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**Commission on Accreditation (COA)**

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

*Baccalaureate and Master’s Social Work Program Accreditation*

**2022 EPAS**

**Faculty Data Form | Accreditation Standard 4.2.1**

*[Delete this help text before submission: Delete the directions before submission.]*

**Directions**

**Purpose**

* Complete this form for each faculty member with full-time, part-time, or partial appointments to the program per *Accreditation Standard 4.2.1*.
  + Include faculty employed in the baccalaureate program at the time the accreditation document is submitted.
* A copy of this form is embedded in the required Volume 1 templates for Benchmark 1, Benchmark 2, and Reaffirmation / Initial Accreditation Self-study.

**Formatting & Submission**

* Submit this form within your accreditation documents, which may be submitted as a Microsoft Word document or searchable PDF, per policy [*1.2.11. Document Submission Policy*](https://www.cswe.org/accreditation/accreditation-process/epas-handbook/1-overview/1-2-coa-policies-and-procedures/1-2-11-document-submission-policy/) in the EPAS Handbook.
  + Accreditation documents must be a single document and may not include separate attachments nor appendices.
  + Scanned documents will not be accepted.
* Email completed accreditation documents to the program’s assigned [Accreditation Specialist](https://www.cswe.org/accreditation/info/contact-accreditation-staff/) by the due date.

**Timeframe for Review & Response**

Accreditation documents are reviewed and processed at the assigned COA meeting. Programs and their institution’s president / chancellor will receive a decision letter 30-days after the conclusion of the COA meeting.

**Name of Faculty Member:** Insert text here

**Degree(s) Earned**

**Faculty member has a master’s degree in social work from a CSWE-accredited program.**

Yes

No

|  |  |
| --- | --- |
| Degree: |  |
| **Institution Granting Degree:** |  |
| **Major:** |  |
| **Date Awarded:** |  |

*[Delete this help text before submission: Duplicate table for each degree earned.]*

**Academic Appointment(s)**

|  |  |
| --- | --- |
| Employing Academic Institution: |  |
| **Title(s):** |  |
| **Location:** | City, State |
| **Start date:** | MM/YYYY |
| **End date:** | MM/YYYY |

*[Delete this help text before submission: Duplicate table for each academic institution.]*

**Post–Baccalaureate and Post–Master’s Social Work Practice Experience**

**Faculty member has at least two years of *post-master’s* social work degree**

**practice experience in social work.**

Yes

No

|  |  |
| --- | --- |
| Employer: |  |
| **Title(s):** |  |
| **Location:** | City, State |
| **Start date:** | MM/YYYY |
| **End date:** | MM/YYYY |

*[Delete this help text before submission: Duplicate table for each employer.]*