

**District Committee on Ordained Ministry
Action Report to the BOM Registrar
Rev. 05.14.2022**

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:

Please check all appropriate action(s)

Section 1

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)

Completed studies for license as LP, approved, not now appointed as Local Pastor (¶315).

Date not Appointed _____

Discontinued as Local Pastor (¶320.1). **Date of Discontinuance** _____

Section 2

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)

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
