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**Commission on Accreditation (COA)**

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

*Baccalaureate and Master’s Social Work Program Accreditation*

**2022 EPAS**

**Form AS 4.2.1 | Faculty Summary Form**

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

**Directions**

**Purpose**

* Complete this form by listing 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.

**Program Level:**

*(check one only)*

Baccalaureate

Master’s

| # | Name of Each  Full- and Part-time Faculty Member (in alphabetical order) | Title | Full-time Faculty Member? | Full-time Appointment to Social Work? | Principal Assignment (for  full-time faculty only) | Percentage of Assigned Time to Program Level Under Review | Degree from CSWE-Accredited Master’s Program? | Doctoral Degree? | Number of Years of Post-BSW Practice Experience | Number of Years of Post-MSW Practice Experience | Teaching Practice Courses? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |
| 2 |  |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |
| 3 |  |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |
| 4 |  |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |
| 5 |  |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |
| 6 |  |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |
| 7 | Add or delete rows as needed |  | Yes  No | Yes  No | Baccalaureate  Master’s  Other, specify or remove if N/A | % | Yes  No | Yes  No | # | # | Yes  No |