

Ethics & Religious Liberty Commission (SBC)

Psalm 139 Project

Please complete the following questions as thoroughly as possible.

Organization: _____ Phone: (____) _____

Director Name: _____ Title: _____

FAX: (____) _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Office Hours: _____

Non-profit organization/affiliation: _____

Religious affiliation (i.a.) _____

How many staff members do you have? Paid: _____ Volunteer: _____

How many clients do you see per month (on average)? _____

Number of pregnancy tests given per month? _____

Number of clients prayed to receive Christ per month? _____ or Annually? _____

Number of clients rededicating their lives to Christ per month? _____ or Annually? _____

Do you have ultrasound capability at the present time? ____ Yes ____ No

Do you have paid staff for your ultrasound program? ____ Yes ____ No

Do you offer other medical services other than ultrasound? ____ Yes ____ No

If yes, what other services? _____

Do you have an abstinence program in your area? ____ Yes ____ No

If yes, what abstinence program do you use? _____

The information you provide in this survey will be kept confidential. We reserve the right to use compiled data for internal purposes and in ERLC news reports on the value and importance of pregnancy care centers.

Psalm 139 Project (Continued)

Do you have a pregnancy loss program in your area? Yes No

If yes, what pregnancy loss program do you use? _____

Do you have an adoption program in your area? Yes No

If yes, what adoption program do you use? _____

What type of advertising do you use to promote your center?

TV Radio Yellow Pages Billboards

Cinema Screens Other, Please list: _____

Do you have a termination clinic(s) in your area? Yes No How many? _____

Is your center affiliated with a local Southern Baptist Church, association or state convention?
 Yes No

(If so, please include contact information for those people you work with in these ministries.)

Is your center affiliated with the North American Mission Board's Pregnancy Care Ministry?
 Yes No

What are some of your major prayer needs?

Psalm 139 Project (Continued)

Please provide the following items:

1. Please briefly outline some of the ways you share the Gospel with clients:

The number of Gospel presentations -	2008	_____	2009	_____
Number of professions of faith of clients	2008	_____	2009	_____

2. How many rededications to Christ have you had at your center?

_____ for year 2008 _____ for year 2009

3. What is your statement of faith? (Attach as appropriate)

4. What is your mission statement? (Attach as appropriate)

5. Does your center have a commitment to “no termination referral”?

6. Do you have documentation of qualified medical personnel to act as medical director, certified/licensed sonographer or ultrasound technologist? (Please submit)

_____ Yes _____ No

7. Not-For-Profit tax exemption (501c3) _____ Church _____ Center

Psalm 139 Project (Continued)

8. Does your center presently carry liability insurance for medical personnel?
___ Yes ___ No
9. Will you commit to carry malpractice insurance if providing ultrasound services?
___ Yes ___ No
10. Will you be willing to provide reporting of client data to the ERLC if you are chosen to participate in the Psalm 139 Project? ___ Yes ___ No
11. Have you developed or obtained a Policies and Procedures manual for the ultrasound process? ___ Yes ___ No
___ In process to be completed by _____ date ___ Need assistance
12. Is your center financially solvent to the point of providing the necessary and ongoing expenses for sonogram services? ___ Yes ___ No
13. Are there other pregnancy care centers offering ultrasound services in your community?
___ Yes ___ No
14. In the space below, please provide a brief outline of why you believe God is calling your Pregnancy Care Center to add the sonogram service for your clients? [Use separate sheet if desired.]