



FLORIDA ASSOCIATION OF SCHOOL RESOURCE OFFICERS SRO/SRD PRACTITIONER

The Florida Association of School Resource Officers Practitioner program was established for agencies and school districts to recognize officers who have excelled in the school resource officer philosophy. This program will distinguish those officers who are committed to establishing themselves as professionals at their agency, in their community and school.

To obtain the designation of SRO/SRD practitioner, please refer to the guidelines as set forth on the attached application. All SRO/SRDs who achieve the designation of School Resource Officer/Deputy Practitioner will receive a practitioner uniform pin and award. Anyone requesting information regarding being recognized as a FASRO practitioner, please contact the coordinator by utilizing this [link](#).

Application

Rank & Name: _____ Region: _____

Work Phone: _____ Mobile Phone: _____

Chief/Sheriff's Name: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Years as SRO/SRD: _____ LEO Cert Date: _____

Current FASRO Member: Yes No

Certified Instructor: Yes No

Highest Degree Achieved: _____

School/College/University: _____

**Completed the following FDLE or FL Attorney
General's Office certified courses. (Minimum of 128
hours required)**

Course	Date	Hours
Basic SRO		
Advanced SRO		
General Instructor Techniques		
Drug Investigations		
Substance Abuse Education		
Crisis Intervention Training		
Child Abuse Investigations		
Human & Community Relations for LEO		
Juvenile Delinquency		
Single Officer Response to Active Shooter		

**In addition to above, applicant must have completed at least two advanced courses. (Minimum 24 hours each)
*FASRO's Annual Training Conference may be used once to meet this requirement.**

FASRO's Annual Training Conference*		
Advanced Management Schools for SROs		
Crime Prevention for SRO		
CPTED for Schools		
GREAT or DARE		

I hereby attest that I meet all the requirements set forth to receive the FASRO SRO Practitioner designation.

Applicant's Signature

Date

I hereby attest that I have confirmed the validity of all proof required to meet said requirements by the applicant.

Training Unit Supervisor

Date

Please email your completed application to the [FASRO Practitioner Coordinator](#) for review.

I will attend the upcoming FASRO Annual Training Conference.

I will not be in attendance for the upcoming FASRO Annual Training Conference. Please mail my award and pin to my agency.