



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 with the following required 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 (if assigned) will be directed via email to pay the invoice through the [membership portal](#). Either sign in or create a login/link to the program and then pay the invoice.

Pay Electronically Via Credit Card, ACH, Or Bank Transfer

- **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
 - 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 with the following required 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:*
 - *Program Level (Baccalaureate, Master's, Practice Doctorate):*
 - *Invoice Number (if applicable):*
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