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**OFFICE OF THE ATTORNEY GENERAL  
FLORIDA CRIME PREVENTION TRAINING INSTITUTE**

**Florida School Resource Officer Specialist Application**

Name: \_\_\_\_\_  
(Please type full name as it is to appear on certificate)

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip code)

\_\_\_\_\_  
(telephone number) (fax number)

Email Address: \_\_\_\_\_

Are you a sworn law enforcement officer?  Yes  No

Are you a (check one):  SRO  SRO Supervisor

Number of years as a SRO? \_\_\_\_\_

**Section B: Course Information**

Only courses offered through or co-sponsored by the FCPTI will be considered. Please choose the curriculum path and list the course information in the chart below and include copies of your certificates with this application.

**Option 2:** Requires a minimum of 88 hours, which includes one FASRO conference. Please refer to your certificate for applicable hours.

**Option 1**

FCPTI COURSE TITLE	DATE COMPLETED	COURSE HOURS
SRO Basic		40
SRO Intermediate		24
SRO Advanced		24
	<b>TOTAL</b>	<b>88</b>

**Option 2**

FCPTI COURSE TITLE	DATE COMPLETED	COURSE HOURS
FASRO		
	<b>TOTAL</b>	

You may submit this form and copies of your scanned certificates using the email button above. If you would like to submit this form by mail, please send it and copies of your certificates to the following address:

**Office of the Attorney General**  
**Florida Crime Prevention Training Institute**  
**PL-01, The Capitol**  
**Tallahassee, Florida 32399-1050**  
**or fax to (850) 413-0633**

Attn: SRO Specialist Application

If you have any questions, please call (850) 414-3360.

<b>For office use only:</b>	
<b>Staff Signature:</b> _____	<b>Date:</b> _____