

June 28, 2012

To Candidates Eligible for Change of Relationship at Annual Conference 2013

From: Coordinator of Clergy Services  
Board of Ordained Ministry, SC Conference

RE: Application Process and Requirements under the Discipline and BOM Policy.

1. The goal of Clergy Services is to assist your application process for a change in conference relations. Please read carefully the Discipline paragraphs applicable to your request. Additional requirements are noted in the updated BOM Policy Guidelines used by your District Committee. BOM Policy may be viewed online at [www.umcsc.org/ccs.htm](http://www.umcsc.org/ccs.htm) under "Candidate Forms".
2. Review the current **Check List** of the minimum eligibility requirements related to your request. Be sure you are eligible under the Discipline and BOM Policy.
3. Complete and return the enclosed **Application For Clergy Relationship (F105)**, if not previously submitted; and sign/return **Verification of Content Receipt** of enclosures. The written requirements and all other forms must be submitted by indicated **due date** or earlier.
4. Your prompt and careful response to written and verbal requests related to this process is an essential part of the process. Timely response will be considered in making the decision on your readiness and/or effectiveness for membership in the SC Annual Conference.
5. Please note that the required psychological testing process involves your Consent Letter signed in the district Superintendent's office. If not previously tested, you are responsible to schedule a day for testing with Ministry Development Services of PSCC, 5203 Sharon Road, Charlotte, NC 28210, Phone 704-554-9222, FAX 704-554-9956.

If you have questions, please call 1-888-678-6272 or email [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)

Enc: Check List of Minimum Requirements  
Forms  
Instructions on Sermon, Discipline Questions, Bible Study

# VERIFICATION OF PACKET CONTENTS

**FD13**

THIS FORM SHOULD BE RETURNED IMMEDIATELY TO:

Clergy Services  
4908 Colonial Dr., 122  
Columbia, SC 29203r

THIS IS TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

**FULL MEMBER APPLICANTS:**

1. Memorandum to Candidates Eligible for Change of Relationship in Annual Conference
2. Verification of Packet Contents
3. **F102** Biographical Information Form (attach your photo – approximately 2x2)
4. **F103** Medical Report of Ministerial Candidate
5. **01SCBOM** Action Report to the BOM Registrar (Clergy Services)\*
6. **04SCBOM** Annual Observations – District Committee on Ordained Ministry\*
7. **05SCBOM** Annual Report of District Superintendent
8. **06SCBOM** Authorization To Allow Determination of Credit Worthiness
9. **07SCBOM** Notarized Criminal Background Statement
10. **08bSCBOM** Annual Clergy Mentor Report
11. **Statement of Fulfillment of Theological Studies**
12. General Instructions
13. Contextual Project (**FD**) Guidelines
14. Disciplinary Questions Part I Call and Discipline Life  
Part II Theology and Doctrine
15. Bible Study Instructions
16. **13SCBOM** Policies and Procedures for Academic Style and Intellectual Integrity
17. **2013** Timeline/Checklist

**THIS IS TO ACKNOWLEDGE that it is my responsibility to complete and return my response to the Office of Clergy Services . This includes the items noted on the Verification Receipt. In addition the following shall be submitted by due date, unless date other wise noted:**

\*Transcript for MDv Degree, including CPE, Communication or Homiletics, Black Studies, and Women’s Studies

(\* **Asterisk:** indicates items submitted by others, but your follow-up is essential)

I understand the submission of items 13,14, and 15 shall be postmarked by **September 21**. Failure to meet this deadline may result in my application for FULL MEMBER AND DEACON’S ORDERS not being considered by the Board of Ordained Ministry, unless an exception is granted by the Board for acceptable reasons.

Signature: \_\_\_\_\_

Name (Typed or Printed)\_\_\_\_\_ Date: \_\_\_\_\_

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**FD13**

**THE UNITED METHODIST CHURCH  
BIOGRAPHICAL INFORMATION FORM**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ School of Office Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M \_\_\_\_\_; F \_\_\_\_\_

Ethnic Origin: Asian; \_\_\_; African American/Black \_\_\_; Native American \_\_\_;  
Pacific Islander \_\_\_\_\_; White \_\_\_\_\_

Local Church: \_\_\_\_\_ City: \_\_\_\_\_

Conference: \_\_\_\_\_ District: \_\_\_\_\_

Briefly describe your involvement in your local church, such as leadership positions, groups you enjoy, church activities, etc.

Describe your church involvement in your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

Your Educational Background:	Dates Attended:	Degree or Credit Hours
High School: _____	_____	_____
College: _____	_____	_____
Graduate School: _____	_____	_____
Theological Seminary: _____	_____	_____

**OR**

Courses of Study for Ordained Ministry Yr. 1 \_\_\_; Yr. 2 \_\_\_; Yr. 3 \_\_\_; Yr. 4 \_\_\_; Yr. 5 \_\_\_  
Advanced Course Study: \_\_\_\_\_ Semester Hours Credit \_\_\_\_\_

Marital Status: Single, never married \_\_\_; Married, in first marriage \_\_\_;  
Married in second or more \_\_\_; Widowed \_\_\_;  
Separated \_\_\_; Divorced \_\_\_

If married, spouse's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Your Children, if any:

Name of Child:	Date of Birth:	Sex:	Education:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dependents other than your spouse and children:

Name:	Date of Birth:	Sex:	Education:
_____	_____	_____	_____
_____	_____	_____	_____

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

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Your childhood family and other significant relatives:

Relation:	Age:	Sex:	Education:	Marital Status	Occupation
Father _____	_____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any:

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Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church? \_\_\_\_\_  
Conference? \_\_\_\_\_

**Current Conference Relationship (Indicate Date)**

Consecrated Diaconal Minister \_\_\_\_\_  
 Licensed as a Local Pastor \_\_\_\_\_  
 Associate Member \_\_\_\_\_  
 Provisional Member \_\_\_\_\_  
 Deacon in Full Connection \_\_\_\_\_  
 Elder in Full Connection \_\_\_\_\_

Have you had a change in clergy relationship with a conference of The United Methodist Church? \_\_\_\_\_  
Conference? \_\_\_\_\_

**Change in Conference Relationship (Indicate Date)**

Discontinuance \_\_\_\_\_  
 Leave of Absence \_\_\_\_\_  
 Incapacity Leave \_\_\_\_\_  
 Location \_\_\_\_\_  
 Retirement \_\_\_\_\_  
 Withdrawal \_\_\_\_\_  
 Termination by action of the annual conference \_\_\_\_\_

**THE UNITED METHODIST CHURCH**  
**MEDICAL REPORT OF MINISTERIAL CANDIDATE**

To: The Board of Ordained Ministry, South Carolina Conference

1. Complete Physical with laboratory tests is required by Board for completion of the medical examiner's report.
2. Indicate to the physician the address of the District Office who will receive this report:

**Part I: MEDICAL HISTORY REPORT**

*To be completed by the candidate.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

E-mail \_\_\_\_\_

Marital Status: Single, never married \_\_\_\_\_ Married, in first marriage \_\_\_\_\_ Married, in second or more \_\_\_\_\_

Widowed \_\_\_\_\_

Separated \_\_\_\_\_

Divorced \_\_\_\_\_

Number of children \_\_\_\_\_

1. Check if you have ever had:
- |                                    |                                        |                                              |                                          |
|------------------------------------|----------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Peptic ulcer        | <input type="checkbox"/> Tuberculosis    |
2. Check if any member of your family has ever had:
- |                                    |                                        |                                              |                                          |
|------------------------------------|----------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> High blood Pressure | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Peptic ulcer        | <input type="checkbox"/> Tuberculosis    |

Explain: \_\_\_\_\_

3. What vaccinations or inoculations have you had? Give dates: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had an electrocardiogram? If so, give date and attending physician: \_\_\_\_\_

5. Have you ever had a serious accident or operation? Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Have you any impairment of sight?  Yes  No      Hearing?  Yes  No

7. If your weight has changed in the past two years, state approximate loss/gain \_\_\_\_\_

8. Have your ever been rejected for life insurance?  Yes  No

9. Have your ever received treatment for alcohol or drug habit?  Yes  No

10. Do you smoke?  Yes  No    If yes, How Long? \_\_\_\_\_ How much? \_\_\_\_\_

11. Have you ever been under observation or treatment in any hospital or sanitarium for a physical or nervous condition?  Yes  No    Explain: \_\_\_\_\_

**The above statements are true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART II: MEDICAL EXAMINER'S REPORT**

*To be completed by the physician*

Patients Name \_\_\_\_\_

1. General Appearance : \_\_\_\_\_

2. Personal Hygiene: \_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

4. Temperature \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ (Give readings before  
Temperature \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ and after exercise)

5. Vision: \_\_\_\_\_

6. Hearing: \_\_\_\_\_

7. Condition of mouth and throat: \_\_\_\_\_

Pharynx: \_\_\_\_\_ Tonsils: \_\_\_\_\_

Mucous membranes: \_\_\_\_\_ Teeth: \_\_\_\_\_

Tongue: \_\_\_\_\_ Gum: \_\_\_\_\_

8. Evidence of goiter, enlarged glands, or other tumors: \_\_\_\_\_

9. Evidence of varicosity: \_\_\_\_\_ Hernia: \_\_\_\_\_

10. Evidence of disease or abnormalities of : Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Thorax: \_\_\_\_\_

Spine: \_\_\_\_\_

Genitalia: \_\_\_\_\_

11. Evaluate nervous and mental condition: \_\_\_\_\_

Laboratory Tests (Required) Pap smear (all women) \_\_\_\_\_ Mammogram(all women) \_\_\_\_\_

PSA (for men over 50) \_\_\_\_\_ Cholesterol \_\_\_\_\_

Fasting Blood Sugar \_\_\_\_\_

**SUMMARY OF FINDINGS AND RECOMMENDATIONS**

\_\_\_\_\_  
\_\_\_\_\_

Name of physician: (Type or Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL FORM FROM DIVISION OF ORDAINED MINISTRY, GBHEM**

Copy distribution: DS Office File  
Clergy Services

**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  $\frac{3}{4}$  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                      Indicate progress in studies \_\_\_\_\_
- \_\_\_\_\_ Part-Time Local Pastor                      \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ **Discontinue from Status**  
\_\_\_\_\_ **Other** \_\_\_\_\_

Signature of DCOM Chair or Registrar \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

District Superintendent Dissent \_\_\_\_\_ Comments Attached \_\_\_\_\_

Revised WEB 2012

01SCBOM

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Clergy Services, 4908 Colonial Drive, Columbia, SC 29203 (or email: [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)) (Page 5)

**ANNUAL OBSERVATIONS - DISTRICT COMMITTEE ON ORDAINED MINISTRY**  
**For Provisional Candidates Seeking Full Member status (FE or FD)**

\_\_\_\_\_  
Candidate's Name

\_\_\_\_\_  
District

**DCOM** observed/reviewed or discussed the following traits, which we believe will enhance and strengthen his/her ministry:

- 1.
- 2.
- 3.

It is our opinion that the Candidate needs growth in the following areas:

- 1.
- 2.
- 3.

A further observation of this Candidate leads us to believe that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_ or No \_\_\_ Applicant Serving Full Time under appointment.

Applicant participating in Formation in Ministry: **Year** 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 - 8 \_\_\_\_\_

\_\_\_\_\_  
Chairperson DCOM

\_\_\_\_\_  
Date

(Complete and return by **November 1** to Clergy Services).

Copy distribution: DS Office File

Clergy Services, 4908 Colonial Dr., Suite 122, Columbia, SC 29203

**ANNUAL REPORT OF DISTRICT SUPERINTENDENT**

**On Provisional Member Seeking Full Membership**

Reference: 2008 Book of Discipline Pars.330.1, 335;

CANDIDATE'S NAME \_\_\_\_\_ **Deacon Elder** (Circle one)

PRESENT APPOINTMENT: District \_\_\_\_\_ Charge \_\_\_\_\_

Date appointed: \_\_\_\_\_

PROVISIONAL MEMBERSHIP YEAR: Report for **YEAR 1 2** (circle one) or later year \_\_\_\_\_

**Ministerial Standards: Observed by the District Superintendent**

1. Candidate's Commitment to itinerancy \_\_\_\_\_

2. Relationship to other ministers/parsonage families \_\_\_\_\_

3. Moral Character/ Life Style \_\_\_\_\_

4. Soundness of Doctrinal Stance \_\_\_\_\_

5. Maturity/Emotional Stability \_\_\_\_\_

6. Attitude toward UMC \_\_\_\_\_

7. Relational Skills \_\_\_\_\_

8. Work Habits \_\_\_\_\_

**FULFILLMENT OF DUTIES: Pastor or Place of Service (Para. 328-336 2008 Discipline)**

(DS is asked to briefly comment on any of the listed duties of a pastor where there is a special concern. Use the back of this sheet, if necessary. If DS cannot recommend ordination, state clearly the reasons why.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES SUPERINTENDENT RECOMMEND ORDINATION? Yes \_\_\_\_\_ NO \_\_\_\_\_

Dated \_\_\_\_\_ DS Signature \_\_\_\_\_

Superintendent's Recommendation shared with District Committee:

Dated \_\_\_\_\_ Chairperson Signature \_\_\_\_\_

Response from the Provisional Member to the above report by the DS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Report Completed \_\_\_\_\_ PE/PD Signed \_\_\_\_\_

## AUTHORIZATION TO ALLOW DETERMINATION OF CREDIT WORTHINESS

I, \_\_\_\_\_ hereby authorize THE BOARD OF ORDAINED MINISTRY OF THE SOUTH CAROLINA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH (“The Board”) to investigate my credit worthiness, particularly in relation to extensions of credit as listed below. The undersigned applicant warrants that the following information is true, correct and complete, and that it may be relied upon by The Board in recommending me for a change in Conference relationship and/or by the Conference. I hereby authorize The Board to obtain from employees of any source such information as may be desired in connection with this application, and authorize such sources(s) to provide the same. A copy of this authorization shall be as valid as the original.

\_\_\_\_\_ Date \_\_\_\_\_ (SIGNATURE OF APPLICANT)

Full Name & Address Of each Creditor or Account Opened	Date Credit/ Loan Granted	Purpose of Loan or Account	Current Balance	Monthly Payments	Payments Up to Date? YES / NO
1.					
2.					
3.					
4.					
5.					
6.					
7.					

IF ANY OF THESE ACCOUNTS ARE NOT CURRENT, LIST BELOW THE ACCOUNT AND THE AMOUNT PAST DUE, AND WHAT ARRANGEMENTS HAVE YOU MADE TO BRING THE ACCOUNTS UP TO DATE?

(Continue on back of form, if needed) Revised 2012

**SOUTH CAROLINA ANNUAL CONFERENCE Board of Ordained Ministry**

**NOTARIZED CRIMINAL BACKGROUND STATEMENT**

(Par. 324.12) Please Print or type this form

Full Name: \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No.  
Have you ever been accused of a felony? \_\_\_\_ Yes \_\_\_\_ No.  
If "Yes" state in detail the nature of the conviction or accusation.

Have you ever been convicted of a misdemeanor? \_\_\_\_ Yes \_\_\_\_ No.  
Have you ever been accused of a misdemeanor? \_\_\_\_ Yes \_\_\_\_ No.  
If "Yes", please state in detail the nature of the conviction or accusation.

Have you ever been convicted of sexual misconduct? \_\_\_\_ Yes \_\_\_\_ No.  
Have you ever been accused of sexual misconduct? \_\_\_\_ Yes \_\_\_\_ No.  
If "Yes", please state in detail the nature of the conviction or accusation.

I \_\_\_\_\_, Affirm that all the information provided by me on this form is true, correct and accurate.

I understand that if false information has been given, my application process in the South Carolina Annual Conference of the United Methodist Church will be terminated, and I will be subject to any disciplinary actions as set forth by said Annual Conference. By signing this I further grant permission for The Board of Ordained Ministry to conduct Criminal Background Investigations with all appropriate agencies.

"A past felony conviction is not an absolute bar to employment with the South Carolina Annual Conference of the United Methodist Church. It is our policy to consider: 1) The nature and gravity of the offense or conduct; 2) The time that has passed since the offense, conduct and/or completion of the sentence; and 3) The nature of the job held or sought. It is also our policy to use individualized assessments to consider more complete information to determine whether exclusions based on past criminal conduct are job related and consistent with business necessity."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public Signature & Seal**

State of South Carolina, County of \_\_\_\_\_  
Sworn before me on this date \_\_\_\_\_

\_\_\_\_\_  
Notary Public of the State of South Carolina

My commission expires \_\_\_\_\_

.....  
Please Send this form and the remittance fee (\$16.00) payable to SC Conference Treasurer to:  
Office of Clergy Services, 4908 Colonial Dr., Suite 122, Columbia, SC 29203

Copy distribution: DS Office File

(DS mails original with seals to Clergy Services, 4908 Colonial Dr., Columbia, SC 29203)



**STATEMENT OF FULFILLMENT OF THEOLOGICAL STUDIES  
For Candidates seeking Full Membership - FD**

This form shall be filled out by each candidate for ordination as a deacon or elder seeking full membership. The Book of Discipline, 2008, ¶324.4.a requires candidates for deacon or elder to complete a minimum of 24 semester hours of graduate theological studies that include the areas listed below. The South Carolina Annual Conference requires that these studies be completed before commissioning and provisional membership. The Board of Ordained Ministry requires that a grade of "C" or above be earned in each of the courses below, or the candidate will not be credited with having completed that requirement. This applies to all courses taken after June 2010. If you applied under 324.5, please attach an explanation.

Next to each required area of study, list the course or courses you have taken, which you believe fulfill that requirement, the institution where you took those courses, and the semester hours (or equivalent) for each class. The same class may not be listed to fulfill more than one area

<b>Courses Required by Discipline Prior to Provisional Membership</b>	<b>Name of Course/Date</b>	<b>Institution</b>	<b>Hours</b>
Old Testament			
New Testament			
Theology			
Church History			
Mission of the Church in the World			
Evangelism			
Worship/Liturgy			
United Methodist Doctrine			
United Methodist Polity			
United Methodist History			
<b>Courses Required by South Carolina Prior to Full Membership</b>			
Black Studies			
Public Speaking or Communications			
Women Studies			
CPE			

**Total Hours** \_\_\_\_\_

Candidate's Name \_\_\_\_\_ Date \_\_\_\_\_

## DESCRIPTIONS OF REQUIRED COURSES

**The following courses are required by *The Discipline*, and are required prior to Commissioning:**

Old Testament – A survey course on the Old Testament

New Testament – A survey course on the New Testament

Theology – A survey course in systematic theology

Church History – A survey course in church history

Mission of the Church in the World – A course focused on the mission of the church beyond the local church in South Carolina

Evangelism – A course on the theory or practice of evangelism

Worship / Liturgy – A course on the theory or practice of worship / liturgy

United Methodist Doctrine – A course on UM theology and doctrine

United Methodist Polity – A course on UM polity

United Methodist History – A course on UM History

**The courses are required by the South Carolina Conference prior to Ordination:**

Black Studies – A survey course on the history or culture of African Americans  
(May be undergraduate. May not be distance learning.)

Women's Studies – A survey course on the history and experiences of women in America  
or on feminist or womanist theology.  
(May be undergraduate. May not be distance learning.)

Homiletics – A course on the theory or practice of preaching

Clinical Pastoral Education (CPE) – A basic unit of CPE from an ACPE accredited site

*No course may be used to satisfy more than one requirement.*

*Courses must focus on the required area. Courses which merely include the focus area are not acceptable.*

**GENERAL INSTRUCTIONS FULL DEACON 2013**  
(Under Applicable Discipline and BOM Policy Guidelines)

1. Find the VERIFICATION OF PACKET CONTENTS form. Fill it out **TODAY and return** it to:  
Clergy Services, 4908 Colonial Drive, Columbia, SC 29203 1-888-678-6272
2. Study these instructions carefully.
3. Type your FULL NAME, address and phone number on each item submitted. Type your **name, phone number and email address** at the top right of each page to help the committees easily identify your work.
4. Keep a copy of each item submitted for your file.
5. **TYPED** materials are preferred for all forms. Sermons, Bible Study, and Disciplinary Questions **MUST BE TYPED in WORD Format, 8 ½ x 11, double spaced, number pages**, and return by email 1 copy to Clergy Services Office.
6. **Observe all deadlines listed on the Timeline/Checklist for Deacon**
7. Email your work when completed. You do not need to wait until the deadline to mail a copy of all items to Clergy Services.
8. **ADDITIONAL REQUIREMENTS –**  
The Board amended its policy statement to require a written supervision/observation report from the District Superintendent and a statement from the District Committee on Ordained Ministry. These reports may necessitate additional interviews with the District Superintendent and the District Committee.

**Guidelines For Evaluating Contextual Project**  
**Scale: Satisfactory, Unsatisfactory, and Needs Improvement**

- I. Your contextual project should be an original example of your ministry of Word and Service using the text **Isaiah 6:1-8**.
- II. Title of Project: Is it related to main theme?
- III. Setting: Describe your context for ministry. Where do you serve? Who do you serve? What are your primary responsibilities?
- IV. Purpose: As a deacon you are called to a ministry of Word and Service. How does your project proclaim this ministry in your setting?
- V. Brief Description of Project: In fifty words or less describe your audience, location, number of sessions, type of project.
- VI. Outline: Provide a detailed outline of the entire project.
- VII. Main Body: Provide a narrative of one component, presentation or session of your project.
- VIII. Please consider some of the following areas of evaluation. All of these may not apply to your project.
  1. Sources: What supportive materials are being used? Is proper credit given to sources?
  2. Illustrations (where applicable): Are illustrations varied, fresh, true to life, accurate, right length?
  3. Transitions: Are transitions natural, creative, easy to follow, varied, clear?
  4. Text/Narrative: Does the project show evidence of good research?
  5. Appeal: Is the appeal rational, logical and systematic? Does the narrative/text provide practical help or support?
  6. Writing style: Literary, oral, abstract, concrete, conversational, clear, direct, energetic, flowing, truthful, natural.
  7. Cultural sensitivity: Was inclusive language used? Was the narrative/text sensitive to current events and social issues?
- IX. Please provide an audio or videotape of your presentation. Where matters of confidentiality would prohibit, secure written permission of the participants.

A copy of the evaluation of your Contextual Project will be returned to you. The assigned readers will be pleased to discuss the evaluation with you.

**For Questions Contact:** Chairperson of Proclamation Committee

**Email to:** Clergy Services, [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)

**Mail 2 audio tapes to:** Clergy Services

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## DISCIPLINARY QUESTIONS FOR FULL DEACONS

(FD)

1. Type your FULL NAME, address and phone number on each item submitted. Type your **name and email address** at the top right of each page to help the committees easily identify your work.
2. RESTATE each question in full and number it exactly as listed below. Note that several questions have more than one part. Answer each part of the question fully.
3. Answers must be **TYPED, Double-spaced** for 8 ½ x 11, **number** all pages.
4. E-Mail **ONE** copy **Part I and Part II separately** to Clergy Services
5. Your answers should be honest reflections of where you are presently on your journey of faith. Be straightforward in your answers. Give proper credit, if you make use of quotes or paraphrase.
6. The answers to Parts I & II of the questions must be **no more than twenty-five pages** in **ALL**.
7. Papers not meeting all of the above instructions and requirements will be returned to the Sender.

**Prepare and submit a written response to the following questions: (Par. 330.4, 2008 Book of Discipline)**

### **PART I: FOR COMMITTEE ON THEOLOGY AND DOCTRINE:**

#### **a) Theology.**

- (1) How has the practice of ministry affected your experience and understanding of God?
- (2) What effect has the practice of ministry had on your understanding of humanity and the need for divine grace?
- (3) What changes has the practice of ministry had on your understanding of: (a) the "Lordship of Jesus Christ," and (b) the work of the Holy Spirit?
- (4) The United Methodist Church holds that Scripture, tradition, experience, and reason are sources and norms for belief and practice, but that the Bible is primary among them. What is your understanding of this theological position of the Church?
- (5) How do you understand the following traditional evangelical doctrines: (a) repentance; (b) justification; (c) regeneration; (d) sanctification? What are the marks of the Christian life? (Base your response on appropriate Scripture, on Wesley's understanding, and on your personal spiritual journey.)
- (7) What is the meaning and significance of the sacraments?
- (8) Describe the nature and mission of the Church. What are its primary tasks today?
- (9) What is your understanding of: (a) the kingdom of God; (b) the Resurrection; (c) eternal life?

### **PART II: FOR COMMITTEE ON CALL AND DISCIPLINED LIFE**

a) (6) For the sake of the mission of Jesus Christ in the world and the most effective witness to the Christian gospel and in consideration of your influence as an ordained minister, are you willing to make a complete dedication of yourself to the highest ideals of the Christian life; and to this end will you agree to exercise responsible self-control by personal habits conducive to physical health, intentional intellectual development, fidelity in marriage and celibacy in singleness, integrity in all personal relationships, social responsibility, and growth in grace and the knowledge and love of God? (Please elaborate on the spiritual and moral grounding that enables you to keep the sacred trust of ordained ministry.)

#### **b) Vocation.**

- (1) How do you conceive your vocation as an ordained minister?

#### **c) The Practice of Ministry.**

- (1) How has the practice of service ministry during the provisional period affected your understanding of ministry?
- (2) Do you offer yourself to be appointed by the bishop to service ministry?
- (3) Describe and evaluate your personal gifts for ministry. What would be your areas of strength and areas in which you need to be strengthened?
- (4) Are you willing to relate yourself in ministry with all persons without regard to race, color, ethnicity, national origin, social status, gender, sexual orientation, age, economic condition, or disabilities?
- (5) Provide evidence of experience in peace and justice ministries.
- (6) "Knowing the dangers and blessings of technologies for Social Networking, what steps have you taken to safe guard your integrity as a disciple of Christ and a United Methodist minister? What steps have you taken or would you take to use this tool to make disciples for the transformation of the world?"

**For Questions Contact:** Chairperson Theology & Doctrine

**For Questions Contact:** Chairperson Call & Discipline Life

**1 copy email Part I separately to:** Clergy Services, [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org).

**1 copy email Part II separately to:** Clergy Services, [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)

## **DISCIPLINARY QUESTION INSTRUCTIONS FROM THE COMMITTEE ON THEOLOGY AND DOCTRINE**

1. Answering the Disciplinary Questions offers you an opportunity to demonstrate your proficiency in articulating Christian theology and the doctrine of the Church.
2. Read and answer each question carefully. Each part of each question is to be addressed. Be aware that certain questions call for examples from your personal experience and/or ministry.
3. Each question requests that you address in writing at least one basic doctrine of the Church. You should, at a minimum, consider that doctrine(s) from the following viewpoints:
  - a. rootage of the doctrine in **Scripture**,
  - b. development of the doctrine within Christian **history/tradition**,
  - c. impact of the doctrine of the Methodist **experience** (and the Methodist experience in the doctrine), and
  - d. impact of the doctrine on your personal theology and the impact of your personal experience on your understanding of the doctrine.
4. Your answers are to be an exercise in critical **theological thinking**. Remember that the Discipline requires that you “should demonstrate the ability to communicate clearly in both oral and written forms” (2004 Discipline, Par. 330.3). Be aware that your reader will take seriously every word that you have written. Your responses should be written with the same care as your seminary work.

## 2013 BIBLE STUDY INSTRUCTIONS

To fulfill the requirements of the Discipline and the Policy Guidelines of the Board of Ordained Ministry, all candidates must prepare a plan and outline for teaching a book or books of the Bible.

To meet this requirement you are expected to prepare a plan for teaching the Gospel of **Luke**

Please prepare a plan for teaching a minimum of 6 or a maximum of 8 lessons following the instructions given below. Your Bible Study should be approximately 18 pages in length.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.  
EACH SECTION SHOULD BE COMPLETED AS THE DIRECTIONS REQUIRE.  
EACH SECTION WILL BE EVALUATED SEPARATELY.

I. A description for the setting of the Course.

- A. To whom will you teach these lessons?
- B. Where will you teach these lessons?
- C. When will you teach these lessons? How long will each lesson be?

II. An Introduction to this book (You will need to do reading and research on this book of the Bible and then write a short, scholarly paper IN YOUR OWN WORDS, using quotation marks to denote any words that are not your own, properly footnoting any quotations as well as any ideas that are not your own.) Your paper should include a scholarly discussion of the following items:

- A. Title
- B. Authorship
- C. Date of writing
- D. Historical setting of the writing of this book
- E. Major themes and distinguishing characteristics of this book
- F. Bibliography of sources used for this scholarly paper

III. Brief lesson plans for EACH of the lessons for the Bible study. You will need to prepare 6 to 8 different lesson plans, depending on how many lessons you are going to teach. You will need to include the following for EACH lesson:

- A. Title of the lesson
- B. Purpose of the lesson (One sentence stating what you hope the class will learn.)
- C. An outline of the lesson you are going to teach (NOT an outline of the scripture) in order to accomplish your stated purpose. Be sure to employ a variety of teaching methods and aides.

IV. A complete lesson plan for any one of the lessons outlined in Section III. This plan should be detailed enough and clear enough for a substitute to use to teach your class effectively.

Your lesson plan should include:

- A. Your purpose statement (A description of what you hope to accomplish in this session. This is the “big idea”)

- B. A detailed description of how you will accomplish that purpose
1. List two or three objectives that will help you accomplish your purpose  
(What specific things do you want to happen? What do you want the outcome of the lesson to be?)
  2. Introduction to the session (How will you begin?)
  3. Body of the lesson (What activities will you select? What material will you cover? What questions will you ask? How long will each part of the lesson take? How will you help participants discover the meaning of the lesson for their own lives?)
  4. Make sure everything you decide to do
    - a. Connects with the purpose of the session
    - b. Is appropriate to the age and abilities of the participants
    - c. Is appropriate to the setting/location
    - d. Works together to create a meaningful “rhythm” and flow for the session
  5. Conclusion (How will you end the session?)  
(Like a well developed paper, a well developed lesson plan has a clear and engaging beginning, a well-planned and cohesive body, and a strong conclusion.)

C. Resources and aides (Make a list of everything you will need to plan for and implement the lesson.)

1. Include the name and publisher of any audio or visual aides
2. Be sure to tell how each will be used to support the purpose of the lesson

V. Course evaluation - an instrument to be distributed to the class at the end of the series of lessons in order for participants to evaluate all facets of the course.

VI. Personal growth statement - A statement describing your own personal growth as you researched, planned and prepared to teach these lessons.

VII. Bibliography of sources used for the lesson plans.

**Note: Please number your pages and include name and email address on each page. Send 1 copy by email to the Coordinator of Clergy Services. Instructions must be carefully followed. If you have limited experience in writing lesson plans, please consult an educator for assistance.**

**For Questions Contact:** Chairperson Bible Study

**Email 1 copy to:** Clergy Services, [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)

# BIBLE STUDY EVALUATION

CANDIDATE \_\_\_\_\_ DATE \_\_\_\_\_

STATUS SOUGHT \_\_\_\_\_ READERS \_\_\_\_\_

## Section I **Description of the setting of the course**

- A. Who, when, where

## Section II **Scholarly Paper**

- A. Title, Author, Date
- B. Historical setting
- C. Themes and Characteristics
- D. Bibliography for paper

## Section III **Lesson plans for the course**

- A. Title and Purpose
- B. Lesson Outlines
- C. Teaching Methods and Aids

## Section IV **Detailed lesson plan**

- A. Purpose and Objectives
- B. Introduction
- C. Body of Lesson (questions, activities, etc.)
- D. Conclusion
- E. Teaching Methods
- F. Teaching Aids

## Section V **Evaluation instrument**

## Section VI **Personal Growth Statement**

## Section VII **Bibliography for lesson plans**

## **Policies and Procedures for Academic Style and Intellectual Integrity South Carolina Board of Ordained Ministry**

### **Standards for Academic Style:**

All work submitted to the Board should be guided by standards of academic style commonly required by institutions of higher learning. Footnotes and bibliography should be done in accordance with the most recent edition of *A Manual for Writers of Term Papers, Theses, and Dissertations*, by Kate Turabian.

### **Standards for Intellectual Integrity:**

At a level more fundamental than academic style, all work submitted to the Board should exhibit a standard of intellectual integrity appropriate for the covenant of ordained ministry within the Body of Christ. The Board defines intellectual dishonesty as submitting work that is not one's own.

The Board will investigate intellectual dishonesty in the following way. When a candidate's two readers and the chair of the relevant committee find evidence of possible intellectual dishonesty, the candidate will be notified that s/he will be examined about this issue as a part of his/her regularly scheduled Board interview process. If evidence of intellectual dishonesty is found, the candidate may either withdraw from the ordination process for one year or write a letter of appeal to the chairperson of the Board requesting consideration at the next regularly scheduled Board meeting. If evidence of intellectual dishonesty is discovered when it is too late to give notice to the candidate prior to their interview, the Board will make every effort to comply with the spirit of these provisions.

### **Signed Statement:**

Completion of the following statement indicates that you understand both the standards of academic style expected by the Board and the meaning and consequences of intellectual dishonesty. Please submit a signed copy of this statement to *the Office of Clergy Services*.

"I certify that the work I am submitting is my own. I have given proper credit to all sources of information and have neither given nor received unauthorized assistance, as defined in section XIX.C.4 of the South Carolina Conference Board of Ordained Ministry Policy Guidelines."

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Signature

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Date

**Submit one signed copy, which will apply to all submitted work, and mail to Clergy Services**

TIMELINE/CHECKLIST FOR FULL DEACON APPLICANT

DUE JUNE 28:

- \_\_\_\_\_ 1. FORM 105 APPLICATION SIGNED REQUESTING FULL MEMBERSHIP
- \_\_\_\_\_ 2. Verification of Packet Contents

DUE BY EMAIL TO CLERGY SERVICES SEPTEMBER 21:

- \_\_\_\_\_ 3. Contextual Project on **Isaiah 6:1-8**
- \_\_\_\_\_ 4. Disciplinary Questions Part I (Committee on Theology and Doctrine)  
Part II (Committee on Call and Disciplined Life)
- \_\_\_\_\_ 5. Bible Study on **Luke**

DUE October 4:

- \_\_\_\_\_ 6. Academic Integrity Statement (**13SCBOM**)
- \_\_\_\_\_ 7. Medical Report **FORM 103** in year of application
- \_\_\_\_\_ 8. Credit Worthiness Statement and Authorization (**06SCBOM**)
- \_\_\_\_\_ 9. Notarized Criminal Background Check (**07SCBOM**) **\$16.00** SC Conf. Treasurer
- \_\_\_\_\_ 10. Statement of Fulfillment of Theological Studies (**17SCBOM**)
- \_\_\_\_\_ 11. Seminary Transcript showing graduation with MDiv (confirm if in current permanent file)
- \_\_\_\_\_ 12. Report of Mentor signed by candidate and mentor (**08bSCBOM**) due to DS
- \_\_\_\_\_ 13. Updated autobiographical **FORM 102**
- \_\_\_\_\_ 14. Current photo (2x2)
- \_\_\_\_\_ 15. Psychological Assessment (confirm if in current permanent file)

DUE FROM DISTRICT OFFICE NOVEMBER 1:

- \_\_\_\_\_ 16. DS Supervisory Observation Report (**05SCBOM**)
- \_\_\_\_\_ 17. DCOM Observation Report (**04SCBOM**)
- \_\_\_\_\_ 18. Recommendation Form from P/SPRC or Service Setting

INTERVIEWS WITH FULL BOARD NOVEMBER 6-8, 2012:

Letter to candidates from BOM Registrar setting date and time of interview approximately 3-4 weeks prior to meeting.

FINAL APPROVAL AT ANNUAL CONFERENCE, **June 9-12, 2013 at Florence Civic Center:**

- \_\_\_\_\_ 19. Must be approved by 2/3 majority vote of Clergy Session; Reception and Ordination Service at Annual Conference