



THE EPISCOPAL CHURCH

**The Church
Pension Fund**

BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders convey the completed form both to the examining mental health clinician and to the diocese sponsoring the evaluation. This questionnaire remains in the clinician's custody and in the applicant's permanent diocesan file.

The examining clinician(s), diocese or any of its agents reserve the right to verify independently any information provided in this questionnaire.

All questions must be answered.

**Diocese of Central Florida
1017 East Robinson Street
Orlando, Florida 32801**

Completed BEHAVIOR SCREENING QUESTIONNAIRE should be returned to
The Episcopal Counseling Center with a copy to The Diocesan Office

DIRECTIONS:

**Do not skip
items.**

This questionnaire contains a series of items regarding your background and experiences. Please read each carefully. For each question, write a response. If a question does not apply to you, write “Does Not Apply” or “N/A.”

Please use an **ink pen.**

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did IIQI result in discipline? Are there complaints pending against you before any of the above-named bodies? If yes, please explain in the space below.
2. Have you ever been asked to resign or been terminated by a training program or employer? If yes, please explain in the space below.
3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason? If yes, please explain in the space below.

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for postulancy or cause for dismissal from postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please print)

Signature

Date

Witness (please print)

Witness Signature

Date