February 2024

https://www.cswe.org/accreditation/fellowship/

Graphical user interface, application

Description automatically generated

Post-master’s Fellowship AccREDITATION

Eligibility Application

Introduction

Fellowship programs accredited by the Council on Social Work Education (CSWE)’s [Board of Accreditation (BOA)](https://www.cswe.org/about-cswe/governance/governance-groups/boa/) provide training and supervision to master’s-level social work practitioners within one or more defined areas of social work practice.

The *Fellowship Accreditation Eligibility Application* is the first document completed by a fellowship program seeking initial accreditation. The *Fellowship Accreditation Eligibility Application* lists each eligibility requirement, asks a series of simple questions, and requires submission of materials to demonstrate that the fellowship program’s host site can and will support and sustain a social work fellowship program.

Prior to completing the *Fellowship Accreditation Eligibility Application*, the fellowship program is instructed to review the [*Post-Master’s Social Work Fellowship Accreditation Handbook*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/). The handbook outlines the criteria for a fellowship program to qualify for accreditation and identifies the accreditation policies and procedures that apply to post-master’s social work fellowship programs.

# SUBMISSION INSTRUCTIONS

The *Fellowship Accreditation Eligibility Application* must be completed in full and signed by the fellowship program director and department administrator (or fellowship program director’s superior). The Eligibility Fee must be received before any further action will be taken regarding the application. *Fellowship Accreditation Eligibility Applications* are accepted on a rolling basis.

**The *Fellowship Accreditation Eligibility Application* must be submitted as one (1) comprehensive electronic copy (either searchable PDF or Word document) to** [**fellowshipaccred@cswe.org**](mailto:fellowshipaccred@cswe.org)**.** Scanned documents, cloud documents, password-protected, or separate attachments will not be accepted. Further information regarding document formatting and submission requirements are specified in the “Document Submission Guidelines” section of the [*Post-Master’s Social Work Fellowship Accreditation Handbook*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/).

Questions concerning the *Fellowship Accreditation Eligibility Application* or fellowship accreditation process in general may be directed to the Manager of Social Work Fellowship Accreditation at [fellowshipaccred@cswe.org](mailto:fellowshipaccred@cswe.org) or (703) 519-2062.

Fellowship Accreditation

Eligibility Application

# FELLOWSHIP PROGRAM INFORMATION

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| Name of Fellowship Program: Click here to enter text. | | | | |
| Fellowship Program Website: Click here to enter text. | | | | |
| Fellowship Street Address: Click here to enter text. | | | | |
| City: Click here to enter text. | State: Click here to enter text. | | | ZIP Code: Click here to enter text. |
| FELLOWSHIP Program director information | | | | |
| Name: Click here to enter text. | Credentials: Click here to enter text. | | Title: Click here to enter text. | |
| Phone: Click here to enter text. | | E-mail: Click here to enter text. | | |
| department Administrator information *(Person to whom the program director reports)* | | | | |
| Name: Click here to enter text. | Credentials: Click here to enter text. | | Title: Click here to enter text. | |
| Phone: Click here to enter text. | | E-mail: Click here to enter text. | | |
| Fellowship DESCRIPTION | | | | |
| Please describe the fellowship program seeking accreditation. Please include when the fellowship began or plans to begin.  Click here to enter text. | | | | |

# ELIGIBILITY REQUIREMENTS

Eligibility requirements define the scope of CSWE-BOA’s post-master’s social work fellowship accreditation. For a program to seek accreditation, it must meet each of the following eligibility requirements.

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| **Eligibility Requirement 1: The program is hosted by a site offering social work services in the United States, its territories, or on U.S. military installations.** |

1a. Provide the name of the organization, institution, or facility that hosts the fellowship program.

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1b. List the location(s) of the host site used for the fellowship program.

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1c. Identify the social work services offered by the host site:

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1d. If more than one organization sponsors the fellowship, *insert* a copy of the contractual agreement between the organizations that outlines specific responsibilities and ownership for the fellowship here:

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| **Eligibility Requirement 2: The program is practice- based and includes supervision. Practice refers to any of the three types of social work practice: micro-level, mezzo-level, and macro-level. Social work practice experience is defined as providing social work services to individuals, families, groups, organizations, or communities.** |

2. Verify that the fellowship program is practice- based and includes supervision:

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

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| **Eligibility Requirement 3: The program’s curriculum is competency-based and provides training and supervision within one or more defined areas of social work practice. The program identifies the focused area(s) of practice based on the individuals, families, groups, organizations, and communities served by the host site and the resources and expertise available (e.g., staff expertise, supervision availability) to provide a suitable training program.** |

3a. Verify that the fellowship program’s curriculum is competency-based in accordance with Fellowship Standard 2.2 of the [*Post-Master’s Social Work Fellowship Accreditation Standards*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/).

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| Yes: |  | No: |  |

3b. Identify the fellowship program’s defined area(s) of practice:

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| **Eligibility Requirement 4: The program is structured to be 1,000 total hours minimum including 100 didactic instruction hours and 900 practice hours, minimum. The program is also structured to be completed in no fewer than 9 months and no longer than 36 months.**   * **Program provides at minimum 900 hours of practice experience to trainees throughout the course of the program. These are hours of social work services provided by the trainee to the individuals, families, groups, organizations, or communities the fellowship’s host site serves.** * **Of the 900 practice experience hours, at least 100 hours are supervision. Supervision is instructional guidance provided to the trainee by an experienced social worker throughout the course of the program. Supervisors hold a master’s degree in social work from a CSWE-accredited program and have 2 years of post-master’s social work practice experience.** |

4a. Complete the table below to demonstrate that the program meets minimum hour requirements based in accordance with Fellowship Standards 2.3.2, 2.4, and 3.4.1 of the [*Post-Master’s Social Work Fellowship Accreditation Standards*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/):

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| **Hours Required by the Program for all Trainees** | | | |
| How many didactic component hours are required by the program (must be at least 100)? |  |  |  |
| How many fellowship practice experience hours are required by the program (must be at least 900)? |  | How many of the fellowship practice experience hours are supervision (must be at least 100)? |  |
| **How many total program hours are required by the program (must be at least 1,000)?** |  |  |  |

4b. Is the program structured to be completed in no fewer than 9 months and no longer than 36 months in accordance with Fellowship Standard 2.3.1 of the [*Post-Master’s Social Work Fellowship Accreditation Standards*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/)?

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| Yes: |  | No: |  |

4c. Do all supervisors (providing the required 100 hours of supervision as identified in Fellowship Standards 2.3.2, 2.4, and 3.4.1) have:

* a master’s degree in social work from a CSWE-accredited program; and
  + *This includes degrees recognized through CSWE’s International Social Work Degree Recognition and Evaluation Service or covered under a memorandum of understanding with international social work accreditors.*
* a minimum of 2 years of practice experience beyond the master’s degree in social work.

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| Yes: |  | No: |  |

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| **Eligibility Requirement 5: The program requires that trainees hold a master’s degree in social work from a CSWE-accredited program prior to commencing the program. This includes individuals whose degree was recognized as equivalent through CSWE’s** [**International Social Work Degree Recognition and Evaluation Service (ISWDRES)**](https://www.cswe.org/centers-initiatives/international-degree-review/) **and graduates from Canadian social work programs accredited by CASWE covered by the** [**memorandum of understanding between CSWE and CASWE**](https://www.cswe.org/getmedia/95e13933-1b9c-4f75-8f70-484f38ed4cc6/CASWE-MOU.pdf)**.** |

5a. Does the fellowship program require that trainees hold a master’s degree in social work from a CSWE-accredited program prior to commencing the program:

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| Yes: |  | No: |  |

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| ***Eligibility Standard 6*: The program appoints a program director to administratively oversee all aspects of the program. If the program director does not hold a master’s degree in social work from a CSWE-accredited program and** **have 2 years of post-master’s social work practice experience, then the program appoints a program coordinator with these qualifications.** |

6a. Provide the name of the fellowship program director.

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6c. Does the fellowship program director have:

* a master’s degree in social work from a CSWE-accredited program; and
  + *This includes degrees recognized through CSWE’s International Social Work Degree Recognition and Evaluation Service or covered under a memorandum of understanding with international social work accreditors.*
* a minimum of 2 years of practice experience beyond the master’s degree in social work.

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| Yes: |  | No: |  |

6d. If no, demonstrate that the program has appointed a program coordinator with these qualifications in accordance with Fellowship Standard 3.5.2of the [*Post-Master’s Social Work Fellowship Accreditation Standards*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/).

Name of the program coordinator (if applicable):

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Does the fellowship program coordinator (if applicable) have:

* a master’s degree in social work from a CSWE-accredited program; and
  + *This includes degrees recognized through CSWE’s International Social Work Degree Recognition and Evaluation Service or covered under a memorandum of understanding with international social work accreditors.*
* a minimum of 2 years of practice experience beyond the master’s degree in social work.

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| Yes: |  | No: |  |

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| **Payment of the Eligibility Fee: The fellowship program documents payment of the** [**Fellowship Accreditation Eligibility Fee**](https://www.cswe.org/getmedia/98557142-c276-4243-8b11-d62b5ce9d4f2/CSWE-Accreditation-Fees-Memo-2022-EPAS.pdf)**.** |

All accreditation fee amounts, including the Fellowship Accreditation Eligibility Fee, are outlined in the [CSWE Accreditation Fees Memo](https://www.cswe.org/accreditation/fellowship/fellowship-accreditation-policies-and-procedures/). **Applications will not be approved until this payment is verified by the CSWE Finance Department.**

14. Select one:

The program has mailed a check to:

Council on Social Work Education

Attention: Accounting Office

333 John Carlyle Street, Suite 400

Alexandria, VA 22314

Check number: Insert text here

Routing information: Insert text here

Date mailed: Insert text here

The program has paid the fee electronically. Any questions please contact Tiffany Lewis ([tlewis@cswe.org](mailto:tlewis@cswe.org)) in the CSWE Finance Department.

Reference Number: Insert text here

Date Paid: Insert text here

The program sent an email requesting an invoice for this fee from the CSWE Accreditation Fees Department ([feesaccred@cswe.org](mailto:feesaccred@cswe.org)) on MM/DD/YYYY with the following information included within the email request:

1. Fee Type: Fellowship Accreditation Eligibility Fee
2. Program Name:
3. Program Director Name and Credentials:
4. Program Director Email Address:
5. Program’s Mailing Address:

Fellowship Program ATTESTATIONS

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| Place a checkmark next to each disclosure acknowledging understanding and intent to comply. | |
|  | The fellowship program provides complete and accurate information to CSWE. |
|  | The fellowship program publishes complete and accurate information about the program. |
|  | The fellowship program does not claim that it has been granted or will be granted accreditation. |
|  | The fellowship program conducts all operations in an ethical manner. |
|  | The fellowship program agrees to remain in compliance with all accreditation requirements as outlined in the [*Post-Master’s Social Work Fellowship Accreditation Handbook*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/), including updates and revisions made and communicated by CSWE. |
|  | The fellowship program understands that the fellowship program is solely responsible for implementing, demonstrating, and maintaining compliance with the [*Post-Master’s Social Work Fellowship Accreditation Standards*](https://www.cswe.org/accreditation/info/post-master-s-social-work-fellowship-accreditation/). |
|  | The fellowship program agrees that CSWE may, at its discretion, share program information with other accrediting organizations and government entities. |
|  | The fellowship program will have 2 years from acceptance of the *Fellowship Accreditation Eligibility Application* to submit a *Self-Study.* Failure to do so will result in CSWE considering the fellowship program’s application to be abandoned. |
|  | The fellowship program understands that all accreditation fees are nonrefundable. |
|  | The fellowship program understands that CSWE may, in the reasonable exercise of its discretion, cease review or withdraw accreditation should the fellowship program violate the terms of this application agreement. |

SIGNATURES

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| By completing and signing this form, I authorize a review of the post-master’s social work fellowship program to be conducted by the Fellowship Review Committee and Board of Accreditation of the Council on Social Work Education. | |
| Fellowship Program Director Signature:  Click here to enter text. | Date: Click or tap to enter a date. |
| Department Administrator Signature (*person to whom the program director reports*):  Click here to enter text. | Date: Click or tap to enter a date. |