Chief or Sheriff Name:

Email:

Chief or Sheriff Phone:

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 jquesenbery@insroa.org