



**District Committee on Ordained Ministry**

**GUIDE TO THE CANDIDACY PROCESS**

**FOR**

**CANDIDATES AND MENTORS**

In accordance with the requirements of *The Book of Discipline of the United Methodist Church* and The Board of Ordained Ministry,  
Alabama-West Florida Conference  
2017-2020

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Dear Candidate,

Congratulations! You have embarked on a spiritual journey of discovery and discernment that will help you to clarify God's calling in your life. Our prayers are with you as you move through the process of answering that call.

This handbook will help you and your group candidacy mentor through the process of becoming a Certified Candidate for the ministry of the elder, deacon, or local pastor in the United Methodist Church. Your pastor, local church, mentor, District Superintendent and the District Committee on Ministry want to help you on your journey of discernment.

You have the primary responsibility for your progress and your timely meeting of the requirements. Feel free to ask questions at any time.

God's grace and peace,

Your District Committee on Ministry

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## Is God Calling me to Licensed/Ordained Ministry?

The process to become a Certified Candidate will help you and the Church discern how God is calling you. Whether you are pursuing Licensed or Ordained Ministry, the first step is to become a Certified Candidate.

Prior to attending the Candidacy Retreat, you will have to complete your online work at [umcares.org](http://umcares.org), all forms and pay required fees.

You will find all forms and information mentioned below in the Candidacy Retreat Welcome Packet that Erika Glawson at the Ministerial Office will send you about 8 weeks prior to the retreat.

### Beginning your Call

-Read and discuss The Christian as Minister and Ministry Inquiry Process with your Minister. You can order these books at [www.cokesbury.com](http://www.cokesbury.com)

- Must have been a member of UMC church (or another recognized United Methodist ministry setting, such as a campus ministry) for one year immediately preceding candidacy application, including a year of service in some form of leadership.

-Send an email/letter to your District Superintendent, including a statement about your call, stating that you would like to begin the candidacy process. Often, your DS will arrange to meet with you in person as well. Once you have met with your DS and He/She has approved you, Erika Glawson will get notified and you will be added to the approved candidate list and will receive by email a Candidacy Registration Link with all information regarding work and fees required.

### Paperwork

Complete the following forms included in your Candidacy Registration Link:

- Candidacy Retreat Application
- Background Check Authorization Form- \$80 Fee for FL residents and \$50 Fee for AL residents and \$200 Psychological Assessment Fee.
- UMC Form 114-Disclosure Form (This form requires Notarization)
- Psychological Test Contact Information Form
- Candidate Personal History and Biographical Form- This form is part of your Psychological Assessment. After your (MAS) receives this information and the results of the assessments you have already completed, He/She will contact you to schedule your interview. **Respond immediately to their phone calls.**

## Fees

- \$200 Psychological Assessment Fee (The Conference covers the remaining \$500)
- \$50 or \$80 (in Florida) for the Background and Credit Check Fee

You can now pay your fees using your debit/credit card in the link included below:

<https://www.shelbygiving.com/App/Form/648ceb8a-eb2a-4f72-966f-75c50366ae2a>

You can also mail a check payable to the AWF Conference marked “Psychological Assessment” to the Office of Ministerial Services, 4719 Woodmere Blvd. Montgomery, AL 36106. If finances are a concern and you will not be able to pay this amount by the deadline, please contact us to work out a payment plan.

### **At the Candidacy Retreat (January-Winter Retreat and July-Summer Retreat)**

Complete Psychological Assessments (MMPI, Incomplete Sentences and 16PF)

### **Following the Candidacy Retreat (January – April or July – October)**

- Meet with your candidacy mentoring group for six sessions (you may make up a missed session individually with your mentor, and you may not miss more than two sessions)
- High School degree or equivalent is required at this point.
- You will be contacted by the Ministerial Assessment Specialist (Dr. Don Winslett/Rev. Allison Posell), to make your appointment to discuss your Psychological Assessment results. Let your mentor know when this appointment has been completed.
- Request interview from your Church’s Staff Parish Relations Committee (or equivalent); provide written statement of call and responses to questions in ¶ 310 (Book of Discipline 2016) ahead of time, along with any other information the Committee requests.
- Request approval by your Church’s Charge Conference (or equivalent).
- Mentor writes mentor report and sends it to DCOM Registrar
- Complete and prepare the following for your Certification interview with the District Committee on Ministry. Please make sure to email these completed forms to [jenni@awfumc.org](mailto:jenni@awfumc.org) and copy [erika@awfumc.org](mailto:erika@awfumc.org)
- **Bring these items to your interview:**
  - Copy of your Psychological Report
  - Medical Report
  - Charge Conference Approval Form  
(Download from [www.awfumc.org/ministerialservices](http://www.awfumc.org/ministerialservices) if not already completed at Charge Conference)
  - Mentor’s report (you do not need a copy, just make sure to confirm with your mentor that this form has been sent in prior to your interview)
  - Responses to ¶ 311.2 and any other information requested by your DCOM.

- Request an interview with your DCOM. You can find the list of DCOM chairs here: <https://www.awfumc.org/dcomchairsandregistrars>
- Once your file is completed, Jenni (Director of Ministerial Services/Conference Registrar) will send a completed Candidacy File to the DCOM Chair, Registrar and DS.

#### **District Committee on Ministry Interview (March-April or October-November)**

- The Committee may vote “Continue,” which means that you will not be Certified at this time, and instead continue in your present status as a candidate.
- The Committee may vote “Certify,” which means that you will become a Certified Candidate.
- The Committee may vote “Discontinue,” which would discontinue you from the process.
- The Committee may assign you contingencies.

Please remember you can always contact the Erika Glawson at the Office of Ministerial Services and your mentor if you have any questions at any time.

Candidacy Process for Licensed or Ordained Ministry  
Alabama-West Florida Conference

Name: \_\_\_\_\_ Mentor(s): \_\_\_\_\_

All forms needed for candidacy are located at [www.awfumc.org/ministrialservices](http://www.awfumc.org/ministrialservices)

Please keep copies of all your candidacy work.

<b>Inquiring Candidate</b>	Date Completed
1. Read and discuss <i>The Christian as Minister</i> with your pastor or respective clergy person. This book is available from Cokesbury.com (§ 310)	

<b>Declaring Candidacy</b>	Date Completed
1. Be a member in good standing of the UMC or a baptized participant of a recognized UM Campus Ministry or other UM ministry setting for at least one year immediately preceding application. (§ 310.1 a)	
2. Candidate shall have graduated from an accredited high school or received a certificate of equivalency. Official HS transcript, GED certificate or college transcript required.	
3. Apply to the DS in writing requesting admission to the candidacy process. Include a statement of call. (§ 310.1 b)	
4. DS will officially 'invite' candidate to begin the candidacy process.	
5. Candidate will complete Candidacy Retreat Application and paperwork on Passage UMC. Candidate will also be assigned Rev. Jenni Hendrix as their Advisor.	

<b>Candidacy Process</b>	Date Completed
1. Candidate receives email via from the Office of Ministerial Services (OMS) with Candidacy Retreat Registration Link.	
2. Candidate completes all forms by the deadline given prior to retreat: <ol style="list-style-type: none"> <li>1. Candidacy Retreat Application Form</li> <li>2. Background and Credit Check Authorization Form</li> <li>3. UMC Form 114- Candidate's Disclosure Form (notarized)</li> <li>4. Psychological Test Contact Information &amp; Candidate Personal History and Biographical Form</li> </ol>	
3. Candidate pays \$250/\$280 fee to the Office of Ministerial Services for the Psychological Testing, Background Check and Credit Check	

at: <a href="https://www.shelbygiving.com/APP/Form/648ceb8a-eb2a-4f72-966f-75c50366ae2a">https://www.shelbygiving.com/APP/Form/648ceb8a-eb2a-4f72-966f-75c50366ae2a</a> :	
4. Candidate adds their Written Statement of Call and written response to paragraph 310.2ai-vi and emails them to <a href="mailto:jenni@awfumc.org">jenni@awfumc.org</a> and <a href="mailto:erika@awfumc.org">erika@awfumc.org</a>	
5. Candidate attends the Candidacy Retreat (January or July). At the Retreat, the psychological assessments will be given. Candidate will be contacted by their Ministerial Assessment Specialist (MAS) to schedule an interview and discuss the psychological assessment results.	
6. Candidate will meet with Mentoring Group for 6 sessions.	
7. Candidate will request a meeting with their Staff/Pastor Parish Relations Committee at local church. If coming through a Campus Ministry please contact DS and DCOM to determine alternate interview group. The S/PPRC will consider the Candidate's Written Statement of Call and answers to Wesley's Historical Questions (§ 310.2a.i-vi) and vote on approval of the Candidate (§ 310.1d)	
8. Candidate then requests approval by the Church's Charge Conference. Candidate will meet with the Charge Conference (or other body as determined by your DS and DCOM) and Charge Conference will vote for Candidate's approval by a written ballot. Candidate must have a ¾ approval (§ 310). Form 104 is to be completed and sent to the Jenni.	
9. Candidate sends the answers to § 310.2a.i-vi, if not already sent, and requests a meeting with the DCOM Chair.	
10. Mentor completes Mentor Report and uploads to Passage UMC.	
11. Prepare for DCOM interview and complete the Medical Summary Form and upload to Passage UMC if not already done. <b>It is the Candidate's responsibility to make sure that the Registrar of the DCOM has received these materials 2 weeks prior to the interview. You can find the list of Registrars for DCOMs under the Ministerial Services page at AWFUMC.org</b>	

The local church is encouraged to assist candidates with the expenses of candidacy.

Candidates may be asked to provide other information (if requested by the DCOM) for determining gifts, evidence of God's grace, fruit, and demonstration of the call to licensed or ordained ministry.

Candidate will agree for the sake of the mission of Jesus Christ in the world and the most effective witness of the gospel, and in consideration of their influence as clergy, to make a complete dedication of themselves to the highest ideals of the Christian life as set forth in ¶102-104, 160-166 (¶310.2d).



<b>Certification Interview</b>	<b>Date Completed</b>
1. Following a successful completion of the Candidacy Retreat and a favorable recommendation by the mentor, the Candidate is ready to meet with the DCOM for certification. <b>Your Passage UMC Candidacy Phase must be complete prior to this meeting.</b>	
2. Candidate notifies their DCOM Chair that he/she requests a meeting with the DCOM for approval as a Certified Candidate.	
3. The Candidacy Mentor may be present as a support and a listening ear in the interview but will refrain from participating.	
4. Approval by a written ballot with a $\frac{3}{4}$ majority vote is required for recommendation.	
5. DCOM Registrar or Chair will send a copy of the Action Outline to the Director of Ministerial Services and the Candidate (or let the candidate know in some other way).	
6. Once voted upon (certified or delayed) the DCOM Registrar will upload all the materials used, including the Psychological Assessment, into eBridge.	
7. Upon certification, the Candidate should be encouraged by the DCOM to attend a United Methodist Seminary (§ 310.2) and to apply for Ministerial Education Funds with the Office of Ministerial Services.	

<b>Continuing Certified Candidacy</b>	<b>Date Completed</b>
1. Candidate meets with the DCOM annually for continued recommendation.	
2. Candidate continues to make progress in seminary or COS studies and submits copies of transcripts to DCOM annually. Those in seminary should submit a copy of their transcripts to the Director of Ministerial Services annually.	
3. Charge Conference recommendation in file annually.	

<b>Becoming a Local Pastor</b>	<b>Date Completed</b>
1. Certified Candidate must be approved by DCOM, the DS, and be projected to receive an appointment to attend licensing school.	
2. Candidate must attend Licensing School in April to be appointed.	
3. Candidate must have an up-to-date (5 years) Medical Report.	
4. Candidate will meet annually with DCOM. (Jan-Feb)	
5. Candidate will be assigned to and participate in a Local Pastor Mentor Group and turn in the Annual Local Pastor Mentor Report.	
6. Candidate will make progress in Course of Study.	

<b>Becoming Commissioned (Provisional Membership)</b>	Date Completed
1. Must be a Certified Candidate for one year, minimum of 12 years (without being under appointment).	
2. Request a DropBox from Erika Glawson ( <a href="mailto:Erika@awfumc.org">Erika@awfumc.org</a> ) by May 15 <sup>th</sup> .	
3. Participate in the Mentoring Program (3 monthly meetings in June, July and August) for those applying to Provisional Membership. **This is not mandatory, but is highly encouraged.	
4. Complete all Education Requirements.	
5. Complete an up-to-date Medical Form (5 years) and Psychological Assessment (3 years).	
6. Seek approval from your DCOM to apply for Provisional Membership.	
7. Make an application to Provisional Membership to the Board of Ordained Ministry. Application/Packets are due by September 15 <sup>th</sup> each year and available at AWFUMC.org on the Ministerial Services Page under Commissioning and Ordination.	
8. Meet with the Board of Ordained Ministry for an interview and approval.	
9. Elected to Provisional Membership by Clergy Session.	
10. Commissioned to ministry as a Provisional Member.	

<b>Becoming Ordained (Full Connection)</b>	Date Completed
1. Serve 2 consecutive years of full time (or equivalent) in an approved ministry setting, under appointment.	
2. Participate in Residency in Ordained Ministry Group for 2 years. This requires complete participation in all RIOM, meetings, events and other experiences.	
3. Provisional Members have 8 years to come into Full Connection (leave time included).	
4. Make an application for Full Connection to the Board of Ordained Ministry. Request a DropBox with Erika Glawson in the Office of Ministerial Services ( <a href="mailto:Erika@awfumc.org">Erika@awfumc.org</a> )	
5. Meet with the Board of Ordained Ministry for interviews and for an approval or delay vote.	
6. Election to Full Connection by Clergy Session.	
7. Ordained to the Order of Elders or the Order of Deacons.	

Note: All ¶ (paragraph) numbers refer to the *2016 Book of Discipline*.

For all questions, please contact the Director of Ministerial Services at [Jenni@awfumc.org](mailto:Jenni@awfumc.org)



## Checklist of Forms for Candidacy

Form:	Due by:	Recipient:
Contact Information	Ongoing	Candidate
Candidacy Retreat Application	Prior to Retreat (see deadline)	Office of Ministerial Services via registration
Authorization to Run Background and Credit Check with Fee	Prior to Retreat (see deadline)	OMS via registration link
Candidate Personal History and Biographical Form (10 pgs)	Prior to Retreat (see deadline)	OMS via registration link
UMC Candidate's Disclosure Form (114)	Prior to Retreat (see deadline)	Erika
Medical Summary Report by Ministerial Candidate (Form 103)	After Retreat; Prior to dCOM	OMS / Conference Registrar
Declaration of Candidacy <b>and</b> 2 pages of items: <ul style="list-style-type: none"> <li>• Written Statement of Call</li> <li>• Written response to paragraph 310.2a.i-vi</li> <li>• Psychological report*</li> <li>• Criminal background check*</li> <li>• Credit check*</li> </ul>	After Retreat; Prior to dCOM  *You will not be allowed to meet with the DCOM without all of these in your Candidacy File	OMS / Confernece Registrar  <a href="mailto:jenni@awfumc.org">jenni@awfumc.org</a> also copy <a href="mailto:erika@awfumc.org">erika@awfumc.org</a>

In addition to these forms you will also find:

1. Form 105 for future use (Application for Clergy Relationship)
2. Mentor Report- to be filled out by your Residency Mentor. You will not need to do anything. They will send directly to your dCOM Registrar.
3. Candidate's District File Content Checklist- you do not need to do anything with this. This is the form that your dCOM Registrar will use to track your progress and make sure you are eligible (have completed everything) for a Candidacy Certification interview.
4. Key Words to Know

**CONTACT INFORMATION**

**\*\*\*This form is for you to keep in order to organize all of your contacts for the candidacy process in one place.**

Office of Ministerial Services  
4719 Woodmere Boulevard  
Montgomery, AL 36106  
334-356-8014 (phone) 334-277- 0109 (fax)

Website: [www.awfumc.org/ministerialservices](http://www.awfumc.org/ministerialservices)

**Your District Information (fill in):**

District: \_\_\_\_\_

District Superintendent \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

District Committee on Ministry Registrar \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Your Candidacy Mentors (fill in):**

Mentor Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mentor Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Financial Obligations during Candidacy:**

\$0/\$80 for BGC Report payable to AWF Conference

\$200 for your psychological assessments, payable to AWF Conference



Alabama-West Florida Annual Conference  
 Conference Board of Ordained Ministry  
 4719 Woodmere Boulevard.  
 Montgomery, AL 36106  
 334-356-8014

AUTHORIZATION AND REQUEST TO RUN  
 BACKGROUND CHECK AND CREDIT CHECK

I, \_\_\_\_\_, hereby authorize Alabama-West Florida Annual Conference, Conference Board of Ordained Ministry to request the release of information regarding any record of criminal charges or convictions maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I also authorize the Alabama-West Florida Annual Conference, Conference Board of Ordained Ministry to request the release of information regarding my credit record to the fullest extent permitted by state and federal law. I do release the information holder from all liability that may result from any such disclosure made in response to this request.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following and return to:  
 AWF Conference BOM, 4719 Woodmere Boulevard, Montgomery, AL 36106  
 Include a check for either \$50.00 for Alabama residents or \$80.00 for Florida residents  
 made payable to: AWF Conference

**Please print clearly below**

Applicant's name (first, middle, maiden, last) \_\_\_\_\_

Print all other names that have been used by the applicant (if any): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

Address (no P. O. Box): \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Previous address (no P. O. Box): \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Applicant's District in the Alabama-West Florida Conference: \_\_\_\_\_

**Candidate Personal History and Biographical Form**

**Informed Consent and Release Authorization**

I hereby waive my medical and psychological privilege as to any records or information the Evaluator deems appropriate to my professional training and work. I agree to cooperate fully with this evaluation.

I understand that if I've had previous behavioral health issues, I authorize communication between those who have treated me and the Board of Ordained Ministry. I understand that any significant misstatement, error, or omission as to any information provided to the Evaluator may result in delays/discontinuance in this process - thereby affecting my license and opportunity to engage in ministry in the AWF Conference. I further release the Evaluator, his/her agents, the UMC and its agents, from liability for any of their acts performed in connection with this evaluation. Any information and report will remain the sole property of the AWF Conference and the Evaluator.

I authorize and direct Dr. Winslett/Allison Posell to send a written summary to the AWF Conference Board of Ordained Ministry (BOM) and its agents as part of their evaluation. I also acknowledge I will exercise the opportunity to review the final evaluation before it is submitted to the Board of Ordained Ministry.

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**Signature**

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**Date**

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**Witness**

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**Date**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Street: \_\_\_\_\_ Marital Status \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS# \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
e-mail address: \_\_\_\_\_

Your Registrar's Name: \_\_\_\_\_

When do you anticipate meeting with the BOM? (e.g., Nov-Dec, Jan-Feb, etc.)  
\_\_\_\_\_

When do you anticipate meeting with the District Committee on Ministry (DCOM)? (e.g., Nov-Dec, Jan-Feb, etc.)  
\_\_\_\_\_

**Reason for Current Evaluation:** (Ordination – Elder/Deacon/AM, Candidate for Ministry into UMC, Lay or Licensed Local Pastor, Transfer from another Denomination:  
\_\_\_\_\_

**Previous Psychological Testing?** If yes, when and for what purpose?  
\_\_\_\_\_

**Please proceed with the following questions; this information enables us to learn more about you and provide a more personalized and thorough report fitting of this process.**

*If a question does not pertain to you, please mark it "N/A" (Not Applicable) - Thanks*

**FAMILY**

-Where were you born and raised?  
\_\_\_\_\_  
\_\_\_\_\_

-In the home where you were raised, were both parents present? If not, why not?

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-How many children were in the family and where are you in the birth order?

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-How would rate the quality of your childhood (Mark with and “x”)? POOR\_\_\_ FAIR \_\_\_ GOOD \_\_\_\_\_

-How old were you when you moved from your parents’ home?

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-What kind of job did your father have when you were growing up?

-What kind of job did your mother have when you were growing up?

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-During the time that you were a child growing up, do you consider yourself to have been neglected or abused in any way including physical, emotional abuse or inappropriate sexual contact by anyone including family members, neighbors, church workers, coaches, or teachers?

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-In the home where you grew up, did anyone’s drinking or drug use cause you or anyone else to feel uncomfortable? If yes, explain.

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-When you were a child growing up, did the police or Social Services ever have to come out to the home? If yes, explain.

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-Thinking about your family including aunts, uncles, grandparents, was there ever any mental health history or problems with any kind of abuse (physical, verbal, mental, sexual)?

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List all marriages and any *un*married unions in which you had children.

Spouse: \_\_\_\_\_  
Time frame: \_\_\_\_\_  
Children & current ages: \_\_\_\_\_  
Relationship ended because: \_\_\_\_\_

Spouse: \_\_\_\_\_  
Time frame: \_\_\_\_\_  
Children & current ages: \_\_\_\_\_  
Relationship ended because: \_\_\_\_\_

Partner: \_\_\_\_\_  
Time frame: \_\_\_\_\_  
Children & current ages: \_\_\_\_\_  
Relationship ended because: \_\_\_\_\_

What are your living arrangements now? Who resides in your home? (Please share names, ages, and relationship to you.)

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## MENTAL HEALTH

Other than taking part in this evaluation, have you had any dealings with mental health professionals of any kind including psychologists, psychiatrists, social workers, and or counselors? (These dealings could have been for personal development, dealing with family matters, school adjustment issues, or other life experience.) If so, list each mental health provider whom you have seen for treatment or evaluation. What were the circumstances? How long was this treatment?

Provider:

Referred by: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Nature of the Services: \_\_\_\_\_

Reason for Discontinuing: \_\_\_\_\_

Provider:

Referred by: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Nature of the Services: \_\_\_\_\_

Reason for Discontinuing: \_\_\_\_\_

Any other mental health contacts?

Did you ever meet with another mental health professional to provide information about someone else who was a patient, even if you were not a patient yourself? If yes, describe the history (sequence) of your situation and any associated difficulties.

Any blood relatives with emotional problems requiring treatment (e.g., nervous breakdown, depression, anxiety, psychosis, suicide)? What kind of treatment did they receive? What was the outcome?

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Did there ever come a time in your life when you realized, or someone advised you (even if they were wrong), that your use of alcohol or drugs created complications? (This would include the reduction/falling off in responsibilities, being late/absent from work/school, health consequences, risk taking, financial complications, relationship difficulties, etc.)

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Has alcohol or drug use ever interfered with your job (tardiness, absenteeism, etc.)?

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In an average month, how much alcohol do you consume?

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When did you last consume alcohol?

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What was your longest period of abstinence?

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Have you ever had any kind of treatment or hospitalization for alcohol or drug abuse? If so, when?

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Any blood relatives with alcohol/drug problems? If so, who? Describe their recovery (sober or still using, etc.).

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Any current or past struggles/problems with gambling? If so, explain.

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Any current or past struggles/problems with pornography? If so, explain.

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Any current use of tobacco products (in any form)? If so, explain.

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### **PHYSICAL HEALTH**

Have you ever had any significant health event other than routine illnesses? If so, please describe.

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Have you had any hospitalizations in the last five years? If so, please include the reason/diagnosis.

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Are you currently under the care of a physician and/or have a physician you see regularly (e.g., [physicals, etc])? YES \_\_\_\_\_ NO \_\_\_\_\_

Physician's name:

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Please list any regular medications you now take and purpose for each.

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Have you ever had a head injury? If so, did you have a seizure or lose consciousness? Have you ever blacked out/passed out? If so, please explain and include treatment and current status of any ongoing effects.

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Referencing anything listed above, what specific/potential vulnerabilities do these create for your ministry? How do you see yourself protecting you and those you serve?

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**EDUCATION**

What is the highest grade you completed?

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Where did you attend/graduate from high school?

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What is the name of the current school/college program you currently attend? How long have you been in this program?

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If you ever left school before graduating, what was the reason for your leaving?

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Did you ever repeat any grades (not classes, but whole years)?

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Were you ever designated for special education support/services of any kind? If yes, please describe.

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If yes to the above, which of the support services did you utilize and how did they help you?

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Were you ever expelled or suspended (including in-school suspension)? If so, explain.

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Please list certifications/degrees, associated school/University, and GPA.

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Do you have future educational goals? If so, please describe.

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### **EMPLOYMENT HISTORY**

Current employer and job title: \_\_\_\_\_

When did you start this job? \_\_\_\_\_ average hours per week: \_\_\_\_\_

What are your basic job duties? \_\_\_\_\_

\_\_\_\_\_

Previous job positions:	Dates of Employment:	Reason for Leaving:
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**FINANCIAL**

Please rate (mark with an "x") your personal finances at this time: *POOR* \_\_\_\_\_ *FAIR* \_\_\_\_\_  
*GOOD* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you currently experience debt issues, please note any extenuating circumstances (e.g., medical expenses, divorce, college loans).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income Source (Mark all that apply): \_\_\_\_\_ *Earned* \_\_\_\_\_ *Support from partner* \_\_\_\_\_ *Gov't*  
*assistance Retirement* \_\_\_\_\_ *Trust Funds* \_\_\_\_\_ *Disability* \_\_\_\_\_ *None*

What is your current income? \_\_\_\_\_

Have you ever filed for bankruptcy? If so, when?

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**MILITARY SERVICE**

Branch: \_\_\_\_\_ Military Occupational Specialty (MOS): \_\_\_\_\_

Enlistment date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If you retired from service, please list the date: \_\_\_\_\_

Article XV or Captain's Mast? \_\_\_\_\_

**LEGAL**

Have you ever been charged with any offense? Have you ever been convicted of any offence? Identify each and every instance in which you were charged even if the case was dismissed (including DUIs). **If no legal problems, please mark "N/A" (Not Applicable).**

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Has your driver's license ever been suspended or revoked? Explain.

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Do you have any legal stressors currently? (Include suing, being sued, tax related issues, managing a deceased member's estate, bankruptcy or any other legal stressor.)

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Have you ever had a founded complaint by a state's social welfare (or comparable agency) for abuse or neglect? If yes, please explain.

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Have you ever been the subject of an investigation by a state’s welfare (or comparable agency) for abuse or neglect? If yes, please explain.

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Has your family ever been the focus of an intervention by a state’s welfare (or comparable agency)? If yes, please explain.

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Have you experienced domestic abuse (recipient or aggressor)? If yes, please explain.

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**FAITH JOURNEY**

Please give a brief overview of your faith journey starting from your early faith traditions/significant moments to the present.

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If not already stated, when/where were you baptized?

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If you've had various faith traditions besides Methodist, what did you learn from them?

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What is your *current* involvement in a church (e.g., lay leader, paid intern, unpaid intern, lay speaker, Pastor):

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For you, what do you anticipate being the hardest thing about ministry?

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To a congregation, what do you think is the hardest thing about ministry for the Pastor (or the role to which you feel called)?

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What do you see as your best gift/greatest strength?

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Please share an example of when your best gift/greatest strength became a liability.

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**Once you have completed this form, please email it back to Erika Glawson at: [erika@awfumc.org](mailto:erika@awfumc.org)**

**After your Ministerial Assessment Specialist (MAS) has received this form and the results of the assessments you have already completed, he/she will contact you to schedule your final interview. However, it is your responsibility to ensure the interview is completed in a timely manner.**

*Thank you!*



**THE UNITED METHODIST CHURCH  
CANDIDATE'S DISCLOSURE FORM - ¶324.12  
Form 114**

Please complete and print this form. Then sign it in the presence of a Notary. Return the form to:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been:

- 1. convicted of a felony?                    \_\_\_No \_\_\_Yes
- 2. convicted of a misdemeanor?        \_\_\_No \_\_\_Yes
- 3. accused in writing of sexual misconduct or child abuse?    \_\_\_No \_\_\_Yes

If you answered *yes* to any of these questions, please explain.

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to the form. (Note: It would be preferable if this response statement could be included right on the disclosure statement; however, we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

I hereby certify that the information provided on this form is true and accurate.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_



**THE UNITED METHODIST CHURCH  
MEDICAL SUMMARY REPORT OF MINISTERIAL CANDIDATE  
Form 103**

**Candidate's Name:** \_\_\_\_\_

**To the Board of Ordained Ministry:**

Please indicate here, the name/address of the board officer who will receive this report.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**CONSENT FOR THE RELEASE OF  
CONFIDENTIAL INFORMATION - COMPLETED BY CANDIDATE**

Candidate Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I hereby authorize and direct \_\_\_\_\_ (physician) to disclose to the \_\_\_\_\_ (annual conference) Board of Ordained Ministry the following information with regard to the records of \_\_\_\_\_ (candidate) for the purpose of evaluation by The United Methodist Church for entrance into ministry.

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire sixty (60) days after the date treatment is terminated unless another date is specified.

I understand that the information requested may be disclosed from records whose confidentiality is otherwise protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders, as well as HIV status.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# HIGHER EDUCATION & MINISTRY

General Board of Higher Education and Ministry

THE UNITED METHODIST CHURCH

## SUMMARY REPORT – COMPLETED BY PHYSICIAN

### *Comments for physician:*

Complete the summary report. The United Methodist Church assumes you are completing this information based on a current physical examination of the candidate. Screening guidelines are provided for reference as needed.

This person is a candidate for ministry in The United Methodist Church. Among other requirements, this includes being able to typically work a full-time week – with periodic weeks requiring longer work hours. Those serving in ministry will encounter situations that require the ability to cope with conflict and stress. Job-related tasks range from office work and traveling from site to site to communicating with and relating to a variety of people and managing multiple tasks simultaneously, among other responsibilities.

**Candidate’s Name:** \_\_\_\_\_

**Date of Physical Exam:** \_\_\_\_\_

### **Check One:**

Based on the physical exam I completed, this candidate appears to be healthy. I have no concerns about his/her physical fitness for ministry.

Based on the physical exam I completed, this candidate has some health concerns that are summarized below.

### **Summary of Concerns:**

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# HIGHER EDUCATION & MINISTRY

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**Typical treatment(s) for this condition could potentially include (medication, surgery, lifestyle modification, intervention by specialist, frequent monitoring, etc.):**

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**Questions to ask, or conversation that a committee might have, to address these concerns could include:**

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# HIGHER EDUCATION & MINISTRY

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Examining Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAMP



# HIGHER EDUCATION & MINISTRY

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## EXAMINATION STANDARDS\*

As a part of the ministry application process, The United Methodist Church requires each candidate to “present a satisfactory certificate of good health” by a physician on the prescribed form. Disabilities are not to be construed as unfavorable health factors when a person with disability is capable of meeting the professional standards and is able to render effective service.... (*The Book of Discipline*, ¶¶ 315.6c, 324.8, 347.3, 357.7, 355.3, 368.5).

The following lists show standard screening practices to be considered in an assessment of physical health. Additionally, the physician may choose to make recommendations to the candidate as needed. While the candidate’s physician should make the final determination regarding the need for specific medical tests as related to the overall health and needs of the candidate, The United Methodist Church seeks a summary report from the physician upon completion of a physical examination of the candidate that provides an assessment of the candidate’s physical ability to perform the required work of ministry.

**NOTE: DO NOT RECORD SCREENING RESULTS ON THIS FORM.**

### Screening

Height and weight (periodically)

Blood pressure

Alcohol and tobacco use

Depression (if appropriate follow-up is available)

Diabetes mellitus (patients with hypertension)

Dyslipidemia (total and HDL cholesterol): men  $\geq 35$  y; men or women  $\geq 20$  y who have cardiovascular risk factors; measure every 5 y if normal

Colorectal cancer screening (men and women 50-75 y)

Mammogram every 1 to 2 y for all women  $\geq 40$  y. Evaluation for BRCA testing in high-risk women only.

Papanicolaou test (at least every 3 y until age 65 y)

Chlamydial infection (sexually active women  $\leq 25$  y and older at-risk women)

Routine voluntary HIV screening (ages 13-64 y)

Bone mineral density test (women  $\geq 65$  y and at-risk women 60-64 y)

AAA screening (one time in men 65-75 y who have ever smoked)

### Counseling—Substance Abuse

Tobacco cessation counseling

Alcohol misuse: brief behavioral counseling; alcohol abuse: referral for specialty treatment



## Counseling—Diet and Exercise

Behavioral dietary counseling in patients with hyperlipidemia, risks for CHD and other diet-related chronic disease

Regular physical activity (at least 30 minutes per day most days of the week)

Intensive counseling/behavioral interventions for obese patients

AAA = abdominal aortic aneurysm; BRCA = breast cancer susceptibility gene; CHD = coronary heart disease.

\* Based on recommendations from the U.S. Preventive Services Task Force.

### Key Points

- The U.S. Preventive Services Task Force recommends routine periodic screening for hypertension, obesity, dyslipidemia (men  $\geq 35$  years), osteoporosis (women  $\geq 65$  years), abdominal aortic aneurysm (one-time-screening), depression, and HIV infection.
- The U.S. Preventive Services Task Force recommends routine periodic screening for colorectal cancer (persons 50-74 years of age), breast cancer (women  $\geq 40$  years), and cervical cancer.
- The U.S. Preventive Services Task Force recommends that all pregnant women be screened for asymptomatic bacteriuria, iron-deficiency anemia, hepatitis B virus, and syphilis.
- The U.S. Preventive Services Task Force recommends against screening for hemochromatosis; carotid artery stenosis; coronary artery disease; herpes simplex virus; or testicular, ovarian, pancreatic, or bladder cancer.
- Outside of prenatal, preconception, and newborn care, genetic testing should not be performed in unselected populations because of lower clinical validity; potential for false positives; and potential for harm, including “genetic labeling.”
- For patients for whom genetic testing may be appropriate, referral for genetic counseling should be provided before and after testing.
- A human papillomavirus vaccine series is indicated in females ages 9 through 26 years, regardless of sexual activity, for prevention of cervical cancer.
- A single dose of tetanus-diphtheria–acellular pertussis (Tdap) vaccine should be given to adults ages 19 through 64 years to replace the next tetanus-diphtheria toxoid (Td) booster.
- A zoster (shingles) vaccine is given to all patients 60 years and older regardless of history of prior shingles or varicella infection.
- Asymptomatic adults who plan to be physically active at the recommended levels do not need to consult with a physician prior to beginning exercise unless they have a specific medical question.
- Smoking status should be determined for all patients.
- Patients who want to quit smoking should be offered pharmacologic therapy in addition to counseling, including telephone quit lines.
- Routine screening is recommended to identify persons whose alcohol use puts them at risk.
- For management of alcohol abuse and dependence, referral for specialty treatment is recommended; for management of alcohol misuse, brief behavioral counseling may be useful.



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- Clues for chemical dependency include unexpected behavioral changes, acute intoxication, frequent job changes, unexplained financial problems, family history of substance abuse, frequent problems with law enforcement agencies, having a partner with substance abuse, and medical sequelae of drug abuse.
- Condom use reduces transmission of HIV, Chlamydia, gonorrhea, Trichomonas, herpes virus, and human papillomavirus.
- It is important to ask about domestic violence when patients present with symptoms or behaviors that may be associated with abuse.
- When an abusive situation is identified, address immediate safety needs.



**THE UNITED METHODIST CHURCH  
DECLARATION OF CANDIDACY  
CHARGE CONFERENCE OR EQUIVALENT BODY RECOMMENDATION  
Form 104**

I hereby declare my candidacy for licensed or ordained (circle one) ministry in The United Methodist Church and request the support and recommendation of the Charge Conference or equivalent body as specified by the district committee on ordained ministry for certification as a candidate for:

Order of Deacons: \_\_\_\_\_ Order of Elders: \_\_\_\_\_ License as Local Pastor: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of the Declared Candidate)

**CHARGE CONFERENCE RECOMMENDATION (or equivalent body)**

Let those who consider recommending persons for candidacy as ministers in The United Methodist Church ask themselves the following questions which were first asked by John Wesley at the third conference of Methodist preachers in 1746 (*The Book of Discipline*, ¶310).

Do they know God as a pardoning God? Have they the love of God abiding in them? Do they desire nothing but God? Are they holy in all manner of conversation?

Have they gifts, as well as evidence of God’s grace, for the work? Have they a clear, sound understanding; a right judgment in the things of God; a just conception of salvation by faith? Do they speak justly, readily, clearly?

Have they fruit? Have any been truly convinced of sin and converted to God, and are believers edified by their service?

Believing that \_\_\_\_\_ is called of God and is a suitable candidate for licensed or ordained ministry in The United Methodist Church, \_\_\_\_\_ (the recommending body) recommends him/her for certification as a candidate to the District Committee on Ordained Ministry. In making this recommendation, we attest to the fact that the declared candidate has been a professing member in good standing of The United Methodist Church or a baptized participant of a recognized United Methodist campus ministry or other United Methodist ministry setting for a minimum of one (1) year, has graduated from an accredited high school or received a certificate of equivalency, and has received by written ballot a two-thirds vote of this body.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of authorized elder, district superintendent, or bishop)

Conference: \_\_\_\_\_ District: \_\_\_\_\_



# HIGHER EDUCATION & MINISTRY

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## Preparation for Meeting with District Committee on Ordained Ministry

1. This Declaration of Candidacy for Ordained Ministry should be sent to the district committee on ordained Ministry along with the following:

- a. Your written statement of call
- b. Your written response providing evidence of understanding and expectation concerning the following: (§310.2a)
  - (i) the most formative experience of your Christian life;
  - (ii) God's call to licensed or ordained ministry and the role of the church in your call;
  - (iii) your beliefs as a Christian;
  - (iv) your gifts for ministry;
  - (v) your present understanding of your call to ministry as elder, deacon, or licensed ministry; and
  - (vi) your support system
- c. The required psychological reports, criminal background, and credit checks.
- d. Other information as the district committee may require.

2. Appear before the district committee on ordained ministry for an interview and recommendation.

3. Agree for the sake of the mission of Jesus Christ in the world and the most effective witness of the gospel, and in consideration of your influence as clergy to make a complete dedication of yourself to the highest ideals of the Christian life as set forth in §§101-103, and §§160-166.

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 @gbhem  
 facebook.com/gbhem

URL gbhem.org  
ADDRESS 1001 19th Avenue, South  
Nashville, TN 37212



**THE UNITED METHODIST CHURCH  
APPLICATION FOR CLERGY RELATIONSHIP TO THE ANNUAL CONFERENCE**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Being fully persuaded that God has called me to be a minister of the gospel of the Lord Jesus Christ, I hereby request affirmation of that call by The United Methodist Church through the granting of a clergy relationship to the annual conference. The relationship for which I am applying is:

- |   |  |
|---|--|
| <input type="checkbox"/> Local Pastor         | <input type="checkbox"/> Associate Membership      |
| <input type="checkbox"/> Student Local Pastor | <input type="checkbox"/> Provisional Membership    |
| <input type="checkbox"/> Part-time            | <input type="checkbox"/> Deacon in Full Connection |
| <input type="checkbox"/> Full-time            | <input type="checkbox"/> Elder in Full Connection  |

While I am applying for this relationship to the annual conference, I am also applying for:

- License for Pastoral Ministry
- License for the Ministry of the Deacon
- Ordination as a Deacon
- Ordination as an Elder
- Recognition of orders granted by another denomination

Signature \_\_\_\_\_ Date \_\_\_\_\_

An application for membership in full connection is to be sent to the registrar of the Board of Ordained Ministry.

An application for license as a local pastor, associate membership, or provisional membership is to be sent both to the district Committee on Ordained Ministry and the Board of Ordained Ministry.

**Information on required documentation is located on the next page.**



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## Documentation to be examined along with this Application for Clergy Relationship to the Annual Conference

### License for Pastoral Ministry (§315)

1. All documentation for candidacy certification
2. Report of the faculty of the licensing school or transcript from an approved school of theology indicating credit for one-third of the M.Div. from a University Senate-approved institution
3. Biographical Information Form (Form 102)
4. Medical Information Form (Form 103)
5. Notarized statement concerning any criminal behavior, criminal background, and credit checks
6. Psychological assessment report and any other information required by the Board of Ordained Ministry

### Associate Membership (§322)

1. Transcript from the Course of Study
2. College transcript with a minimum of 60 semester hours credit or equivalent
3. Annual reports from a clergy mentor
4. Recommendation of the district superintendent
5. Biographical Information Form (Form 102)
6. Medical Information Form (Form 103)
7. Notarized statement concerning any criminal behavior, criminal background, and credit checks
8. Psychological assessment report and any other information required by the Board of Ordained Ministry

### Provisional Membership (§324)

1. College transcript indicating a bachelor of arts degree or its equivalent as determined by the Division of Ordained Ministry
2. Seminary transcript indicating completion of a minimum of one-half of the M.Div. including one-half of the Basic Graduate Theological Studies or a Course of Study transcript indicating completion of Course of Study and 32 semester hours of graduate theological study (including the Basic Graduate Theological Studies) or its equivalent through the Advanced Course of Study
3. Annual reports of the clergy mentor
4. Recommendation of the district superintendent
5. Biographical Information Form (Form 102)
6. Medical Information Form (Form 103)
7. Written responses to doctrinal questions
8. Notarized statement concerning any criminal behavior, criminal background, and credit checks
9. Psychological assessment report and any other information required by the Board of Ordained Ministry

### Membership in Full Connection (§330, Deacon or §335, Elder)

1. Reports of the clergy mentor
2. Recommendation of the district superintendent





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3. Biographical Information Form (Form 102)
4. Medical Information Form (Form 103)
5. Written responses to doctrinal questions (where required)
6. Project that demonstrates fruitfulness in carrying out the Church's mission
7. Psychological assessment and other information as determined by the Board of Ordained Ministry

## Recognition of Orders

1. Certificate of ordination with documentation that the ordination is in good standing
2. College transcript
3. Seminary transcript

ALABAMA-WEST FLORIDA CONFERENCE  
Board of Ordained Ministry  
Group Candidacy Mentor's Recommendation to District Committee on Ministry

Group Candidacy Mentor/s: \_\_\_\_\_ and \_\_\_\_\_

The Candidate, \_\_\_\_\_, met with group mentors from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

1. Did the Candidate attend all sessions of the training: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If the Candidate missed sessions, how many were missed? \_\_\_\_\_

What reason was given? \_\_\_\_\_

3. Did the Candidate participate fully in the training: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

4. The Candidate believes that s/he is called to ministry as:  
\_\_\_\_\_ Elder \_\_\_\_\_ Deacon \_\_\_\_\_ Local Pastor \_\_\_\_\_ Lay Person

5. Please choose one of the following:  
\_\_\_\_\_ I recommend certification of this candidate without reservation.  
\_\_\_\_\_ I recommend certification of this candidate with the following reservations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I do not recommend certification of this candidate for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

6. Any other comments the Mentor(s) desire to make:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ /\_\_\_/\_\_\_  
Group Candidacy Mentor Date  
\_\_\_\_\_ /\_\_\_/\_\_\_  
Group Candidacy Mentor Date

I have read the report of my mentor/s and authorize its release to the District Committee on Ministry.

**Signed:** \_\_\_\_\_ /\_\_\_/\_\_\_  
Candidate, having read the above Date



**Candidates District File  
Content Checklist**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date file started: \_\_\_\_\_

- \_\_\_\_\_ Candidate invited to set up account in UMCARES (Date: \_\_\_\_\_)
- \_\_\_\_\_ \_\_\_\_\_) Biographical Information Form (Form 102)
- \_\_\_\_\_ Declaration of Candidacy and Charge Conference Recommendation (Form 104)
- \_\_\_\_\_ Written statement of call (§310.1d)
- \_\_\_\_\_ Written information based on §310.2a
- \_\_\_\_\_ Candidacy mentor assigned (Mentor's name: \_\_\_\_\_)
- \_\_\_\_\_ \_\_\_\_\_) Candidacy mentor's report
- \_\_\_\_\_ Psychological assessment report
- \_\_\_\_\_ Credit check
- \_\_\_\_\_ Criminal background check
- \_\_\_\_\_ Notarized statement regarding sexual misconduct and child abuse
- \_\_\_\_\_ Academic progress documents
- \_\_\_\_\_ Candidacy vote recorded in UMCARES Date \_\_\_\_\_
- \_\_\_\_\_ Certification renewed Date \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ Letter of recommendation to Board of Ordained Ministry for provisional membership toward deacon's or elder's orders
- \_\_\_\_\_ File sent to BOM registrar Date \_\_\_\_\_

## Key Words to Know

### 1. Associate Member (§321 - §323)

Conference relationship available to persons who have reached forty years of age, have served as full-time local pastors at least four years, completed the five-year Course of Study, studies for license as a local pastor, completed a minimum of sixty semester hours toward the Bachelor of Arts or an equivalent degree in a college or university listed by the University Senate. They must also be recommended by the DCOM and the conference Board of Ordained Ministry, declared their willingness to accept continuing full-time appointment and satisfied the conference regarding their physical, mental, and emotional health. Associate members who meet all the provisions of §322.4 and §324.6 may apply to the Conference Board for Provisional and then Full Membership.

### 2. Group Candidacy Mentor

A deacon or elder in full connection or local pastor who has completed the Course of Study assigned to an Exploring Candidate to support and guide them through the candidacy process beginning with the Candidacy Retreat.

### 3. Professional Certification (certified)

The church's recognition that an individual has met the required standards for academic training, experience, and continuing study necessary to achieve and maintain professional excellence in an area of ministry such as Christian education, music, youth ministry, evangelism, camp/retreat ministry, spiritual formation, older adult ministry, or church business administrator. Information and details about this process and these careers can be found at the General Board of Higher Education and Ministry website: [www.gbhem.org/certification/index.html](http://www.gbhem.org/certification/index.html). Information about the church business administrator process can be found at [www.umacba.org](http://www.umacba.org).

### 4. Candidacy Certification (certified candidate) (§310- 314)

Candidacy phase when requirements for Inquiring & Exploring Candidate are met.

### 5. Commissioning (commissioned minister) (§325)

The credentialing of provisional deacons and elders. The act of the church that publicly acknowledges God's call and response, talents, gifts and training of the candidate. The church invokes the Holy Spirit as the candidate is commissioned to be a faithful servant leader among the people, to lead the church in service, to proclaim the Word of God and to equip others for ministry.

### 6. Conference Board of Ordained Ministry (BOM) (§635)

The body responsible for credentialing provisional/commissioned ministers, local pastors, and full connection deacons and elders.

### 7. Course of Study

The basic theological education program of the Division of Ordained Ministry, General Board of Higher Education and Ministry. It is provided for those who are licensed as local pastors who are unable to attend an approved seminary. Participants in the program should have completed candidacy for ordained ministry, the studies for license as a local pastor, and have been approved/recommended for license by the DCOM and Conference Board of Ordained Ministry.

### 8. Deacon (§328 - 331)

Persons called by God, authorized by the Church, and ordained by a bishop to a lifetime ministry of Word and Service to both the community and the congregation.

### **9. District Committee on Ordained Ministry (DCOM)**

The body that oversees, cares for, and evaluates candidates for ministry through the Inquiring, Exploring and Certified Candidate phases. Also responsible for maintaining a relationship with local pastors.

### **10. Elder (§332 - 336)**

Persons who are ordained to a lifetime ministry of Service, Word, Sacrament, and Order; authorized to preach and teach the Word of God, to administer the sacraments of baptism and Holy Communion, and to order the life of the Church for mission and ministry.

### **11. Exploring Candidate**

The second step or phase in the candidacy process for ordained deacon, elder, or local pastor. A group candidacy mentor is assigned. The candidate, group and mentors work together to continue discerning the candidate's call to ministry.

### **12. Full Connection**

The relationship of ordained deacons and elders to the Annual Conference. They have completed the process for ordination, including educational requirements, and been elected to full membership in the annual conference.

### **13. Inquiring Candidate**

The first step in the candidacy process for ordained deacon, elder, or local pastor. The candidate reads and discusses *The Christian as Minister* and *The Ministry Inquiry Process*.

### **14. License for Pastoral Ministry (§315 - 320)**

Credential given to a local pastor when he or she is appointed as pastor of a local church.

### **15. Licensing School for Pastoral Ministry**

The studies are the first exposure for most candidates to the practice of ministry. Public worship, pastoral care for spiritual formation, organization of a parish for nurture and mission, and educational ministries in the church are the major areas of concern covered in the eighty-hour school. The candidate must be approved by the DCOM for licensing as a local pastor before attending Licensing School. There must be a projected appointment for the candidate to attend Licensing School. The candidate must attend the school before being approved by the clergy session of the annual conference and being appointed as a local pastor. Licensing School is the beginning of Basic Course of Study.

### **16. Local Pastor**

Persons who are licensed and appointed to preach, conduct divine worship, and perform the duties of a pastor but are not ordained as elders.

### **17. Ordination (ordained)**

The church affirms and continues the apostolic ministry through persons empowered by the Holy Spirit.

### **18. Provisional Membership (§324 - 327)**

Conference relationship of commissioned ministers (deacons and elders) who are on trial in preparation for membership in full connection in the annual conference as deacons and elders. During that two-year period, they are Residents in Ministry under the care of the Conference Board of Ordained Ministry and participants in the residency program.

### **19. Residency**

The Alabama-West Florida Conference two-year program for provisional/commissioned ministers.