



COUNCIL ON SOCIAL WORK EDUCATION

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

**Fellowship Accreditation Fee Payment Options**

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

To identify a financial designee, the fellowship program director should contact [feesaccred@cswe.org](mailto:feesaccred@cswe.org).

The below payment options apply to all accreditation fees, with the exception of the [fellowship accreditation eligibility fee](#) and substantive change fee.

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

- The fellowship program is invoiced as articulated in the [Fellowship Accreditation Handbook](#).
- **Payment:** Once the invoice is generated, the fellowship program director and financial designee (if applicable) 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](#).
  - Review section titled: I am a primary contact for an applicant, pre-candidate, practice doctorate, or post-master's fellowship program.

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

- The fellowship program is invoiced as articulated in the [Fellowship Accreditation Handbook](#).
- **Payment:** The program's primary contact or financial designee must contact the [Director of Finance](#) 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: Fellowship Accreditation Eligibility Fee*
    - *Fellowship Program Name:*
    - *State:*
    - *Fellowship Program Director Name and Credentials:*
    - *Fellowship Program Director Email Address:*
    - *Invoice Number:*

**Pay By Check**

- The fellowship program is invoiced as articulated in the [Fellowship Accreditation Handbook](#).
- **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: Fellowship Accreditation Eligibility Fee*
    - *Program Name:*
    - *State:*
    - *Fellowship Program Director Name and Credentials:*
    - *Fellowship Program Director Email Address:*
    - *Invoice Number:*