

**District Committee on Ordained Ministry Approval Report
for Certified Candidate for Ordained Ministry**

Name of Candidate _____

Address (School) _____
Street City State Zip

Address (Permanent) _____
Street City State Zip

E-mail: _____

Charge Conference _____

District _____

Annual Conference _____

Candidacy Mentor _____

Name of District Superintendent _____

Date received affirmative vote from Charge Conference _____

Date met the district Committee on Ordained Ministry _____

The candidate has completed *The Christian as Minister* and the first two chapters of the *Candidacy Guidebook* with a candidacy mentor.

Received Certification as a Candidate for:

Order of Deacons _____ Order of Elders _____ License as Local Pastor _____

Certification Delayed _____ Certification Denied _____

During the candidacy studies the inquiring candidate decided not to continue a process toward ordained ministry as a vocation. _____

A certified candidate must complete a minimum of 1 year, maximum 12 years as certified candidate prior to probationary membership.

Signature of Candidacy Mentor

Date

Address _____
Street City State Zip

Send *original* to DOM, P.O. Box 340007, Nashville, TN 37203-0007

Send copies to Annual Conference Registrar for Candidacy and district Committee on Ordained Ministry.