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**Board of Accreditation (BOA)**

**Department of Social Work Accreditation (DOSWA)**

*Baccalaureate and Master’s Social Work Program Accreditation*

**Timetable Change Request Form**

# Directions

The Board of Accreditation (BOA) recognizes that special circumstances may occur that prompt a program to request a to request an extension, timetable change, or synchronize/permanently align the reaffirmation review dates of their baccalaureate and master’s programs.

Submit this form to request an extension, timetable change, or permanent alignment. The request may be permanent or temporary depending on the type of timetable change requested.

## Formatting & Submission:

* Do not alter this form.
* Submit this form as a Microsoft Word document or searchable PDF per the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies).
* This form may be completed for co-located baccalaureate and master’s social work programs at the same institution.
* Email this form to the program’s CSWE accreditation specialist.
* Submit this form no later than two (2) months before:
  + The first day of the next site visit timeframe for *candidate programs*
  + The next self-study due date for *accredited programs*

## Timeframe for Review & Response:

* Forms are reviewed and processed within 30-days of receipt. CSWE accreditation staff may request clarifying information.
* Missing information, incomplete documents, or detached documentation may delay processing and affect the review process.
* Programs receive an email explaining the outcome of the review.
* If approved, the program receives a copy of the new timetable.

|  |  |
| --- | --- |
| Date Submitted to the CSWE Board of Accreditation | MM/DD/YYYY |

# Program Information

| Name of Educational Institution: |  |
| --- | --- |
| **Program State, District, or Territory:** |  |
| **Program Level:**  *Check all that apply* | Baccalaureate  Master’s |
| **Next Accreditation Review Date:**  *Must match CSWE records; review* [*Directory of Accredited Programs*](https://www.cswe.org/accreditation/directory/?) *for accuracy* |  |
| **Next Accreditation Review Type:** | Pre-candidacy (Benchmark 1)  Candidacy (Benchmark 2)  Candidacy/Initial Accreditation (Benchmark 3)  Reaffirmation |
| **EPAS**:  *EPAS the program is currently operating under* | 2015  2022 |

# Type of Timetable Change Requested

**Check one only:**

| Type of Timetable Change | Duration of Timetable Change |
| --- | --- |
| **1-meeting Agenda Adjustment** | Shifts timetable one (1) BOA meeting/four (4) months |
| **2-meeting Postponement** | Shifts timetable two (2) BOA meetings/eight (8) months |
| **1-year Postponement** | Shifts timetable three (3) BOA meetings/one (1) year |
| **Permanent Alignment** | Synchronizes baccalaureate and master’s review dates |

# Rationale for the Request

**Check all that apply:**

| Special Circumstance(s) for the Request |
| --- |
| Recent administrative changes in the program |
| Institutional restructuring |
| Current or anticipated loss of faculty key to developing the self-study |
| Current or anticipated addition of new faculty key to developing the self-study |
| Physical relocation of the program |
| Unusual conditions requiring faculty attention |
| Natural or human-made disasters |
| Public health crises |
| Health problems of key faculty members |
| The institution’s co-located programs desire to synchronize the review dates of its baccalaureate and master’s social work programs |
| Other: describe here |

1. **Provide a brief rationale for the type of timetable change requested.**

Insert text here

1. **Describe how the special circumstances identified impact the program’s ability to complete their next accreditation review on the program’s current timetable.**

Insert text here

# Optional Documentation

List any optional supporting documentation to substantiate this request. Insert copies directly into this form after the signature page.

* List title of supporting document here
* List title of supporting document here
* List title of supporting document here

# Form Authorization

## Social Work Program’s Primary Contact[[1]](#footnote-1)

**Check this box:**

As the social work program’s primary contact, I hereby support and authorize this timetable change request. The programacknowledges that we fully understand and agree to the conditions of the timetable change.

|  |  |
| --- | --- |
| Primary Contact  Signature: | Insert e-signature or image of signature |
| **Primary Contact**  **Name, Credentials:** |  |
| **Title:** |  |
| **Date Signed:** | MM/DD/YYYY |
| **Phone #:** | (###) ###-#### |
| **Email Address:** |  |

## Co-located Primary Contact | For Permanent Alignments Only

Programs requesting a permanent alignment must include signatures from both primary contacts (if different).

## Social Work Program’s Primary Contact

**Check this box:**

As the social work program’s primary contact, I hereby support and authorize this timetable change request. The programacknowledges that we fully understand and agree to the conditions of the timetable change.

|  |  |
| --- | --- |
| Primary Contact  Signature: | Insert e-signature or image of signature |
| **Primary Contact**  **Name, Credentials:** |  |
| **Title:** |  |
| **Date Signed:** | MM/DD/YYYY |
| **Phone #:** | (###) ###-#### |
| **Email Address:** |  |

1. The primary contact’s role is described in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies). The primary contact manages all accreditation-related communications between the program and CSWE. [↑](#footnote-ref-1)