

## BEHAVIOR SCREENING QUESTIONNAIRE (BSQ)

Applicants for Holy Orders will have completed form conveyed to the diocese sponsoring the evaluation, who will forward a copy to the examining mental health clinician(s). 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.

**To The Right Reverend:** John C. Bauerschmidt

**The Bishop of:** Tennessee

**Name of Applicant:**

**Date and Length of Examinations:**



**DIRECTIONS:** This questionnaire contains a series of items regarding your background and experiences. Please read each carefully. For each question, type a response.

**Do NOT Skip  
Items.**

If a question does not apply to you, type “Does Not Apply” or “N/A.”

If you opt to handwrite this questionnaire, 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 not result in discipline? Are there complains 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.

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you? If yes, please explain in the space below.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
5. Are you now or have you even had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)? If yes, please explain in the space below.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? If yes, please explain in the space below.

7. Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials? If yes, please explain in the space below.
  
  
  
  
  
  
  
  
  
  
8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver’s license ever been revoked or suspended? If yes, please explain in the space below.
  
  
  
  
  
  
  
  
  
  
9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care? If yes, please explain in the space below.
  
  
  
  
  
  
  
  
  
  
10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity? 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.

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PRINT NAME

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DATE

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SPONSORING DIOCESE

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WITNESS SIGNATURE

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DATE