



Authorization and Release Form – Florida Conference Pre-Candidacy Retreat

Notice to Applicants

The information gained during the Process of Evaluation for ministry belongs to the Florida Annual Conference of the United Methodist Church (“Florida Annual Conference”). The Licensed Psychologist who will perform the evaluation (“the examiner”) is an agent of the Florida Conference. Further, your relationship with the examiner is not a treatment relationship and as such, the Florida Annual Conference, not the examiner, controls who has access to the report.

The Florida Conference does not permit any copies of the report to be given to the applicant.

1. I understand that the Process of Evaluation for ministry requires a psychological assessment (“assessment”). I understand that at the conclusion of the assessment, a written report is to be prepared, or has been prepared, which will contain conclusions, opinions, observations, or recommendations regarding my psychological and emotional suitability for the ordained ministry by the licensed mental health professional conducting the examination.
2. I hereby grant release of access to the assessment report (“assessment report”), subject to the terms herein specified.
3. I hereby authorize the mental health professionals involved in the assessment to disclose the written assessment report to designated representatives of The Florida Annual Conference, including but not limited to, the district group mentors, the district superintendent, the district committee on ministry, the Board of Ordained Ministry, and The Office of Clergy Excellence of The Florida Annual Conference, or others determined to have a need to know. I authorize the mental health professionals involved in the assessment to discuss the written assessment report with the designated representatives of the Florida Annual Conference as enumerated above.
4. I understand that the Florida Annual Conference will have the right to control the use and disclosure of information regarding the assessment during consideration of my application, with designated persons listed above, on a “need to know” basis. Should I terminate the candidacy process, the information will be retained confidentially in accordance with the applicable personnel policies of the Florida Annual Conference.
5. I understand that disclosure of psychological information on a “need to know” basis may require disclosure beyond the Board of Ordained Ministry, including to the executive session of the Annual Conference.
6. Upon release by the examiner, all records will be maintained pursuant to policies of the Florida Annual Conference on record retention, and policies designed to protect the privacy of candidates from unnecessary disclosure of otherwise personal information. However, unless otherwise specified, the testing materials, raw data from any psychological tests, or inventories that the licensed psychologist has completed remain the sole property of the examiner, and only his or her opinion as expressed in the assessment report will be released to the designated agents of The Florida Annual Conference. The examiner will maintain the raw data or any other material about me as

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The Florida Conference

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confidential mental health records, pursuant to the law of the jurisdiction in which the examination is conducted.

7. I understand that, in addition to the Florida Annual Conference's access to this information for its selection decisions, the General Board of Higher Education and Ministry (GBHEM) and the Florida Annual Conference of the United Methodist Church may also use the information contained in the assessment report as part of ongoing research. I understand that my confidentiality will be protected in such research and that personal identifying information will be removed.
8. I acknowledge and agree that because the assessment is part of the vocational assessment process for entry into the leadership of the Florida Conference of The United Methodist Church, this Authorization for Release of Information is not subject to the legal process.
9. I agree that if any portion of this Authorization for Release of Information is found by a court to be unenforceable for any reason, the remainder of this consent and authorization for release shall remain valid and in full force and effect.
10. I have carefully read this release form and fully understand its contents. I sign it of my own free will. I understand that I may consult with an attorney of my choice before signing this document. I acknowledge that I have had the opportunity to ask questions concerning the contents of this form and any such questions have been answered to my satisfaction.

Nonetheless, in agreeing to sign this document, I have not relied upon any statements or explanations made by the Florida Annual Conference or its ministers, officers, employees, volunteers, agents or legal representatives, any personnel and entities involved in conducting the assessment and their officers, directors, employees, volunteers, agents, heirs, administrators, successors, assigns or legal representatives.

By signing this release form, I am stating that I have read and understood, and accepted each paragraph of this Authorization for Release of Information and that I release the interpretation of my psychological assessment to the Florida Annual Conference to facilitate discussion of my candidacy and potential ministry with the Florida Conference of The United Methodist Church.

Name: _____
Address: _____
Phone: _____ Email: _____
Date of Signature: _____

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