



COUNCIL ON SOCIAL WORK EDUCATION

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

**Candidacy Eligibility Fee Payment Options**

**\*Please note CSWE does not accept purchase orders\***

**Pay Online (Fastest Way to Pay Fees)**

- **Invoice Request Required:** The program's primary contact or financial designee must first request an invoice, by contacting [feesaccred@cswe.org](mailto:feesaccred@cswe.org) with the following information:
  - *Fee Type: Candidacy Eligibility Fee*
  - *Institution Name:*
  - *State:*
  - *Program Level (Baccalaureate, Master's, Practice Doctorate):*
- **Payment:** Once the invoice is generated, the program's primary contact and financial designee will be [directed](#) via email to pay the invoice through the [membership portal](#).
  - **To access the membership portal or create a login and pay your invoice please review these [instructions](#).**

**Pay Electronically Via Credit Card, ACH, Or Bank Transfer**

- **Payment:** The program's primary contact or financial designee must contact the CSWE Accounting Manager, Tiffany Lewis, to complete payment. Phone: [703.519.2055](tel:703.519.2055) Email: [finance@cswe.org](mailto:finance@cswe.org).
  - Please include the following information on the payment:
    - *Fee Type: Candidacy Eligibility Fee*
    - *Institution Name:*
    - *State:*
    - *Program Level (Baccalaureate, Master's, Practice Doctorate):*
    - *Invoice Number (if applicable):*
- **Optional Invoice Request:** While not required, the program's primary contact or financial designee may request an invoice by contacting [feesaccred@cswe.org](mailto:feesaccred@cswe.org) with the following information:
  - *Fee Type: Candidacy Eligibility Fee*
  - *Institution Name:*
  - *State:*
  - *Program Level (Baccalaureate, Master's, Practice Doctorate):*
  - Once the invoice is generated, the program's primary contact and financial designee will be notified via email.

**Pay By Check**

- **Payment:** Mail to: Council on Social Work Education  
333 John Carlyle Street, Suite 400  
Alexandria, VA 22314
  - Please include the following information on the payment:
    - *Fee Type: Candidacy Eligibility Fee*
    - *Institution Name:*
    - *State:*
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