**Candidacy Eligibility Application  
Council on Social Work Education**

**Commission on Accreditation**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Name of Social Work Program: |  | | | |
| Indicate program level for which candidacy is sought: | Baccalaureate |  | Master’s |  |
| Title of Degree Awarded: |  | | | |

|  |
| --- |
| **Eligibility Standard 1**  **The chief executive officer of the institution authorizes the Commission on Accreditation’s review of the social work program.** |

3. The chief executive officer of the institution authorizes the Commission on Accreditation’s review of the social work program.

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

3a. *Submit* the Authorization of Program Review form, completed and signed by the chief executive officer of the institution.

|  |
| --- |
| **Eligibility Standard 2**  **The program is within an educational institution recognized by a regional accrediting body approved by the Commission on Higher Education Accreditation.** |

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

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

5. Name of regional accrediting body:

|  |
| --- |
|  |

6. The Commission on Higher Education Accreditation (CHEA) approves the regional accrediting body.

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

|  |
| --- |
| **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. The program has been approved by the appropriate higher education authority.** |

7. The institution is legally organized and authorized to operate as a post-secondary educational institution under the laws of the relevant state.

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

8. The program has been approved by the appropriate higher education authority.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |
| Date Approved: | |  | |

8a. *Submit* documentation to support your response.

|  |
| --- |
| **Eligibility Standard 4**  **The institution has a written affirmative action policy, plan or program, and procedures, and a stated policy against discrimination based on race, color, religion, creed, gender, ethnic or national origin, disability, or age. The institution complies with requirements of the Americans with Disabilities Act.** |

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

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

9a. *Submit* your institution’s affirmative action plan or the portions of the plan that demonstrate fulfillment of Eligibility Standard 4.

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

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

10a. *Submit* the institution’s ADA compliance plan or other proof of the Institution’s compliance with the ADA.

|  |
| --- |
| **Eligibility Standard 5**  **The institution has appointed a chief administrator 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 who is the chief administrator, or the designee of the chief administrator, has a master’s of social work degree from a CSWE-accredited program with a doctoral degree in social work preferred. At the master’s level, the social work program director who is the chief administrator, or the designee of the chief administrator, has a master’s of social work degree from a CSWE-accredited program. In addition, it is preferred that the M.S.W. program director have a doctoral degree, preferably in social work.** |

11. Provide the name of the social work program’s chief administrator.

|  |
| --- |
|  |

12. Indicate what degree(s) the chief administrator holds.

|  |
| --- |
|  |

13. The chief administrator has demonstrated leadership ability through teaching, scholarship, curriculum development, administrative experience, and other academic and professional activities in the field of social work.

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

13a. *Submit* the program chief administrator’s curriculum vitae.

|  |
| --- |
| **Eligibility Standard 6**  **The institution documents sufficient and firm institutional supports to create, build and maintain the social work education program.** |

14. The institution documented sufficient and firm institutional supports to create, build, and maintain the social work education program.

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

14a. *Submit* documentation to demonstrate sufficient and firm institutional supports.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by the social work program’s chief administrator:**

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

**Authorization of Program Review Form**

**Candidacy 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: |  |

|  |  |
| --- | --- |
| 3. Indicate program 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 to be conducted by the Commission on Accreditation of the Council on Social Work Education.

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

*\*The chief executive officer will receive copies of official Commission on Accreditation decision letter(s). Updated contact information is important for accurate correspondence.*