

**Reaffirmation/Initial Accreditation Eligibility Application  
Council on Social Work Education**

**Commission on Accreditation**

Email this application to the assigned Accreditation Specialist.

**Purpose:** Eligibility applications include a series of eligibility standards which require the program to demonstrate that its host institution can and will support and sustain a social work program.

**Directions:** The program completes the application and submits one (1) electronic copy to the program’s assigned Accreditation Specialist. Missing information, incomplete signatures, or detached documentation may delay processing the application and effect the program’s review timetable.

**Document formatting and submission requirements are located in policy 1.2.11 in the** [**EPAS Handbook**](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)**.** Below is a summary of important document formatting and submission instructions for this application. Review the full policy for more details prior to submitting any materials to staff or COA.

* **Accreditation is paperless!** Accreditation document submissions are facilitated via e-mail. Cloud-based documents will not be accepted.
* Scanned documents will not be accepted by CSWE staff or the COA for any accreditation-related process or review.
* Separate attachments will not be accepted. Embed all required information directly into a single/continuous document. The application prompts the program where to insert supporting documentation.
* Web-based hyperlinks to content that substantiates compliance with the eligibility standards may be included in the application. A direct link to the relevant material MUST be provided. Accreditation staff will not search/click through the website for requested information.

**Program Information**

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| Name of Educational Institution: |  |
| State: |  |

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| --- | --- |
| Name of Social Work Program: |  |
| Title of Degree Awarded: |  |

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| --- | --- | --- |
| Program Level:  *Programs must submit separate applications for each program level* | Baccalaureate: | Master’s: |

**Eligibility Standards**

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| **Eligibility Standard 1: The president/chancellor of the institution authorizes the Commission on Accreditation’s review of the social work program, including conducting a site visit.** |

1a. The president/chancellor of the institution authorizes the Commission on Accreditation’s review of the social work program, including conducting a site visit.

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

1b. *Complete* the *Authorization of Program Review Form*, signed by the president/chancellor of the institution (located on the last page of this application).

*The president/chancellor must meet with the site visitor during their visit and will receive copies of official Commission on Accreditation decision letter(s).*

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| **Eligibility Standard 2: The program is within an educational institution recognized by a regional accrediting body approved by the** [**Commission on Higher Education Accreditation (CHEA)**](https://www.chea.org/)**.** |

2a. The program is within an educational institution recognized by a regional accrediting body.

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

2b. Name of regional accrediting body:

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2c. The Commission on Higher Education Accreditation (CHEA) recognizes the regional accrediting body.

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| Yes: |  | No: |  |

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| **Eligibility Standard 3: The institution must be legally organized and authorized to operate as a post-secondary educational institution under the laws of the relevant state, district, or territory.** |

3a. The program affirms that the institution is legally organized and authorized to operate as a post-secondary educational institution under the laws of the relevant state, district, or territory.

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| Yes: |  | No: |  |

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| **Eligibility Standard 4: The institution complies with requirements of the Americans with Disabilities Act.** |

4a. The institution is compliant with the requirements of the Americans with Disabilities Act (ADA).

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| Yes: |  | No: |  |

4b. *Insert* the institution’s written ADA compliance plan, hyperlink to the information, or other proof of the institution’s compliance with the ADA that demonstrate fulfillment of **Eligibility Standard 4** here:

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*This information may be found in several places, depending on the structure of the institution, including institutional centers, offices, or departments of disabilities services; human resources; the office of the affirmative action; affirmative action compliance officer; and office of the president, provost, academic vice president, or university counsel. Program’s may submit hyperlinks to ADA-related policy documents, ADA-related information posted on the university’s website, information in a catalog, handbook, manual, syllabi, or documented procedures for requesting reasonable accommodations.*

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| **Eligibility Standard 5: The institution has a written affirmative action policy, plan, or program; procedures; and a stated policy against discrimination based on race, color, religion, creed, gender, ethnic or national origin, disability, or age.** |

5a. The institution has a written affirmative action policy, plan, or program; procedures; and a stated policy against discrimination based on race, color, religion, creed, gender, ethnic or national origin, disability, or age.

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| Yes: |  | No: |  |

5b. *Insert* your institution’s written affirmative action policy, plan, or program; procedures; and stated policy or hyperlink to the information that demonstrate fulfillment of **Eligibility Standard 5** here:

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*Some private universities do not have affirmative action plans. In that instance, programs need to obtain a letter from the provost that states that the university's affirmation action procedure is to delegate affirmative action responsibility to the program. The program would then submit its own affirmative action plan.*

5c. *Insert* the program-level affirmative action plan or hyperlink to the information here ***(if applicable):***

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| Check this box if the institution fulfilled 5b, and 5c is not applicable: | N/A |

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| **Eligibility Standard 6: The institution has appointed a program director (per the current EPAS) who has demonstrated leadership ability through teaching, scholarship, curriculum development, administrative experience, and other academic and professional activities in the field of social work. At the baccalaureate level, the social work program director has a master’s social work degree from a CSWE-accredited program with a doctoral degree preferred. At the master’s level, the social work program director has a master’s social work degree from a CSWE-accredited program with a doctoral degree preferred. Baccalaureate and master's programs must identify separate program directors.** |

6a. Provide the name of the social work program director.

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6b. Indicate what degree(s) the program director holds.

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6c. The program affirms that the program director has a master’s degree in social work from a CSWE-accredited program.

*This includes degrees recognized through CSWE’s International Social Work Degree Recognition and Evaluation Service, covered under a memorandum of understanding with international social work accreditors, or has received a waiver from the Commission on Accreditation on behalf of this individual.*

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| Yes: |  | No: |  |

6d. *Insert* the social work program director’s **curriculum vitae** here:

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| **Eligibility Standard 7: The institution identifies and describes the social work program in its catalog, similar publication, or website. Program mission and course offerings are specified.** |

7a. The institution identifies and describes the social work program in its catalog or on its website.

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

7b. *Insert* **hyperlink** here:

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7c. The institution specifies the program’s mission and course offerings in its catalog or on its website.

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| Yes: |  | No: |  |

7d. *Insert* **hyperlink** here:

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| **Eligibility Standard 8: The educational institution provides its organizational chart to document the position of the social work program in the governance structure of the institution and to demonstrate its position relative to other professional education programs offered by the institution.** |

8a. The educational institution affirms the position of the social work program in the governance structure is relative to other professional education programs offered by the institution.

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| Yes: |  | No: |  |

8b. *Submit* the **organizational chart** or hyperlink to the information here:

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| **Eligibility Standard 9: The institutional transcript for students who complete the accredited social work program confirms that the social work program was completed, and a baccalaureate or master’s degree was awarded.** |

9a. The institution affirms the transcripts for students who complete the accredited social work program documents a major in social work was completed, and a baccalaureate or master’s degree was awarded.

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| Yes: |  | No: |  |

9b. Indicate the title of the degree granted to students who have completed the social work program.

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9c. *Submit* a graduate’s **official or unofficial transcript** from which identifying information has been removed here:

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| **Eligibility Standard 10\*: The institution must ensure that the master’s program in social work can be completed in two (2) calendar years of full-time study. To meet requirements for the master’s degree a program may also provide a maximum of four (4) calendar years of structured part-time professional education, comprising all course work, papers or projects, and the field practicum.**  ***\*Only master’s social work programs respond to this standard.*** |

*Individual students may pursue customized plans of study beyond the 2-years of full-time study or 4-years of part-time study. However, the program must ensure their structured curricular pathways/plans of study meet this standard.*

10a. The institution ensures that the full-time master’s program may be completed in two (2) calendar years.

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| Yes: |  | No: |  |

10b. **Hyperlink** to the catalog, similar publication, or website where this information is posted:

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10c. *Specify exact page numbers if a catalog or publication is submitted* ***(if applicable)****:*

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| --- | --- | --- | --- |
| Page numbers: |  | Check this box if program submitted a website hyperlink for 10b and 10c is not applicable: | N/A |

10d. The program has a part-time curricular pathway/plan of study.

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| Yes: |  | No: |  |

10e. If yes, the institution ensures that the part-time master’s program may be completed in four (4) calendar years.

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| Yes: |  | No: |  |

10f. **Hyperlink** to the catalog, similar publication, or website where this information is posted:

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10g. *Specify exact page numbers if a catalog or publication is submitted* ***(if applicable)****:*

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| --- | --- | --- | --- |
| Page numbers: |  | Check this box if program submitted a website hyperlink for 10f and 10g is not applicable: | N/A |

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| **Affirmations:** |

**By submitting this application, the program affirms:**

*Check each box below and visit the hyperlinks to become familiar with the policies, procedures, and resources referenced.*

We understand that accreditation reviews are program-driven, and reminders/prompts will not be sent to the program.

[*Downloadable timetables*](https://www.cswe.org/Accreditation/Accreditation-Process.aspx) *are available to guide programs through each step of the process.*

*Reaffirmation and Initial Accreditation fees / schedules are available on the* [*CSWE website*](https://www.cswe.org/Accreditation/Accreditation-Process.aspx)*.*

*[For Reaffirmation Programs Only]*

We submitted the required *Site Visit Planning Form*, **due 1-month ago**, according to our reaffirmation / agenda date.

*The agenda date refers to the program’s final decision date, not the self-study submission date. The program’s agenda date is located in the* [*Directory of Accredited Programs*](https://www.cswe.org/Accreditation/Directory-of-Accredited-Programs.aspx) *in the “Next Accreditation Review” field.*

* [*Reaffirmation Site Visit Planning Form–February Agenda*](https://forms.office.com/Pages/ResponsePage.aspx?id=90VnTlPYykWOaiTFAHsiBTPSkOfJ0mFIhrt9EtBigKFUNldNRk1WTzdUQzBVM1BTQUs5OU4xSzNEUy4u)
* [*Reaffirmation Site Visit Planning Form–June Agenda*](https://forms.office.com/Pages/ResponsePage.aspx?id=90VnTlPYykWOaiTFAHsiBTPSkOfJ0mFIhrt9EtBigKFUQlVFUUhPNlVRRDZCRVBWWDk0SUJJTjk5RS4u)
* [*Reaffirmation Site Visit Planning Form–October Agenda*](https://forms.office.com/Pages/ResponsePage.aspx?id=90VnTlPYykWOaiTFAHsiBTPSkOfJ0mFIhrt9EtBigKFUNlRLTlQ5SjdMQTRQOERGR1gxOVNSVThKSi4u)

We affirm the institution’s president/chancellor, social work program administrators, faculty, staff, and students are aware of the review timetable, and have held the program selected dates for the forthcoming site visit.

We understand the [scope, services, and resources](https://www.cswe.org/CSWE/media/AccreditationPDFs/CSWE-DOSWA-Scope-Services-Resources-9-14-20.pdf) offered by CSWE’s Department of Social Work Accreditation, including acknowledging that CSWE staff cannot determine compliance.

*The Commission on Accreditation is the sole and final arbiter of compliance.*

We understand that all accreditation-related communications must be facilitated by the program’s selected primary contact per policy 1.2.7 in the [EPAS Handbook](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook).

We understand thatCSWE’s Department of Social Work Accreditation and the Commission on Accreditation have made available many resources on the [CSWE website](https://www.cswe.org/Accreditation/Accreditation-Process.aspx) to guide us through each step of the process, including a copy of the EPAS.

We understand that the [EPAS Handbook](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook) includes the policies and procedures governing the accreditation review.

We understand that accreditation status applies to the whole social work program, inclusive of all program options.

*Program options are defined in policy 1.2.4 in the* [*EPAS Handbook*](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)*.*

*Compliance issues for one program option, effects the accreditation status of the whole social work program, inclusive of all program options.*

We understand that the program is responsible for ensuring the integrity of the data and information submitted in materials for candidacy, reaffirmation, or other accreditation-related review processes.

*Presenting false or materially inaccurate information, either through intent or through failure to exercise care and diligence in verifying the information, is considered a breach of policy 1.1.15 in the* [*EPAS Handbook*](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)*.*

We understand that our program is solely responsible for implementing, demonstrating, and maintaining compliance with the EPAS during this review and in-between review cycles.

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**To be completed by the social work program’s primary contact\*:**

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| --- | --- |
| Signature: | **[an e-signature or image of the signature is acceptable]** |
| Name, Credentials: |  |
| Title: |  |
| Date: |  |
| BusinessMailing Address: |  |
|  |  |
| Business Phone #: |  |
| Business Email Address: |  |

*\*The primary contact’s role is described in policy 1.2.7 in the* [*EPAS Handbook*](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)*. The primary contact manages all accreditation-related communications between the program and CSWE and will receive copies of official Commission on Accreditation decision letter(s). Updated contact information is important for accurate correspondence. Policies and procedures for updating key personnel records are in policy 1.2.4 in the* [*EPAS Handbook*](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)*.*

**Authorization of Program Review Form**

**Reaffirmation Eligibility Application**

**Council on Social Work Education**

**Commission on Accreditation**

|  |  |
| --- | --- |
| 1. Name of Educational Institution: |  |
| State: |  |

|  |  |
| --- | --- |
| 2. Name of Social Work Program: |  |
| Title of Degree Awarded: |  |

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| --- | --- |
| 3. Indicate program(s) for which authorization is sought: | |
| Baccalaureate |  |
| Master’s |  |

As the chief executive officer of this institution, I hereby request and authorize a review of the social work degree program(s) to be conducted by the Commission on Accreditation of the Council on Social Work Education.

|  |  |
| --- | --- |
| Signature: | **[an e-signature or image of the signature is acceptable]** |
| Name, Credentials: |  |
| Title: |  |
| Date: |  |
| \*\*BusinessMailing Address: |  |
|  |  |
| \*\*Business Phone #: |  |
| \*\*Business Email Address: |  |

*\*\*The president/chancellor must meet with the site visitor during their visit and will receive copies of official Commission on Accreditation decision letter(s). Updated contact information is important for accurate correspondence. Policies and procedures for updating key personnel records are located in policy 1.2.4 in the* [*EPAS Handbook*](https://www.cswe.org/Accreditation/Standards-and-Policies/EPAS-Handbook)*.*