

## **BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)**

Applicants for Holy Orders convey the completed form both to the examining mental health clinician(s) and to the diocese sponsoring the evaluation.

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.

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**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 Committee on the Ordination Process 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

Sponsoring Diocese

\_\_\_\_\_  
Witness Signature

Date