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**Board of Accreditation (BOA)**

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

*Baccalaureate and Master’s Social Work Program Accreditation*

**Program Option Closure Form**

*for Baccalaureate and Master’s Social Work Programs*

**version 11.2024**

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

**Directions**

Social work programs must notify the CSWE Department of Social Work Accreditation in writing when closing a program option per policy *4.9 Program Changes* in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies). Program options are defined as CSWE-approved physical locations and/or an online delivery method whereby a majority (50% or more) of the social work curriculum is delivered. The program is expected to make arrangements for the transfer or graduation of its students. The program is expected to remain in full compliance with all accreditation requirements and standards during the program option closure process.

**Purpose:**

* Submit this form to formally and permanently close one or more program options.
* Once a program option is closed, the program would be required to submit a *Substantive Change Proposal* to reopen closed program option(s) or open new program option(s).

**Formatting & Submission:**

* Do not alter this form.
* Submit this form as a **Microsoft Word document or searchable PDF** per policy *4.7 Document Formatting & Submission Requirements* in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies).
  + The form must be a single document and may not include separate attachments nor appendices.
  + Scanned documents will not be accepted.
* Separate forms must be completed for co-located baccalaureate and master’s social work programs at the same institution.
* The primary contact emails the form to the program’s [CSWE accreditation specialist](https://www.cswe.org/accreditation/about/contacts/).
* Submit this form immediately upon finalizing a program option closure plan or no later than 30-days after the closure occurs.
  + The information contained within this form must be finalized. Partial information, including incomplete transfer or graduation plans, shall not be accepted.
* *For collaborative programs:* The program completes one joint form. Review policy *4.3 Forming & Dissolving Collaborative Programs* in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies) for additional information.

**Timeframe for Review & Response:**

* Forms are reviewed and processed within 30-days of receipt. CSWE accreditation staff may request clarifying information.
* Missing information, incomplete documents, or detached documentation may delay processing and affect the review process.
* Upon acceptance of the form, programs will receive an email confirmation from CSWE accreditation staff and the program option dates of operation will be updated in the [Directory of Accredited Programs](https://www.cswe.org/accreditation/about/directory/?).

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|  |  |
| --- | --- |
| Date Form Submitted to CSWE: | MM/DD/YYYY |

**Program Information**

| Name of Educational Institution: |  |
| --- | --- |
| **Program State, District, or Territory:** |  |
| **Program Level(s):** | Baccalaureate  Master’s |
| **Program Option(s) Closing:**  *(must match* [*CSWE records*](https://www.cswe.org/accreditation/directory/?)*)* | City, State, Country or Online (start date - end date) |
| **Program Option Closure Date[[1]](#footnote-2):** | MM/DD/YYYY |
| **Next Accreditation Review Date[[2]](#footnote-3):**  *(must match* [*CSWE records*](https://www.cswe.org/accreditation/directory/?)*)* |  |
| **Will the program’s *Next Accreditation Review Date* occur before the *Program Option Closure Date*?** | Yes  No |
| **Next Accreditation Review Type:** | Candidacy Benchmark 1  Candidacy Benchmark 2  Candidacy Benchmark 3/Initial Accreditation  Reaffirmation  Other: Identify (e.g., Progress Report, Restoration Report) |
| **EPAS**:  *(check the EPAS the program is currently operating under)* | 2015  2022 |

**Attestation of Accurate Program Options in CSWE Records**

**Check this box:**

We attest that [CSWE records](https://www.cswe.org/accreditation/directory/?) accurately list all current and closed program options.

# Current Student Enrollment at Closing Program Option

|  |  |
| --- | --- |
| **Number of Students Currently Enrolled at the Closing Program Option[[3]](#footnote-4):** | # |

# Current Faculty at Closing Program Option[[4]](#footnote-5)

|  |  |
| --- | --- |
| **Number of Full-time Faculty Currently at the Closing Program Option:** | # |
| **Number of Part-time Faculty Currently at the Closing Program Option:** | # |
| **Total Full-time & Part-time Faculty Combined Currently at the Closing Program Option:** | # |

# Reason(s) for Program Option Closure

1. **Explain the reason(s) for program option closure.**

Insert text here

# Transfer & Graduation Plan

1. **Provide plans to ensure students are transferred by the closure date. Transfer of students may occur internally within the institution to another program of study/discipline or externally to another institution.[[5]](#footnote-6)**

Insert text here

1. **Provide plans to ensure students graduate by the closure date.**

Insert text here

# Communication Plan

1. **Describe how faculty, students, staff, and other relevant stakeholders were informed of the program option closure.**

Insert text here

1. **Describe how students were informed of their option(s) to transfer and/or graduate.**

Insert text here

# Optional Documentation

List any optional documentation regarding the program option closure. Insert copies directly into this form after the signature page.

* List title of relevant document here or N/A
* List title of relevant document here or N/A
* List title of relevant document here or N/A

# Form Authorization

## Social Work Program’s Primary Contact[[6]](#footnote-7)

**Check this box:**

As the social work program’s primary contact, I hereby authorize this program option closure. The programacknowledges that we fully understand and agree to the conditions of the program option closure, including that all students will be transferred or graduated from the social work program prior to program option closure and the program will remain in full compliance with all accreditation requirements and standards during the closure process.

|  |  |
| --- | --- |
| **Primary Contact  Signature:** | Insert e-signature or image of signature |
| **Primary Contact:** | Name  Credentials |
| **Title:** |  |
| **Date Signed:** | MM/DD/YYYY |
| **Phone #:** | (###) ###-#### |
| **Email Address:** |  |

1. Final date students will be enrolled in the program. By this date, all students will be transferred or graduated. Students who are enrolled in or graduate from this program option after this date will not be recognized as graduates from a CSWE-accredited program option. [↑](#footnote-ref-2)
2. If the program’s next accreditation review date occurs before the program option closure date, the program must include the program option throughout the accreditation document. [↑](#footnote-ref-3)
3. Provide a numerical value. If no students are enrolled, enter “0.” [↑](#footnote-ref-4)
4. Provide a numerical value. If no faculty or program administrators are employed, enter “0.” [↑](#footnote-ref-5)
5. Transfer plans are advised. While programs may intend to graduate all students, circumstances may interrupt graduation plans and alternative arrangements for transfer are encouraged to support social work students. [↑](#footnote-ref-6)
6. The primary contact’s role is described in the [Accreditation Policy Handbook](http://www.cswe.org/accreditationpolicies). The primary contact manages all accreditation-related communications between the program and CSWE. [↑](#footnote-ref-7)