

**BOARD OF THE ORDAINED MINISTRY
CENTRAL PENNSYLVANIA CONFERENCE
THE UNITED METHODIST CHURCH**

Candidacy Track Form

Instructions: This form shall be kept by the District Superintendent. Copies shall be made for the District Committee on Ordained Ministry, Candidacy Registrar and the Candidate. As new dates are recorded, that information shall be filed with the District Committee on the Ordained Ministry, Candidacy Registrar and/or Registrars for Elders, Deacon, Local Pastors.

PERSONAL INFORMATION

Full Name _____ Spouse _____

Street
Address _____

City _____ State _____ Zip+4 _____

E-mail Address _____ FAX: _____

Telephone (Daytime) _____._____._____ (Nighttime) _____._____._____

Change of Address information _____

Birthdate ____/____/____

Local Church Membership _____ Date of Membership ____/____/____

District _____ Where Serving _____

Children (names and ages)

DISTRICT _____

EDUCATIONAL INFORMATION

College Name _____ Expected/Actual Graduation Date ____/____

Degree _____ Major _____ GPA _____

Other Degrees _____ Date(s) Earned ____/____; ____/____

Seminary _____ Expected/Actual Graduation ____/____

Date Entered _____ Degree Program _____

Address at
School _____

Telephone _____._____._____

- ___ Written recommendation of Charge Pastor
- ___ High School diploma or equivalent (copy)
- ___ Committee on Staff Parish Relations review and recommendation (Date ___/___/___)
- ___ Wrote letter of Intention to District Superintendent requesting Church/Charge Conference
- ___ Church/Charge Conference Vote (2/3 approval needed)
 - Vote: ___ Approved ___ Disapproved ___ Abstentions
- Recommending Church and Charge _____
- ___ Declaration of Candidacy Report (Form #104/2004) filed with DCOM
- ___ This form copied and sent to BOOM Candidacy Registrar (Date ___/___/___)

C. DECLARED PROCESS TO CERTIFIED

- ___ Written report by Candidacy Mentor to District Committee
- ___ Candidate's written statements
- ___ Medical Report of Ministerial Candidate (form 103/2004) and Medical Report Part II
- ___ Pennsylvania Child Abuse History Clearance (Date ___/___/___) Paid by applicant.
- ___ Criminal Record Check (Date ___/___/___) Paid by applicant
- ___ EZ Facts Check (Date ___/___/___)
- ___ Met with District Committee (Date ___/___/___)
- ___ District Committee Vote (3/4 approval needed)
 - Vote: ___ Approval ___ Disapproval ___ Abstentions
- ___ This form copied and sent to the BOOM Candidacy Registrar (Date ___/___/___)

D. CONTINUATION OF CANDIDACY

- ___ Annual recommendation by Church/Charge Conference
- ___ Annual evaluation and approval by District Committee
 - Dates: ___/___/___; ___/___/___; ___/___/___; ___/___/___
- ___ Annual report of satisfactory progress of studies and copy of transcript from university or school of theology
 - Dates: ___/___/___; ___/___/___; ___/___/___; ___/___/___
- ___ Certified candidate for minimum of two years, maximum twelve (Deacons and Elders)
- ___ 200 Hours in servant ministry for Commissioning (pre-approved by DCOM ___/___/___)
- ___ Completion of academic requirements
- ___ Doctrinal examination and biographical statement
- ___ Interview and recommendation by District committee on Ordained Ministry
- ___ Local Pastor's License (Date ___/___/___)

___ District Committee Commissioning Recommendation (3/4 approval needed)

(Date ___/___/___) Deacon Elder Local Pastor

Vote: ___ Approval ___ Disapproval ___ Abstentions

___ Renewal of Recommendation by District Committee on Ordained Ministry

Dates: ___/___/___; ___/___/___; ___/___/___; ___/___/___

___ Interview and recommendation by Board of the Ordained Ministry (Date ___/___/___)

___ All District file information forwarded to:

Deacon Registrar Elder Registrar Local Pastors Registrar

___ This form copied and sent to BOOM Candidacy Registrar (Date ___/___/___)

COMMISSIONING AND PROBATIONARY MEMBERSHIP