District Committee on Ordained Ministry
Action Report to the BOM Registrar
Rev. 09.10.2021

District _____ Date _____

Candidate's Name _____ Email _____

Mailing Address _____

Phone Number (s) _____

Sponsoring/Home Church _____

Present Appointment or Church Employment _____

The dCOM took the following action(s) regarding the person listed above:
Check the appropriate action(s)

☐ Granted certified candidate status according to ¶666.6 (¾ 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

☐ 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 awarded 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)

Discontinued as Local Pastor. **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:
Board of Ordained Ministry
1011 Northcrest Road
Lansing, MI 48906