The Episcopal Diocese of Kansas

Evaluation Summary

From the psychiatrist or clinical psychologist
for ordinations in the Episcopal Church

To the Ecclesiastical Authority of the Episcopal Diocese of Kansas:

Name of Applicant: _____

Date and length of examinations: _____

1. Is there any serious maladjustment of 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 his/her by the work of ordained ministry?

   Yes No

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?

_____ _____

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

_____ _____

Phone Number Fax Number

_____ _____

Address Email address