

**District Committee on Ordained Ministry
Action Report to the BOM Registrar (Clergy Services)**

District _____ Date _____

Full Name of Candidate _____ **Current Status** _____

Candidate's Address _____

The district Committee on Ordained Ministry took the following action(s) regarding the person listed above. Check the appropriate action(s). Initial certification requires ¾ majority approval. All other votes require simple majority approval.

- _____ **DCOM has reviewed Medical, Criminal Background, TABE, Credit, and Psychological Results. DS initial** _____
- _____ Granted certified candidate status according to ¶311
- _____ Recommended (continuation) as certified candidate (¶312)
- _____ 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 a local parish (¶316)
- _____ Recommended to the BOM for continued eligibility for appointment as a **local pastor** (¶319)
- _____ Recommended for election to provisional membership toward **deacon's** orders (¶324)
- _____ Recommended for election to provisional membership toward **elder's** orders (¶324)
- _____ Recommended for **associate membership** (¶321)
- _____ Annual Meeting with PE _____ or PD _____ (Complete & attach form 04SCBOM)
- _____ Recommended for Transition from Full Deacon to Full Elder _____ or Full Elder to Full Deacon _____
- _____ Recommended for Transition from Provisional Deacon to Provisional Elder _____ or PE to PD _____

Recommended for **readmission** to conference relationship:

- _____ Readmission to provisional membership (¶363)
- _____ Readmission after honorable or administrative location (¶364)
- _____ Readmission after exit of ministerial office (¶365)

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 (**If licensed, please check appropriate designation**): ¶318

- _____ Full-Time Local Pastor
- _____ Part-Time Local Pastor
- _____ Indicate progress in studies _____

_____ **Discontinue from Status**

_____ **Other** _____

Signature of DCOM Chair or Registrar _____

Address _____

Phone _____

District Superintendent Dissent _____ Comments Attached _____

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