



CHURCH PENSION FUND
Serving the Episcopal Church and Its People

REQUIRED MENTAL HEALTH EVALUATION FROM PSYCHIATRIST OR CLINICAL PSYCHOLOGIST

When completed by the clinician, this report is sent to the Bishop and remains in the applicant's permanent file. It may be shared with the Standing Committee and other canonically established bodies involved in the ordination process.

REQUIRED MENTAL HEALTH EVALUATION FROM THE PSYCHIATRIST OR CLINICAL PSYCHOLOGIST FOR ORDINATIONS IN THE EPISCOPAL CHURCH

To The Right Reverend: _____

The Bishop of: _____

Name of Applicant: _____

Date and Length of Examinations: _____

1. Is there any serious maladjustment or limitation of the personality that, in your opinion, would disqualify the applicant for ordained ministry in the Episcopal Church?

Yes ☐ No ☐

2. Are there any signs in the present behavior of the applicant that suggest that, in your opinion, this person may become ill under the pressure of clergy life?

Yes ☐ No ☐

3. What is your impression of the applicant's ability to respond adequately and appropriately to the emotional demands placed upon him/her by the work or ordained ministry?

Good ☐ Fair ☐ Doubtful ☐ Poor ☐ No Comment ☐

4. What is your impression of the likelihood of the applicant becoming unstable or dysfunctional as a result of the nervous strain engendered by the role of the ordained minister?

Unlikely ☐ Likely ☐ Probably ☐ No Comment ☐

5. Have you reviewed a signed Behavior Screen Questionnaire (BSQ) completed by the applicant?

Yes ☐ No ☐

6. Are your conclusions based in part on review of the Life History Questionnaire (LHQ)?

Yes ☐ No ☐

Phone Number

Signature of Examiner (M.D. or Ph.D.) Date

Fax Number

Address

E-mail
