



COUNCIL ON SOCIAL WORK EDUCATION

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

Substantive Change 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 information:
 - *Fee Type: Substantive Change 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: Substantive Change 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 information:
 - *Fee Type: Substantive Change 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: Substantive Change 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 information:
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 - *Institution Name:*
 - *State:*
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 - Once the invoice is generated, the program's primary contact and financial designee will be notified via email.