**Council on Social Work Education**

**Commission on Accreditation**

**Substantive Change Proposal Template**

*Programs are required to complete this proposal when establishing a new program option, such as a physical location or online delivery method.*

Refer to section *1.2.4 Program Changes* in the [EPAS Handbook](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook) for detailed policies and procedures regarding substantive changes. Refer to section *1.2.11 Document Submission Policy* for detailed formatting and submission requirements.

**Section 1: General Information**

*Please complete the following section.*

|  |  |
| --- | --- |
| Institution Name: |  |
| Social Work Program Level[[1]](#footnote-2):  *(check one only)* | Baccalaureate  Master’s |
| Main Program Address: | [City, State, Zip] |
| Proposed New [Program Option Type](#_Program_Option_Types):  *(check one only)* | In-person/Face-to-Face/Traditional  Main/Primary Campus  Branch/Satellite Campus  Distance Education:  Online  Broadcast Site  Correspondence |
| Proposed New Program Option Location: | [City, State, Country or Online] |
| Proposed New Program Option Percentage of the Curriculum Delivered Online: | 0-50%  51-100% |
| Primary Contact Name/Credentials:  *(must match* [*CSWE records*](https://www.cswe.org/Accreditation/Directory-of-Accredited-Programs.aspx)*)* |  |
| Primary Contact Title: |  |
| Primary Contact Email: |  |
| EPAS[[2]](#footnote-3):  *(check the EPAS the program is currently operating under)* | 2008  2015 |
| Date Submitted: |  |

**Social Work Program Accreditation Status**

|  |  |
| --- | --- |
| Programmatic Accrediting Body: | CSWE-COA |
| Last Review Date: |  |
| Outcome: |  |
| Next Review Date:**[[3]](#footnote-4)** |  |
| Is the program’s listing in the [Directory of Accredited Programs](https://www.cswe.org/Accreditation/Directory-of-Accredited-Programs.aspx) accurate? | Yes  No**[[4]](#footnote-5)** |
| Does the **social work program** require faculty approval before establishing this new program option? | Yes  No |
| If YES, what type of approval is required? | Social Work Faculty Governance Approval  Social Work Curriculum Committee Approval |
| Other, please specify: |
| Did the **social work program** complete an environmental scan, needs assessment, or other research prior to proposing this new program option? | Environmental Scan  Needs Assessment  No Research Conducted |
| Other research, please specify: |
| * A copy of the social work program’s environmental scan, needs assessment, or other research conducted (if applicable) is provided in **Section 4** of this proposal | Yes  No  N/A (No Research Conducted) |

**Institutional Accreditation Status & Approval**

|  |  |
| --- | --- |
| Regional Accrediting Body: |  |
| Regional Accrediting Body’s Website: |  |
| Last Review Date: |  |
| Outcome: |  |
| Next Review Date: |  |
| Does the **regional accreditor** require approval before establishing this new program option? | Yes  No |
| If YES, what type of approval is required? | Notification  Substantive/Major Change Report  Visit |
| Other, please specify: |
| Does the **institution** require the social work program secure institutional-level approval before establishing this new program option? | Yes  No |
| If YES, what type of approval is required? | Institutional Faculty Governance Approval  Board of Governors Approval  Institutional Curriculum Committee Approval |
| Other, please specify: |
| Did the **institution** complete an environmental scan, needs assessment, or other research prior to proposing this new program option? | Environmental Scan  Needs Assessment  No Research Conducted |
| Other research, please specify: |
| * A copy of the institution’s environmental scan, needs assessment, or other research conducted (if applicable) is provided in **Section 4** of this proposal | Yes  No  N/A (No Research Conducted) |

**State Regulatory Agency Approval Status**

|  |  |
| --- | --- |
| Agency: |  |
| Agency’s Website: |  |
| Last Review Date: |  |
| Outcome: |  |
| Next Review Date: |  |
| Does the **agency** require approval before establishing this new program option? | Yes  No |
| If YES, what type of approval is required? | Notification  Substantive/Major Change Report  Visit |
| Other, please specify: |

**Current CSWE-COA Approved Program Options**

*List all existing program options approved by CSWE-COA. This list must match* [*CSWE records*](https://www.cswe.org/Accreditation/Directory-of-Accredited-Programs.aspx)*. Copy/paste to add tables or delete tables, as necessary.*

|  |  |
| --- | --- |
| Program Option #1 Name: |  |
| Proposed New [Program Option Type](#_Program_Option_Types):  *(check one only)* | In-person/Face-to-Face/Traditional  Main/Primary Campus  Branch/Satellite Campus  Distance Education:  Online  Broadcast Site  Correspondence |
| Program Option Location: | [City, State, Country or Online] |
| Proposed New Program Option Percentage of the Curriculum Delivered Online: | 0-50%  51-100% |
| Number of Students Currently Enrolled in this Program Option: | [#] |

|  |  |
| --- | --- |
| Program Option #2 Name: |  |
| Proposed New [Program Option Type](#_Program_Option_Types):  *(check one only)* | In-person/Face-to-Face/Traditional  Main/Primary Campus  Branch/Satellite Campus  Distance Education:  Online  Broadcast Site  Correspondence |
| Program Option Location: | [City, State, Country or Online] |
| Proposed New Program Option Percentage of the Curriculum Delivered Online: | 0-50%  51-100% |
| Number of Students Currently Enrolled in this Program Option: | [#] |

|  |  |
| --- | --- |
| Program Option #3 Name: |  |
| Proposed New [Program Option Type](#_Program_Option_Types):  *(check one only)* | In-person/Face-to-Face/Traditional  Main/Primary Campus  Branch/Satellite Campus  Distance Education:  Online  Broadcast Site  Correspondence |
| Program Option Location: | [City, State, Country or Online] |
| Proposed New Program Option Percentage of the Curriculum Delivered Online: | 0-50%  51-100% |
| Number of Students Currently Enrolled in this Program Option: | [#] |

**Current Total Student Enrollment**

|  |  |
| --- | --- |
| Total Number of Students Currently Enrolled *(Inclusive of all program options combined):* | [#] |

**Current Total Faculty**

|  |  |
| --- | --- |
| Total Number of Full-time Faculty (*Inclusive of all program options combined)*: | [#] |
| Total Number of Part-time Faculty (*Inclusive of all program options combined)*:  *Includes adjuncts, lecturers, any individuals with a teaching assignment, etc.* | [#] |
| **TOTAL Full-time & Part-time Combined:** | [#] |

**Section 2: Substantive Change Information**

**New Program Option Overview**

|  |  |
| --- | --- |
| New Program Option Name: |  |
| Proposed New [Program Option Type](#_Program_Option_Types):  *(check one only)* | In-person/Face-to-Face/Traditional  Main/Primary Campus  Branch/Satellite Campus  Distance Education:  Online  Broadcast Site  Correspondence |
| Program Option Location: | [City, State, Country or Online] |
| Proposed New Program Option Percentage of the Curriculum Delivered Online: | 0-50%  51-100% |
| Scope:**[[5]](#footnote-6)** | Local  Regional  National  International |
| Plans of Study to be Offered:  *(check all that apply)* | Full-time  Part-time  Advanced Standing  Weekend  Evening / Night  Adult Learning  Other(s):  [List other options here, if applicable] |
| Planned Implementation Date:**[[6]](#footnote-7)** | [Month/Day/Year] |
| Projected Student Enrollment Numbers at Implementation Date:  *(for the proposed new program option only)* | [#] |
| Projected Full-time & Part-time Faculty Numbers at Implementation Date:  *(for the proposed new program option only)* | [#] |
| Is the new program option a short-term pilot or planned for long-term strategic implementation? | Short-term Pilot  Long-term Strategic Implementation |

**Rationale for the Change:**

*Provide a brief statement of the rationale for establishing the new program option.*

[type rationale here]

**Impact Statements:**

*Impact statements are based upon the EPAS and focus on ensuring that the planned expansion of program options does not adversely impact compliance with the EPAS. These statements also ensure that the program’s compliance plans for the new program option align with EPAS requirements.*

*Provide a brief narrative response to each prompt. Each narrative response must reflect the new program option only unless otherwise specified. Do not submit information describing the current/existing program options and operations unless explicitly requested. Describing current/existing program options and operations is insufficient and the program may be asked to revise and resubmit the proposal, extending the review process.*

*This narrative section may not exceed fifty (50) pages.*

1. Describe the planning process involved in developing the new program option, including identifying all stakeholders and constituent groups involved.

[type the program’s response here; repeat under each question]

1. Describe the new program option’s context. Use the table below to capture the consistency between the new program option’s context, the institution’s mission, and the program’s mission.

*Context is defined is Educational Policy (EP) 1.0 in the 2015 EPAS.*

|  |  |  |
| --- | --- | --- |
| **Elements of the New Program Option’s Context**  *[Insert additional rows as needed]* | **Elements of the Institution’s Mission** | **Elements of the Program’s Mission** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Respond to one of the following based on the new program option:
   1. *For new location-based program options:* Provide a description of the additional location, including the address, ownership of the property, classroom space, and office space.
   2. *For new online-based program options:* Provide a description of the additional delivery method, including computer-mediated access and any partnerships with technological platforms or educational services.
2. Summarize the explicit curriculum. Describe how the explicit curriculum is the same and/or different for the new program option.
3. Describe the process for selecting field settings; placing and monitoring students; supporting student safety; and evaluating student learning and field setting effectiveness.

*Selecting Field Settings:*

*Placing and Monitoring Students:*

*Supporting Student Safety:*

*Evaluating Student Learning:*

*Evaluating Field Setting Effectiveness:*

1. Describe how onsite contact or other methods are used to maintain contact with field settings, monitor student learning, and ensure field setting effectiveness.

*Maintaining Contact with Field Settings:*

*Monitoring Student Learning:*

*Ensuring Field Setting Effectiveness:*

1. Describe field instructor orientation, training, and methods for continuing dialog with field education settings.

*Field Instructor Orientation:*

*Field Instructor Training:*

*Methods for Continuing Dialog with Field Education Settings:*

1. Describe specific implicit curriculum efforts to provide an affirming, respectful, supportive, and inclusive learning environment with regard to diversity.
2. Specify students’ rights and representation opportunities to participate in governance activities affecting academic and student affairs.
3. Describe how the program provides opportunities and encourages students to organize in their interests.
4. Describe the administrative and governance structure. Describe how the structure allows the social work program, inclusive of all program options, autonomy to operate effectively under a single accredited status that extends to all program options.

* Submit required documentation in **Section 4**: *Copy of the revised institutional-level organizational chart inclusive of social work program*
* Submit required documentation in **Section 4**: *Copy of the revised program-level organizational chart*

1. Describe the sufficiency of the program director’s assigned time for administrative leadership, inclusive of all program options.

*A minimum of 25% administrative assigned time is required at the baccalaureate level and a minimum of 50% administrative assigned time is required at the master’s level.*

1. Describe the sufficiency of the field director’s assigned time for administrative leadership, inclusive of all program options.

*A minimum of 25% administrative assigned time is required at the baccalaureate level and a minimum of 50% administrative assigned time is required at the master’s level.*

1. Describe the new program option’s enrollment projections for the first three (3) years and the enrollment management plan.

|  |  |  |
| --- | --- | --- |
| **Student Enrollment Projection | YEAR 1** | **Student Enrollment Projection | YEAR 2** | **Student Enrollment Projection | YEAR 3** |
|  |  |  |

1. Provide the current and projected numerical full-time equivalent (FTE) faculty-to-student ratio. Provide the formulas and calculations for the projected FTE ratio, inclusive of the new program option.

*The ratio is 1:25 or less for baccalaureate programs and 1:12 or less for master’s programs.*

|  |  |
| --- | --- |
| **Current FTE Ratio**  *(inclusive of all current/existing program options; exclude the new program option)* | **Projected FTE Ratio**  *(inclusive of all current/existing program options; include the new program option)* |
|  |  |

*Full-time Student FTE Formula & Calculation:*

*Part-time Student FTE Formula & Calculation:*

*Full-time Faculty FTE Formula & Calculation:*

*Part-time Faculty FTE Formula & Calculation:*

The program affirms that faculty size is commensurate with the following elements *(check all that apply)*:

The number and type of curricular offerings in class and field

Number of program options

Class size

Number of students

Advising

Faculty’s teaching, scholarly, and service responsibilities

If the program does not affirm that faculty size is commensurate with one (1) or more elements, explain the program’s plan to address each:

* Submit required documentation in **Section 4**: *Updated Faculty Summary Form inclusive of faculty across all program options*

1. Describe the impact of implementing the new program option on the faculty’s workload, including teaching, advising, service, research, scholarly, administrative leadership, and any other workload policy elements.
2. Describe the academic and professional advising services available to students.

*Professional advising must be provided by social work faculty, staff or both.*

1. Describe the technological support available to the students, faculty, and staff.

*Student Tech Support:*

*Faculty Tech Support:*

*Staff Tech Support:*

1. Describe the assistive technology available to the students, faculty, and staff.

*Student Assistive Technology Access:*

*Faculty Assistive Technology Access:*

*Staff Assistive Technology Access:*

1. Describe the fiscal resources for the new program option. Discuss how fiscal resources are sufficient and stable.

* Submit required documentation in **Section 4**: *Updated Budget Form*

1. Respond to one of the following based on the new program option:
   1. *For new location-based program options:* Describe how personnel, classroom and office space, and technological resources are sufficient to meet the needs of the faculty and students engaged at the new location.

*Personnel:*

*Classroom and Office Space:*

*Technological Resources:*

* 1. *For new online-based program options:* Describe how personnel, computer-mediated access, and technological resources are sufficient to meet the needs of the faculty and students engaged in the online delivery method.

*Personnel:*

*Computer-mediated Access:*

*Technological Resources:*

1. Summarize the assessment plan. Describe how the assessment plan is the same and/or different for the new program option.
2. Provide, if applicable, any additional commentary of how the change in the social work program may affect the whole program’s compliance with all four (4) Accreditation Standards.

*AS 1.0 | Program Mission and Goals:*

*AS 2.0 | Explicit Curriculum:*

*AS 3.0 | Implicit Curriculum:*

*AS 4.0 | Assessment:*

**Section 3: Program Assessment Outcomes**

*Per the Council for Higher Education Accreditation (CHEA) requirements and the accreditation standards, baccalaureate and master’s social work programs are required to use Form AS 4(B) or Form AS 4(M) to report the most recent assessment outcomes to constituents and the public on its website. This data must be routinely updated (minimally every 2 years).*

*The required form is located on the CSWE website (*[*2008 EPAS*](https://cswe.org/Accreditation/Accreditation-Process/2008-EPAS/Reaffirmation) *and* [*2015 EPAS*](https://cswe.org/Accreditation/Accreditation-Process/2015-EPAS)*). The form should not be altered or missing information. The competency-level data should reflect the percentage of students achieving the outcome measure benchmarks (minimum acceptable score or higher) inclusive of two (2) (or more) measures.*

*Please provide the webpage URL address to where the program’s current/existing form is featured. The form may be embedded in the webpage or a clickable hyperlink that allows users to download the form. Do not submit a .PDF link or cloud-based document link. The link must be to a webpage that is easily accessible to the public.*

***Programs are not submitting data for their proposed new program option as it is not yet implemented nor operational.***

|  |  |
| --- | --- |
| Webpage URL Address to Publicly Posted Assessment Outcomes |  |

*Check the box below (required):*

*We, the program, attest that we are providing this hyperlink with the understanding that we will begin assessing competency-based student learning outcomes and publicly posting data on our social work program’s website, as required by the EPAS, upon approval of this proposal and implementation of the new program option.*

*Program outcome reports are accessible via the* [*Directory of Accredited Programs*](https://www.cswe.org/Accreditation/Directory-of-Accredited-Programs.aspx)*.*

**Section 4: Documentation**

*Insert all documentation within this section of the proposal. The proposal must be a single Word document or searchable PDF, may not include separate attachments nor appendices, and must be searchable. No scanned documents will be accepted. No additional documentation may be included beyond these requirements. The required Faculty Summary Form and Budget Form is located on the* [*CSWE website > Accreditation > Process > Self-Study Forms*](https://www.cswe.org/getdoc/bc78fae2-16a5-49ed-8cee-28d7f1165f32/Accreditation-Process.aspx)*.*

**Required Documentation**

*Check all boxes and insert the following required documentation.*

Copy of the revised institutional-level organizational chart inclusive of social work program

Copy of the revised program-level organizational chart

Updated Faculty Summary Form inclusive of faculty across all program options

Updated Budget Form

[insert the revised institutional-level organizational chart inclusive of social work program here]

[insert the revised program-level organizational chart inclusive of social work program here]

**Faculty Summary Form**

**Council on Social Work Education Commission on Accreditation (COA)**

**Directions:** Provide the information requested below for all faculty employed in full- and part-time positions inclusive of all program options. All program information and operations should be **current at the time of submission** of the accreditation document.Duplicate and expand the chart below, as needed.

This form is used to assist the COA in the evaluation of the program’s compliance with the following *Accreditation Standard*s:

***3.2.1*** *The program identifies each full- and part-time social work faculty member and discusses his or her qualifications, competence, expertise in social work education and practice, and years of service to the program.*

***3.2.2*** *The program documents that faculty who teach social work practice courses have a master's degree in social work from a CSWE-accredited program and at least 2 years of post–master’s social work degree practice experience.*

***B3.2.4*** *The baccalaureate social work program identifies no fewer than two full-time faculty assigned to the baccalaureate program, with full-time appointment in social work, and whose principal assignment is to the baccalaureate program. The majority of the total full-time baccalaureate social work program faculty has a master's degree in social work from a CSWE-accredited program, with a doctoral degree preferred.*

***M3.2.4*** *The master's social work program identifies no fewer than six full-time faculty with master's degrees in social work from a CSWE-accredited program and whose principal assignment is to the master's program. The majority of the full-time master's social work program faculty has a master's degree in social work and a doctoral degree, preferably in social work.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Each Full- and Part-time Faculty Member** | **Title of Faculty Member** | **Full-time Faculty Member?**  **(Per AS B/M3.2.4)** | **Degree from CSWE-Accredited Master’s Program1?**  **(Per AS 3.2.1 and AS 3.2.2)** | **Doctoral Degree?**  **(Per AS 3.2.1 and AS M3.2.4)** | **Number of Years of Post-MSW Social Work Practice Experience2**  **(Per AS 3.2.2)** | **Teaching Practice Courses3?**  **(Per AS 3.2.2)** | **Number of Years of Service to the Social Work Program**  **(Per AS 3.2.1)** | **Percentage of Time Assigned to Program4**  **(Per AS B/M3.2.4)** | | **Teaching, Administrative, or Other Responsibilities in the New program Option?** |
| **Baccalaureate** | **Master’s** |
|  |  | Yes  No | Yes  No | Yes  No |  | Yes  No |  | % | % | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |  | Yes  No |  | % | % | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |  | Yes  No |  | % | % | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No |  | Yes  No |  | % | % | Yes  No |
|  | | | | | | | | Total FTE5: | Total FTE5: |  |

1 This includes degrees from CSWE-accredited programs or recognized through CSWE’s International Social Work Degree Recognition and Evaluation Service or covered under a memorandum of understanding with international social work accreditors.

2 The minimum requirement of two (2) years of post-master’s social work practice experience is calculated in relation to the total number of hours of full-time and equivalent professional practice experience. Social work practice experience is defined as providing social work services to individuals, families, groups, organizations, or communities. Social work services can include work in professional social work auspices under the supervision of professional social work supervisors, volunteer practice experience in a social service agency and paid experience as a consultant in the areas of the individual’s practice expertise (pg. 22, [2015 EPAS](https://www.cswe.org/getattachment/Accreditation/Standards-and-Policies/2015-EPAS/2015EPASandGlossary.pdf.aspx)).

3 It is within the purview of the program to define and identify which courses they consider to be social work practice courses.

4 If the faculty member is part-time, identify the percent of a full-time workload assigned to the program, based on your institution’s workload policy. Workload polices may differ by rank or title. If the program has both a baccalaureate and master’s program, include the faculty member’s time assigned to each program.

5 While these columns require percentages to determine each faculty member’s assigned time to each program level, the total full-time equivalent (FTE) at the bottom of each column should be presented as a number (#) rather than a percentage (%). At the program’s discretion, this FTE calculation may be used to support compliance with AS 3.2.3, as the institution’s faculty workload policy is commonly used to calculate the full-time equivalent (FTE) faculty-to-student ratio. However, programs may use any calculation or formula as long as the program clearly explains the calculation method.

**Program Expense Budget**

**Council on Social Work Education**

**Commission on Accreditation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AS 3.4.1**  The program describes the procedures for budget development and administration it uses to achieve its mission and goals. The program submits a completed budget form and explains how its financial resources are sufficient and stable to achieve its mission and goals. | | | | | | | | | | | |
| Provide all of the information requested below. | | | | | | | | | | | |
| Type of Program: |  | | Baccalaureate | | |  | | Master’s | |  | |
|  | | | | | | | | | | | |
| **Program**  **Expenses** | | **Previous Year**  **20XX**  *previous year budget; excluding the new program option* | | | **Current Year**  **20XX**  *current year budget; excluding the new program option* | | | | **Next Year**  **20XX**  *projected budget specific to the new program option only* | | |
|  | | **Dollar Amount** | | **% Hard Money** | **Dollar Amount** | | **% Hard Money** | | **Dollar Amount** | | **% Hard Money** |
| Faculty &  Administrators | |  | |  |  | |  | |  | |  |
| Support Staff | |  | |  |  | |  | |  | |  |
| Temporary or Adjunct Faculty & Field Staff | |  | |  |  | |  | |  | |  |
| Fringe | |  | |  |  | |  | |  | |  |
| Supplies & Services | |  | |  |  | |  | |  | |  |
| Travel | |  | |  |  | |  | |  | |  |
| Student  Financial Aid | |  | |  |  | |  | |  | |  |
| Technological Resources | |  | |  |  | |  | |  | |  |
| Other (Specify) | |  | |  |  | |  | |  | |  |
| **TOTAL** | |  | | # |  | | # | |  | | # |

Line-item delineation addressing whether the amount reflects new/additional monies to support the new program option, current/existing resources extend to the new program option (i.e., no new/additional monies are specific to that line item), or is an institution-level line item (i.e., not included in the social work program budget).

*Per each program expense budget category, check one only:*

*Faculty & Administrators:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Support Staff:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Temporary or Adjunct Faculty & Field Staff:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Fringe:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Supplies & Services:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Travel:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Student Financial Aid:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Technological Resources:*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

*Other (Specify):*

Yes, new/additional monies are allocated to support the new program option

No, current/existing resources will extend to the new program option

This is an institution-level line item; not included in the social work program budget

**Optional Documentation**

*Check all that apply and insert any optional documentation the program elects to include in the proposal.*

Copy of the institution’s environmental scan, needs assessment, or other research conducted (if applicable)

Copy of the social work program’s environmental scan, needs assessment, or other research conducted (if applicable)

[insert a copy of the institution’s environmental scan, needs assessment, or other research conducted (if applicable) here]

[insert a copy of the social work program’s environmental scan, needs assessment, or other research conducted (if applicable) here]

**Section 5: Proposal Authorization**

**Required:** As the **social work program’s primary contact**, I hereby support and authorize this substantive change to the social work program.

|  |  |
| --- | --- |
| Signature: |  |
| Name, Credentials: |  |
| Title: |  |
| Date: |  |
| \*BusinessMailing Address: |  |
|  |  |
| \*Business Phone #: |  |
| \*Business Email Address: |  |

**Required:** As the **institution’s president/chancellor**, I hereby support and authorize this substantive change to the social work program.

|  |  |
| --- | --- |
| Signature: |  |
| Name, Credentials: |  |
| Title: |  |
| Date: |  |
| \*Business Mailing Address: |  |
|  |  |
| \*Business Phone #: |  |
| \*Business Email Address: |  |

*\*Per section 1.1.10. COA Decision Making in the* [*EPAS Handbook*](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)*, the president / chancellor and primary contact will receive electronic copies of official Commission on Accreditation decision letter(s). Updated contact information is required for accurate correspondence.*

**Section 6: Substantive Change Proposal Review Brief**

*For internal use only by CSWE’s Department of Social Work Accreditation or the Commission on Accreditation. The program does not complete this section.*

|  |  |  |
| --- | --- | --- |
| 1. Program Name: |  | |
| 2. Program State: |  | |
| 3. Program Level: |  | |
| 4. Commissioner Reader, Associate Director of Accreditation Services, or Accreditation Specialist Name: |  | |
| 5. Recommended Decision:  *(check one)* |  | |
|  |  | Approve the *Substantive Change Proposal*  *Approve the program’s compliance plan with all accreditation standards for the new program option, finding that the addition of this program option will not adversely impact the integrity and quality of the current program operations, resources, offerings, and compliance with the EPAS.* |
|  |  | Defer Decision for One Meeting and Request Clarifying Information to be Reviewed by the Associate Director of Accreditation Services  *The program’s documentation is insufficient to make a decision, and the program must submit documentation or clarification necessary for DOSWA to make a decision at or before the next COA meeting. Associate Director of Accreditation Services reviews are conducted on a rolling basis in-between or at the next COA meeting.* |
|  |  | Defer Decision for One Meeting and Request Clarifying Information to be Reviewed by the Accreditation Specialist  *The program’s documentation is insufficient to make a decision, so the program must submit documentation or clarification necessary for DOSWA to make a decision at or before the next COA meeting. Accreditation Specialist reviews are conducted on a rolling basis in-between or at the next COA meeting.* |
|  |  | Defer Decision for One Meeting and Request Clarifying Information to be Reviewed by the COA  *The program’s documentation is insufficient to make a decision, so the program must submit documentation or clarification necessary for COA to make a decision at their next meeting.* |
|  |  | Order a Modified Site Visit  *The addition of this program option may adversely impact the integrity and quality of the current program operations, resources, offerings, and compliance with the EPAS. The program may be out of compliance with one or more accreditation standards. A site visitor is sent with instructions and the program is reviewed at the next COA meeting following the visit.* |

1. If the *Substantive Change Proposal* is not accepted, the Commissioner Reader, Associate Director of Accreditation Services, or Accreditation Specialist is asked to cite the relevant area(s) of concern or potential noncompliance plans related to each section. For each area cited, specify what the program provided, what is missing or insufficient, and how you would instruct the program to address the concern. Rather than citing an accreditation standard upon which the impact statements are based, the reader cites the section and/or impact statement(s) as prompted below. Your citation will be used to create language for the decision letter.
   1. **List Area(s) of Concern:**

**Section 1: General Information**

*Specify what is missing or insufficient.*

*The program is asked to… [instruct the program to address the concern or insufficient information]*

*[repeat for each citation]*

**Section 2: Substantive Change Information**

*[repeat for each citation]*

**Section 3: Program Assessment Outcomes**

*[repeat for each citation]*

*[cite impact statements rather than the standards they are based upon]*

**Section 4: Required Documentation**

*[repeat for each citation]*

**Section 5: Proposal Authorization**

*[repeat for each citation]*

* 1. **List Area(s) of Potential Noncompliance:**

**Section 1: General Information**

*Specify what is missing or insufficient.*

*The program is asked to… [instruct the program to address the concern or insufficient information]*

*[repeat for each citation]*

**Section 2: Substantive Change Information**

*[repeat for each citation]*

**Section 3: Program Assessment Outcomes**

*[repeat for each citation]*

*[cite impact statements rather than the standards they are based upon]*

**Section 4: Required Documentation**

*[repeat for each citation]*

**Section 5: Proposal Authorization**

*[repeat for each citation]*

1. Separate proposals must be submitted for each program level, baccalaureate or master’s, for which a change is proposed. [↑](#footnote-ref-2)
2. Programs are not permitted to have different program options complying with different sets of standards. [↑](#footnote-ref-3)
3. The program should not implement any changes that require a *Substantive Change Proposal* during the candidacy or reaffirmation process. The candidacy process begins with the submission of the benchmark 1 document and ends with an initial accreditation decision. The reaffirmation process begins with the submission of the self-study and ends with a reaffirmation decision. Please refer to section *1.2.4 Program Changes* in the [EPAS Handbook](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook) for detailed information. [↑](#footnote-ref-4)
4. It is the program’s responsibility to notify the accrediting body of changes to the program record. Please refer to section *1.2.4 Program Changes* in the [EPAS Handbook](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook) for detailed policies and procedures regarding updating the program’s record, including basic contact information, key personnel, and the primary contact. The program must update their CSWE record prior to submitting this proposal if their Directory listing is inaccurate. [↑](#footnote-ref-5)
5. It is the program’s responsibility to secure all necessary approvals to operate within the scope identified. [↑](#footnote-ref-6)
6. The COA considers the start of a program (implementation date) to be when classes are offered for the first time in the new program option. [↑](#footnote-ref-7)