



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

**Florida School Resource Officer Practitioner Designation 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? \_\_\_\_\_

Please provide the name and rank of the individual with your agency or organization, you would like to receive your Letter of Recognition for your achievement.

\_\_\_\_\_  
(title) (name)

\_\_\_\_\_  
(Please provide address if different from above)

**Section B: Course Information**

Fill in the date that you completed the SRO Basic. Then list, dates and course hours for a minimum of 90 additional hours of training offered through or co-sponsored by the FCPTI. One FASRO Conference certificate may be applied towards the designation. Please refer to your certificate for the applicable hours.

Please include copies of your certificates with this application.

FCPTI COURSE TITLE	DATE COMPLETED	COURSE HOURS
SRO Basic		40
	<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: SROP Application

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

**For office use only:**

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_