

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 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 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](mailto:clergyservices@umcsc.org)

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

VERIFICATION OF PACKET CONTENTS      Provisional Elder

THIS FORM SHOULD BE RETURNED IMMEDIATELY TO:

Clergy Services  
4908 Colonial Drive, Suite 122  
Columbia, SC 29203

THIS IS TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

**PROVISIONAL APPLICANTS (PM/PE/PD)**

1. Verification of Packet Contents
2. Letter to Candidate Eligibility for Change of Relationship in Annual Conference
3. **F102** Biographical Information Form (attach your photo – approximately 2x2)
4. **F103** Medical Report of Ministerial Candidate
5. **F109** Theological School Recommendation Form\*
6. **01SCBOM** Action Report to the BOM Registrar (Clergy Services)\*
7. **06SCBOM** Authorization to Allow Determination of Credit Worthiness
8. **07SCBOM** Notarized Criminal Background Statement
9. **08bSCBOM** Report of Clergy Mentor or Candidacy Mentor
10. **Statement of Fulfillment of Theological Studies**
11. General Instructions
12. Sermon **PE**) or Contextual Project (**PD**) Guidelines
13. Disciplinary Questions
14. Disciplinary Question Instructions
15. Bible Study Instructions
16. **13SCBOM** Policies and Procedures for Academic Style and Intellectual Integrity
17. 2010 Timeline/Checklist

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

1. \*Seminary Transcript showing completion of degree by May 20
2. \*Psychological assessment (Consent Letter in DS Office) and scheduled with Ministry Development Services of PSCC, 5203 Sharon Road, Charlotte, NC 28210, Phone 704-554-9222, FAX 704-554-9956

(\* **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 **October 23**. Failure to meet this deadline may result in my application for PROVISIONAL MEMBER/COMMISSIONING 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 \_\_\_\_\_

**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 you ever been rejected for life insurance?  Yes  No

9. Have you 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: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Street City State Zip

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

\_\_\_\_ PE 2008 Discipline  
\_\_\_\_ PD 2008 Discipline

## THE UNITED METHODIST CHURCH

### THEOLOGICAL SCHOOL RECOMMENDATION FORM FOR COMMISSIONING AND CONFERENCE MEMBERSHIP

Student's Name:

Annual Conference: South Carolina

Theological School

1. Have the Theological School send your academic transcript directly to the Registrar of the Board of Ordained Ministry listed below.
2. Take a copy of this recommendation Form to your faculty advisor or another faculty member of the theological school for completion, and have it sent directly to the **Office of Clergy Services, 4908 Colonial Dr., Columbia, SC 29203**.
3. Give a second copy of this form to the Office of Field Education if you have had a field education assignment and have it sent directly to the **Office of Clergy Services, 4908 Colonial Dr., Columbia, SC 29203**.
4. Authorize the release of information by signing the release statement below.

#### Release Information:

I hereby authorize release of the information requested to the Registrar of the Board of Ordained Ministry listed below. Recognizing the confidential nature of this recommendation,

\_\_\_\_ **I DO** waive all rights of access to this report without the written consent of the person providing the information.

\_\_\_\_ **I DO NOT** waive all rights of access to this report without the written consent of the person providing the information.

Signed: \_\_\_\_\_ Dated:

#### Instructions to the Theological School Representatives:

1. The Board of Ordained Ministry is interested in any personal insights you can provide with regard to the candidate in the following areas:
  - a. Academic ability and performance
  - b. Personal qualities and character
  - c. Spiritual maturity and insight
  - d. Field education experience and effectiveness
2. Use the space provided on page 2 of this form for your comments and recommendations.
3. Attach any additional comments or reports you believe will be helpful in the decision-making process.
4. Return this form and any attachments directly to:  
Office of Clergy Services  
4908 Colonial Drive  
Columbia, SC 29203

Note to Theological School Faculty Member or Administrator:

The Board of Ordained Ministry is interested in the personal insights you can provide with regard to the candidate in the areas of (1) academic ability and performance, (2) personal qualities and character, (3) spiritual maturity and insight, and (4) field education experience and effectiveness.

Do you consider the candidate ready for commissioning and conference membership in the United Methodist Church?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Recommendation Submitted By: \_\_\_\_\_ (Signed)

(Name Print/type)

Theological School Position:

Address :

Telephone: ( )

Date:

Form 109b

**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 ¾ majority approval.

\_\_\_\_\_ **DCOM has reviewed Medical, Criminal Background, 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 may be 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 \_\_\_\_\_

\_\_\_\_\_ Student Local Pastor \_\_\_\_\_

\_\_\_\_\_ **Discontinue from Status** as \_\_\_\_\_

\_\_\_\_\_ **Other** \_\_\_\_\_

Signature of dCOM Chair or Registrar \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## 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)

SOUTH CAROLINA ANNUAL CONFERENCE BOARD OF ORDAINED MINISTRY  
**NOTARIZED CRIMINAL BACKGROUND STATEMENT**

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.

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

.....

**Notary Public Signature & Seal**

State of South Carolina, County of \_\_\_\_\_

Sworn before me on this \_\_\_\_\_

\_\_\_\_\_  
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 Drive, Columbia, SC 29203





**STATEMENT OF FULFILLMENT OF THEOLOGICAL STUDIES**  
**For Candidates seeking Commissioning and Probationary Membership**

This form shall be filled out by each candidate for ordination as a deacon or elder seeking commissioning and probationary membership and placed in the candidate's district file before the interview by the district committee for recommendation for commissioning (§324.10). 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 are applying under §324.4 or 324.6, please attach an explanation.

Next to each required area of study, list the course or courses you have taken (or will have taken prior to your commissioning) 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>Required by S. C. Conference</u>			
Black Studies			
Homiletics or Preaching			
Women Studies			
CPE			

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

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

## GENERAL INSTRUCTIONS FOR PROVISIONAL CANDIDATES FOR 2010

(See Par. 324-327, 2008 Discipline)

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.

### General Guidelines

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. Keep a copy of each item submitted for your file.
3. **TYPED** materials are preferred for all forms. Sermons, Bible Study, and Disciplinary Questions MUST BE TYPED, 8 ½ x 11, double spaced, number pages, and return by email 1 copy to Clergy Services Office.
4. **Observe all deadlines listed on the Timeline/Checklist for Provisional Elder**
5. Email your work when completed. You do not need to wait until the deadline to mail a copy of all items to Clergy Services.

### 3. **ADDITIONAL REQUIREMENTS** –

In 1993, 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.

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 PROVISIONAL 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 6: 6b-13** *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](mailto:clergyservices@umcsc.org)

## DISCIPLINARY QUESTIONS FOR PROVISIONAL CANDIDATES

1. Type your FULL NAME, address and phone number on front page of 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, 8 ½ x 11 paper, Number** all pages.
4. Email **ONE** copy **Part I and Part II** to Clergy Services, email each Part separately.
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. 324.9, 2008 Book of Discipline)**

### **PART I: FOR COMMITTEE ON THEOLOGY AND DOCTRINE: (Questions a, b, c, d, e, f, g, h, i and p )**

- a) Describe your personal experience of God and the understanding of God you derive from biblical, theological and historical sources.
- b) What is your understanding of evil as it exists in the world today?
- c) What is your understanding of humanity, and the human need for divine grace?
- d) How do you interpret the statement Jesus Christ is Lord?
- e) What is your conception of the activity of the Holy Spirit in personal faith, in the community of believers, and in responsible living in the world?
- f) What is your understanding of the kingdom of God; the Resurrection; eternal life?
- g) How do you intend to affirm, teach and apply Part II of the *Discipline* (Doctrinal Standards and Our Theological Task) in your work in *the ministry to which you have been called*?
- h) The United Methodist Church holds that the living core of the Christian faith was revealed in Scripture, illumined by tradition, vivified in personal experience, and confirmed by reason. What is your understanding of this theological position of the Church?
- i) Describe the nature and mission of the Church. What are its primary tasks today?
- p) Explain the role and significance of the sacraments in the ministry to which you have been called.

### **PART II: FOR COMMITTEE ON CALL AND DISCIPLINED LIFE (Questions j, k, l, m, n, and o)**

- j) Discuss your understanding of the primary characteristics of United Methodist polity.
- k) How do you perceive yourself, your gifts, your motives, your role, and your commitment as a provisional member and commissioned minister in The United Methodist Church?
- l) Describe your understanding of *diakonia*, the servant ministry of the church, and the servant ministry of the provisional member and commissioned minister.
- m) What is the meaning of ordination in the context of the general ministry of the Church?
- n) Describe your understanding of an inclusive church and ministry.
- o) You have agreed as a candidate for the sake of the mission of Jesus Christ in the world and the most effective witness of the gospel, and in consideration of their influence as ministers, to make a complete dedication of yourself to the highest ideals of the Christian life, and to this end agree to exercise responsible self-control by personal habits conducive to bodily health, mental and emotional maturity, integrity in all personal relationship, fidelity in marriage and celibacy in singleness, social responsibility, and growth in grace and the knowledge and love of God. What is your understanding of this agreement?

**For Questions Contact:** Chair of Theology & Doctrine:

**For Questions Contact:** Chair of Call and Disciplined Life:

**Email 1 copy of Part I and Part II separately to:** Clergy Services, [clergyservices@umcsc.org](mailto: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” (2008 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 one (1) copy to the Director 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:** Chair of Bible Study Committee:

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

## BIBLE STUDY EVALUATION

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

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

	<u>E</u>	<u>A</u>	<u>M</u>	<u>U</u>
<b>Section I Description of the setting of the course</b>				
A. Who, when, where	—	—	—	—
<b>Section II Scholarly Paper</b>				
A. Title, Author, Date	—	—	—	—
B. Historical setting	—	—	—	—
C. Themes and Characteristics	—	—	—	—
D. Bibliography for paper	—	—	—	—
<b>Section III Lesson plans for the course</b>				
A. Title and Purpose	—	—	—	—
B. Lesson Outlines	—	—	—	—
C. Teaching Methods and Aids	—	—	—	—
<b>Section IV Detailed lesson plan</b>				
A. Purpose and Objectives	—	—	—	—
B. Introduction	—	—	—	—
C. Body of Lesson (questions, activities, etc.)	—	—	—	—
D. Conclusion	—	—	—	—
E. Teaching Methods	—	—	—	—
F. Teaching Aids	—	—	—	—
<b>Section V Evaluation instrument</b>	—	—	—	—
<b>Section VI Personal Growth Statement</b>	—	—	—	—
<b>Section VII Bibliography for lesson plans</b>	—	—	—	—

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

(16)

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

2009

**FULL NAME OF CANDIDATE**

**Provisional Elder 2010**

**TIMELINE/CHECKLIST FOR PROVISIONAL ELDER**

**DUE JUNE 18:**

- \_\_\_\_\_ 1. **F105 APPLICATION SIGNED REQUESTING PROVISIONAL MEMBERSHIP**
- \_\_\_\_\_ 2. Verification of Packet Contents

**DUE BY EMAIL TO CLERGY SERVICES OCTOBER 23**

- \_\_\_\_\_ 3. Sermon on **Mark 6: 6b-13**
- \_\_\_\_\_ 4. Disciplinary Questions a. Part I (Committee on Theology and Doctrine)  
b. Part II (Committee on Call and Discipline Life)
- \_\_\_\_\_ 5. Bible Study on **John**

**DUE November 13:**

- \_\_\_\_\_ 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. College Transcript showing completion of degree
- \_\_\_\_\_ 12. Seminary Transcript showing graduation with MDiv (confirm if in current permanent file)
- \_\_\_\_\_ 13. Report of Mentor signed by candidate and mentor (**08bSCBOM**) due to DS
- \_\_\_\_\_ 14. Updated autobiographical **FORM 102**
- \_\_\_\_\_ 15. Current Photo (2x2)
- \_\_\_\_\_ 16. Recommendation from Seminary **FORM 109**
- \_\_\_\_\_ 17. Psychological Assessment (confirm if in current permanent file)

**DUE FROM DISTRICT OFFICE FEBRUARY 1:**

- \_\_\_\_\_ 18. **DS** Letter of recommendation
- \_\_\_\_\_ 19. **DCOM** Action Report (**SCBOM 1**)

**INTERVIEWS WITH FULL BOARD FEBRUARY 9-11, 2010:**

**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**

- \_\_\_\_\_ 20. Must be approved by 2/3 majority vote of Clergy Session; Reception and Ordination Service at Annual Conference  
(18)