



## **SCHOOL RESOURCE OFFICER** **Program Application**

P.A. 100-0984

### **\*\*INSTRUCTIONS\*\***

Please complete this application and save a copy for your records. Email the completed application as an attachment to [PTB.SRO@illinois.gov](mailto:PTB.SRO@illinois.gov). **Sections E-I should only be filled out if seeking a waiver from the ILETSB SRO standalone course.**

Applicants must have three (3) years of certified, full-time law enforcement or five (5) years of certified, part-time law enforcement to be considered eligible for this program. All applicants must be of sound character, free of disciplinary concerns, and open to working with minors.

When referencing any out-of-state or non-Board-certified courses, certificates and pertinent documentation should be attached in the application email. In reviewing this waiver application, the Board reserves the right to request additional information and to verify information provided. The Board retains the sole right to approve or deny the Training Waiver Request.

### **\*\*PLEASE TYPE \*\***

#### **AGENCY INFORMATION**

<b>Agency Name</b>	
<b>Point of Contact Name</b>	
<b>Point of Contact Email</b>	

#### **OFFICER INFORMATION**

<b>Officer Name</b>	
<b>PTB ID</b>	
<b>Date of Birth</b>	
<b>Agency Hire Date</b>	
<b>Current Assignment</b>	

<b>A. Does this officer hold full-time or part-time law enforcement certification?</b>	
Level of law enforcement certification	<b>FULL-TIME</b> <b>PART-TIME</b>
Date of certification completion	

<b>B. Has your agency conducted a CQH through LEADS on the subject officer in the last 15 days?</b> (if yes, please answer the additional questions below) (if no, please complete the subject CQH through LEADS and resubmit this application)	
Date of CQH completion	
Is the officer free from any convictions related to decertifiable crimes or crimes of moral turpitude?	<b>YES</b> <b>NO</b>
Is the officer free from any arrests related to decertifiable crimes or crimes of moral turpitude?	<b>YES</b> <b>NO</b>

<b>C. Is the subject officer willing and able to work with school-aged children and others in an educational environment?</b>	<b>YES</b> <b>NO</b>
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<b>D. Has the subject officer completed the ILETSB School Resource Officer standalone course?</b> (If yes, please fill out the course information, skip sections E-I.) (If no, skip this section and complete sections E-I)	
Date of completion	
Conducted by an MTU? (if yes, which one?)	

**\*\*WAIVER INSTRUCTIONS \*\***

***Sections E-I should only be filled out if seeking a waiver from the ILETSB SRO standalone course, which has not yet been conducted.***

***Experience must be reflected in sections E, F and G before a waiver may be considered. If initial coursework in these areas were completed more than five years ago, please list any and all pertinent updates.***

***When referencing any out-of-state or non-Board-certified courses, certificates and pertinent documentation should be attached in the application email.***

E. Has the officer attended a course on Juvenile Law (Minimum 8 Hours required)?  
*(if yes, fill out the course information below and attach any available certificates)*

Name of course

Date of completion

Conducted by an MTU?  
*(if yes, which one?)*

Has the officer completed any update or refresher courses in this topic area? If so, please provide the name, attendance dates, MTU, and location.

F. Has the officer attended a course on Officer and Youth Interactions (Minimum 8 Hours Required)?  
*(if yes, fill out the course information below and attach any available certificates)*

Name of course

Date of completion

Conducted by an MTU?  
*(if yes, which one?)*

Has the officer completed any update or refresher courses in this topic area? If so, please provide the name, attendance dates, MTU, and location.

G. Has the officer attended a course on Active Threat Response (Minimum 8 Hours Required)?  
*(if yes, fill out the course information below and attach any available certificates)*

Name of course

Date of completion

Conducted by an MTU?  
*(if yes, which one?)*

Has the officer completed any update or refresher courses in this topic area? If so, please provide the name, attendance dates, MTU, and location.

H. Does the officer have prior experience working with minors or within a school setting?  
If yes, describe below:

I. Please provide any other information that may be relevant and helpful in assessing this waiver request.  
(If referencing courses conducted outside of Illinois or otherwise not certified by the Board, attach certificates of completion and other documentation, such as course descriptions and outlines.)

### CERTIFICATION/VERIFICATION

*As the Chief Administrator and Employer of the officer named herein, I am requesting certification for the ILETSB School Resource Officer Program under the provisions of P.A. 100-0984.*

*In doing so, I am verifying that the above officer is currently employed with this agency in as a Law Enforcement Officer (as defined by 50 ICLS 705/2) in either a full-time or part-time capacity with the appropriate years of required experience. Furthermore, I verify that the information contained herein is complete and accurate. The above officer has been subjected to a recent background investigation without yielding any items of concern. Finally, I attest that the above officer is of good character, free of disciplinary concerns and capable of working with minors.*

<b>Chief Administrator Name</b>	
<b>Chief Administrator Signature</b>	
<b>Date of Request</b>	