

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

District: _____ Date _____
Full name of candidate: _____ Current status _____
Candidate's address _____

The District Committee on Ordained Ministry took the following action(s) regarding the person listed above. (*Check the appropriate action(s). All votes require 3/4 majority approval.*)

- Supply (SY): This candidate is serving as a supply pastor.
- DCOM has reviewed medical, criminal background, TABE, credit, and psychological results. **DS initials** _____
- Granted certified candidate status according to (§310)
- Recommended for Licensing School
- Recommended (continuation) as certified candidate (§313)
- Certified as having completed the studies for licensing as a local pastor, to be listed as eligible for appointment, and is awarded the license as a local pastor when and if appointed to a local parish (§315)
- Recommended to the BOM for continued eligibility for appointment as a local pastor (§319)
- Recommended for election to provisional membership toward deacon's orders (§324)
- Recommended for election to provisional membership toward elder's orders (§324)
- Recommended for associate membership (§321 & 322), (*The 2012 Book of Discipline*)
- Annual meeting with PE ___ or PD ___ (*Complete & attach form 04SCBOM*)
- Recommended for transition from full deacon to full elder ___ or full elder to full deacon ___ (§309.2)
- Recommended for transition from provisional deacon to provisional elder ___ or PE to PD ___ (§306.2)

Recommended for readmission to conference relationship:

- Readmission to provisional membership (§365) Reinstatement as Local Pastor (§319.4)
- Readmission after honorable or administrative location (§366) Readmission after exit of ministerial office (§367)

Persons who are awarded the license as a local pastor, or who are continued in that status must be classified as one of the following (*If licensed, please check appropriate designation*): §318

- Retired (RL, RSY)
- Full-time local pastor Indicate progress in studies: COS: School: _____ Year: _____
Seminary and year: _____
- Part-time local pastor Indicate time: ___ 1/4 ___ 1/2 ___ 3/4
- Student local pastor College: _____ Year: _____
- Discontinue from status
- Other _____

Signature of DCOM chair or registrar: _____ Date: _____
Address: _____
Phone: _____