

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). All votes require 3/4 majority approval.

- _____ Supply (SY) This person is serving as a Supply
 - _____ **DCOM has reviewed Medical, Criminal Background, TABE, Credit, and Psychological Results. DS initial _____**
 - _____ Granted certified candidate status according to(¶310)
 - _____ Recommended for Licensing School
 - _____ Recommended (continuation) as certified candidate (¶313)
 - _____ 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 (¶315)
 - _____ 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 & 322)
 - _____ 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 _____ (¶309.2)
 - _____ Recommended for Transition from Provisional Deacon to Provisional Elder _____ or PE to PD _____ (¶306.2)
- Recommended for **readmission** to conference relationship:
- _____ Readmission to provisional membership (¶365) _____ Reinstatement as Local Pastor (¶319.4)
 - _____ Readmission after honorable or administrative location (¶366)
 - _____ Readmission after exit of ministerial office (¶367)

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

- _____ Retired (RL, RSY)
- _____ Full-Time Local Pastor Indicate progress in studies: COS: School _____ Year _____
Seminary and Year _____
- _____ Part-Time Local Pastor Indicate time _____ 1/4, _____ 1/2, or _____ 3/4
- _____ Student Local Pastor College: School _____ Year _____
- _____ **Discontinue from Status**
- _____ **Other** _____

Signature of DCOM Chair or Registrar _____ Date: _____
Address _____
Phone _____