

## BCI Questionnaire

Because social workers interact and work with vulnerable populations, the following questions are routinely asked as part of social service agency Background Clearance Investigations (BCI) and application for Social Work licensure from the Utah State Division of Professional Licensing (DOPL). Please read and answer the following questions. If you answer “yes” to a question, please provide explanatory information in the space below. A “yes” answer does not necessarily mean you would be denied admission to the BYU MSW program, BCI clearance, or a Social Work license. However, agencies conducting a Background Clearance Investigation, or the State Division of Professional Licensing may request additional information or documentation from you before granting BCI clearance or Social Work licensure.

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1.  Yes  No      Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?

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2.  Yes  No      Do you currently have **any criminal action active or pending**?

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3.  Yes  No      WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a **misdemeanor** in any jurisdiction?

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4.  Yes  No      Have you **EVER** pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a **felony** in any jurisdiction?

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From: Certified Social Work application, State of Utah Department of Commerce, Division of Occupational and Professional Licensing, October 2021: [https://dopl.utah.gov/soc/csw\\_application.pdf](https://dopl.utah.gov/soc/csw_application.pdf)

For any ‘yes’ answers above, please explain here:

## Medical Qualifying Questionnaire

1.  Yes  No      Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by a hospital or health care facility, Medicaid, Medicare or any other state or federal health care payment reimbursement program, the federal drug enforcement administration of any state drug enforcement agency, malpractice insurance coverage, or a similar entity?

If yes, please specify:

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2.  Yes  No      Have you been named as a defendant in a malpractice suit? Or is any action pending against you now by a hospital or health care facility, Medicaid, Medicare or any other state or federal health care payment reimbursement program, the federal drug enforcement administration of any state drug enforcement agency, malpractice insurance coverage, or similar entity?

If yes, please specify:

