

June 18, 2009

To Candidates Eligible for Change of Relationship at Annual Conference 2010

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 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 Packet Contents** 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

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

VERIFICATION OF PACKET CONTENTS

FE10

THIS FORM SHOULD BE RETURNED IMMEDIATELY TO:

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

THIS IS TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

FULL MEMBER APPLICANTS:

1. Letter 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. Sermon Guidelines
14. Disciplinary Questions
15. Disciplinary Question Instructions
16. Bible Study Instructions
17. **13SCBOM** Policies and Procedures Academic Style and Intellectual Integrity
18. **2010** 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 MDiv 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 first submission of these materials from me shall be submitted by **September 25**. Failure to meet this deadline may result in my application for FULL MEMBER AND ELDER'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: _____

**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:

Your childhood family and other significant relatives:

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

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

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

Conference Relationship (Indicate Date)

Consecrated Diaconal Minister _____
 Licensed as a Local Pastor _____
 Associate Member _____
 Probationary 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 _____

WEB 2009

Form 102b

Copy distribution: DS Office File

Clergy Services, 4908 Colonial Drive, Columbia, SC 29203(or email: clergyservicesr@umcsc.org)

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

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 ¾ 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 _____

Revised WEB 8/2009

01SCBOM

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Clergy Services, 4908 Colonial Drive, Columbia, SC 29203 (or email: clergyservices@umcsc.org)

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____

Chairperson DCOM

Date

(Complete and return by **November 2nd** to Clergy Services).

Copy distribution: DS Office File

Clergy Services, 4908 Colonial Dr., Suite 122, Columbia, SC 29203: **Due from DCOM by Nov. 2**

Revised 8/2009

04SCBOM

(7)

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

CANDIDATE'S NAME _____ Deacon Elder
(Circle one)

PRESENT APPOINTMENT: District _____ Charge _____

Date appointed: _____

PERIOD OF SUPERVISION: PE/PD Report for **YEAR 1 2 3** (circle one)

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 2009 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.)

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

Dated _____ DS Signed _____

Date Report Completed _____ PE/PD Signed _____

Revised WEB 2009

05SCBOM

Copy distribution:

DS Office File

Clergy Services, 4908 Colonial Drive, Suite 122, Columbia, SC 29203 - **DUE from DS by NOV. 2**

(8)

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 2009

Copy distribution: DS Office File (DS office sends copy to Clergy Services)

(06SCBOM)

(9)

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 TOWARD DEACON'S or ELDER'S ORDERS 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 whenever needed.

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 (**\$35.00**) 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)
Revised 2009

07SCBOM-SLED

ANNUAL CLERGY MENTOR REPORT

(For Period September 1 to June 1)

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 probationary membership. If you applied under 324.5 or 325.6, 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.

Required Area of Study	Name of Course/Date	Institution	Hours
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			
<u>South Carolina Requirements</u>			
Black Studies			
Homiletics or Preaching			
Women Studies			
CPE			

Total Hours _____

Candidate's Name _____ Date _____

1. Find the VERIFICATION OF PACKET CONTENTS form. Fill it out **TODAY and return** it to:

Clergy Services, 4908 Colonial Drive Columbia, SC 29203

2. Study these instructions carefully. Call Clergy Services if you have any questions after reading the Instructions.

General Guidelines for All Applications:

1. Type your FULL NAME, address and phone number on the first page of each item submitted. Type your **name only** at the top right of each page.
2. Keep a copy of each item submitted for your file.
3. **TYPED** materials are preferred for all forms, but Sermons, Bible Study, and Disciplinary Questions **MUST BE TYPED, double spaced, 8 ½ x 11, number** the pages, and **email 1 copy** to Clergy Services
4. Observe all deadlines listed on the Timeline/Checklist
5. Submit your materials as they are completed. You may submit copies prior to deadline.

3. **ADDITIONAL REQUIREMENTS/POLICY OF BOM –**

(1993) BOM requires a written supervision/observation report from the District Superintendent and a statement from the District Committee on Ordained Ministry. Additional interviews with the District Superintendent and the District Committee may be required.

Any candidate, who submits material that is not their own, and fails to give proper and appropriate credit to the person or source originally responsible for the material, will be excused from the process for that year.

SERMON EVALUATION

*The following areas will be used to evaluate all submitted sermons.
The evaluation scale is: Satisfactory, Unsatisfactory & Needs Improvement*

1. TITLE:

- A. Is it attractive?
- B. Does it capture the imagination?
- C. Is it related to the main theme?

2. INTRODUCTION:

- A. Does it seize attention?
- B. Is it just right, too long or too short?
- C. Is it relevant to the sermon?

3. CENTRAL IDEA:

- A. Is the central idea well stated?
- B. Were the arguments sound?

4. CONCLUSION:

- A. Does it relate to the introduction?
- B. Does it reinforce the main theme?
- C. Does it call for decision or action?
- D. Does it end incisively?

5. MAIN BODY OF SERMON:

- A. Is it consistent with the introduction and the conclusion?
- B. Does it move the listener closer to God?

6. SOURCES:

- A. Does it weave the preacher's thoughts and experiences, Bible, commentaries, biography, history, literature, observation of contemporary life together?
- B. Is proper credit given to sources?

7. ILLUSTRATIONS:

- A. Is there a variety in illustrations? Does the preacher follow thru the image or example?
- B. Are the illustrations varied, apt, fresh, true to life, accurate and the right length?

8. TRANSITIONS:

- A. Are transitions natural, creative, easy to follow, varied and clear?

9. TEXT/ EXEGESIS:

- A. Does the sermon show evidence of good solid research?
- B. Does the sermon stay within the text?
- C. Did he/she try to cover just enough?

10. ANALYSIS:

- A. Is the outline of the sermon clear?
- B. Are main points and sub-points evident?

11. APPEAL:

- A. Is the appeal rational, logical, and systematic?
- B. Does the sermon raise your emotional sensitivity and affectionate qualities?
- C. Is there an intuitive, visionary, prophetic quality to the sermon?
- D. Does the sermon provide practical, down to earth suggestions for daily living?
- E. Does the sermon appeal to a combination of human needs, and personality types?

12. WRITING STYLE:

- A. Is it Literary, oral, abstract, concrete, conversational, clear, direct, energetic, flowing, truthful, natural, etc...?
- B. Does the sermon relate to the liturgy?
- C. Are sentences varied in length and form?

13. ATTITUDE EXPRESSED:

- A. Is it faith filled, friendly, prophetic, affirming, reconciling, interesting, informed, warm, etc...?

14. CULTURAL SENSITIVITY:

- A. Was inclusive language used?
- B. Was the message relevant?
- C. Was the preacher aware of current events?
- D. Was the preacher aware of social issues?
- E. Does the preacher show knowledge of areas outside religion?

15. OVERALL IMPRESSION:

- A. Is this sermon a true representation of the Good News?
- B. What is the weakest and strongest part of the sermon?
- C. Does the sermon give an overall impression of wholeness?

16. THEOLOGICAL CONTENT:

- A. Is the sermon theologically sound?

2010 SERMON EVALUATION GUIDELINES FOR FULL MEMBERSHIP

TO: Candidates for Admission to Full Conference Membership in the South Carolina Annual Conference of the United Methodist Church

FROM: The Proclamation Evaluation Committee

The following should be submitted to the Office of Clergy Services:

1. **One Copy** of the completed **full sermon** and the **OUTLINE** of the sermon submitted by **Email**.
2. Include a statement describing the congregation to whom the sermon was preached, the need it sought to meet and why you think the sermon met the need.
3. Two **audio recordings (CD or tape)** of the sermon submitted by mail or delivered by hand to Clergy Services.

Please follow these instructions:

1. Your name and address should be in the upper right hand corner of the first page of each copy and on your cassette tape. Type your **name** at the top right of each page to help the committees easily identify your work.
2. The text for the sermon is **Mark 7: 1-8** *Sermons will be evaluated based on the handling of this specific text.*
3. The sermon delivery time should be 15 – 20 minutes; therefore a full text is required.
4. Your full manuscript should be typewritten and double spaced.
5. Please number the pages of the sermon.
6. Include a Bibliography of sources consulted.

The following areas will be considered in the evaluation:

1. The sermon will be examined for theological soundness, exegetical integrity and appropriate application. Your original ideas, grounded in Scripture and experience are encouraged. Theological questions relating to your sermon may be asked during the interview. For more information see the SERMON EVALUATION sheet.
2. Clarity of communication skills will be considered very important, i.e., spelling, punctuation and proper use of the English language.
3. Traditional forms or innovative presentations may be used, but you should note that the use of innovation will be open to the subjective evaluation of the reader, so they should be carefully done.
4. **Sermon Evaluation will include examination of the following aspects of the submitted sermon:** Title, Introduction, Central Idea, Main Body, Conclusion, Sources, Illustrations, Transitions, Text/Exegesis, Analysis, Writing Style, Attitude, Cultural Sensitivity, Overall Impression, and Theological Content. For more details see the SERMON EVALUATION sheet. A copy of the evaluation of your sermon will be returned to you. The reader of your sermon will be pleased to discuss the evaluation with you.

For Questions Contact:

2 audio tapes to: 4908 Colonial Drive, Suite 122, Columbia, SC 29203

Email 1 copy to: Clergy Service, clergyservices@umcsc.org

DISCIPLINARY QUESTIONS FOR FULL ELDERS

(FE)

1. Type your FULL NAME, address and phone number on each item submitted. Type your **name only** 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 all (Parts I & II) of the questions must be **no more than twenty-five pages** in length.
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 ordained ministry affected your understanding of the expectations and obligations of the itinerant system?
- (2) Do you offer yourself without reserve to be appointed and to serve as the appointive authority may determine?
- (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 minister with all persons without regard to race, color, ethnicity, national origin, social status, gender, sexual orientation, age, economic condition, or disabilities?
- (5) Will you regard all pastoral conversations of a confessional nature as a trust between the person concerned and God?
- (6) Provide evidence of experience in peace and justice ministries.

For Questions Contact:

For Questions Contact:

1 copy email Part 1 & Part II separately to: Clergy Services, clergyservices@umcsc.org.

DISCIPLINARY QUESTION INSTRUCTIONS FROM THE COMMITTEE ON THEOLOGY AND DOCTRINE

(Adopted by Board of Ordained Ministry 11/18/98)

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.

2010 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 **John**

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. 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:

Email 1 copy to: Clergy Services, clergyservices@umcsc.org

BIBLE STUDY EVALUATION

CANDIDATE _____ DATE _____

STATUS SOUGHT _____ READERS _____

	<u>E</u>	<u>A</u>	<u>M</u>	<u>U</u>
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	—	—	—	—

E - Excellent A - Acceptable M - Marginal U - Unacceptable

OVERALL BIBLE STUDY IS ___Acceptable___Unacceptable

Policies and Procedures for Academic Style and Intellectual Integrity
South Carolina Board of Ordained Ministry
(Recommended April 24, 2003 by BOM to Annual Conference 2003)

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.

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."

Signature

Date

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

Name of Candidate

Full Elder **10**
Seeking FE **2009-2010**

TIMELINE/CHECKLIST FOR FULL ELDER APPLICANT

DUE JUNE 18:

- _____ 1. FORM 105 APPLICATION SIGNED REQUESTING FULL ELDER MEMBERSHIP
- _____ 2. Verification of Packet Contents

DUE BY EMAIL TO CLERGY SERVICES SEPTEMBER 25:

- _____ 3. Sermon on **Mark 7: 1-8**
- _____ 4. Disciplinary Questions Part I (Committee on Theology and Doctrine)
Part II (Committee on Call and Disciplined Life)
- _____ 5. Bible Study on **John**

DUE October 2:

- _____ 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**) **\$35.00** 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 2:

- _____ 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 17-19, 2009:

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 10-13, 2010:

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