

**District Committee on Ordained Ministry
Action Report to the BOM Registrar**

District _____ Date _____

Candidate's Name _____ Email _____

Mailing Address _____

Phone Number(s) _____

Sponsoring/Home Church _____

Present Appointment or Church Employment _____

The district Committee on Ordained Ministry took the following action(s) regarding the person listed above:

Check the appropriate actions(s)

Granted certified candidate status according to ¶666.6 (3/4 majority vote). This includes certification as eligible for appointment, to be awarded the license as a local pastor when and if appointed to the local parish, once studies for licensing as a local pastor have been completed (¶316). **Date of Certification** _____

Enrolled/attending _____ Goal: Deacon Elder LP
(seminary or college)

Approved to attend License to Preach School

Recommended (continuation) as a certified candidate (¶313)

enrolled/attending _____ Goal: Deacon Elder LP
(seminary or college)

Certified as having completed the studies for licensing as a local pastor, to be listed as eligible for appointment, and is award the license as a local pastor when and if appointed to the local parish (¶316)

Recommended to the BOM for continued eligibility for appointment as a local pastor (¶319)

Recommended for reinstatement of approval to be appointed as a local pastor (¶320.4)

Recommended for election to provisional membership toward deacon's orders (¶324.10)

Recommended for election to provisional membership toward elder's orders (¶324.10)

Recommended for associate membership (¶322.1)

Recommended for readmission to conference relationship

Readmission to provisional membership (¶365)

Readmission after honorable or administrative location (¶366)

Readmission after exit of ministerial office (¶367)

Discontinuance of a Certified Candidate (¶314.1) **Date of Discontinuance** _____

Persons who are awarded the license as a local pastor, or who are continued in that status must be classified as one of the following (please check appropriate designations):

Full-time local pastor (¶318.1)

Number of course of study modules completed at this time.

Part-time local pastor (¶318.2) Indicate fraction of full-time in one-quarter increments

_____ Number of course of study modules completed at this time.

Students Appointed as Local Pastors (¶318.3)

_____ Number of course of study modules completed at this time.

Name and Title of dCOM member completing this form

Phone (with area code)

**Submit to Debbie Stevenson at
dstevenson@michiganumc.org**

or mail to:

Office of Clergy Excellence
1161 E. Clark Rd., Ste. 210
DeWitt, MI 48820