

OHIO SCHOOL RESOURCE OFFICERS ASSOCIATION (OSROA) SRO ACCREDITATION PROGRAM APPLICATION

SRO INFORMATION

SRO Name (include title):

Law Enforcement Agency:

Phone:

Agency Address:

E-mail:

County:

Zip:

Chief or Sheriff Name:

Chief or Sheriff Email:

Chief or Sheriff Phone:

Certified SRO Level – All SROs completing the SRO Basic Training received their pin and certificate on the last day of that training.
Requirements:

- Completed SRO Basic Training through OSROA
- Current member of OSROA
- Sworn Law Enforcement Officer

Professional SRO Level - Requirements:

- Certified Level requirements plus:
- Four years or more of verifiable cumulative SRO duty
- Attendance at two of four OSROA Annual Conferences during the four years as SRO
- At least two years of paid membership in OSROA during the four years as SRO
- Signatures on this form from Chief/Sheriff AND School Principal verifying the four years of SRO duty

Master SRO Level – Requirements:

- Certified Level requirements plus:
- Seven years or more of verifiable cumulative SRO duty
- Attendance at four of seven OSROA Annual Conferences during the seven years as SRO
- At least four years of paid membership in OSROA 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:

E-mail:

Fax:

City:

County:

ZIP Code:

Principal's Name:

Principal's Signature:

Date of Signature:

PAST SRO SCHOOL INFORMATION

Name of School and School District:

School Address:

How many years:

Phone:

E-mail:

Fax:

City:

County:

ZIP Code:

Principal's Name:

Principal's Signature:

Date of Signature:

SIGNATURES

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

Signature of applicant:

Date:

Signature of Chief/Sheriff:

Date:

OSROA Office Use Only:

OSROA Basic Training verified: _____ By _____ Date _____
 OSROA Conferences verified: _____ (conference dates) By _____ Date _____
 OSROA Membership verified: _____ (membership years) By _____ Date _____
 Cumulative SRO duty verified: _____ By _____ Date _____

OSROA Office Use Only:

SRO Notified Date: _____
 Board Notified Date: _____
 Pin/Certificate Issued: _____