

South Carolina Conference – United Methodist Church
CONSENT TO TESTING – PHASE I

This instrument is used as an important guide for a Candidate for Ministry or for a change of status as a Candidate for Ministry in the South Carolina Conference of the United Methodist Church. I understand that I am required to engage in psychological and personality testing as prescribed by the Board of Ordained Ministry, as described below:

I further understand the following:

1. **TESTING PROVIDERS:** Ministry Development Services, PO Box 2634, Indian Trail, NC 28079, 704-554-9222, FAX 704-307-4607 will oversee the testing, interview and reporting services.
2. **UTILIZATION:** The report of my testing will be available to the District Committee on Ordained Ministry and eventually to the Conference Board of Ordained Ministry for the purpose of evaluating my readiness for ministry.
3. **COORDINATION:** Ministry Development Services may disclose to the Coordinator of Clergy Services and/or my District Superintendent my name, my assessment schedule and my completion or non-completion of the assessment.
4. **CONSENT TO RELEASE REPORT AND RIGHT TO DECLINE:** I will be allowed to review my report before it is submitted to Clergy Services and the District Committee on Ordained Ministry. I have a right to decline having that report released; however, failure to release the report will result in my paying the entire cost of **\$1125.80**. **If I want the report released to Clergy Services and the DCOM, I will sign the additional consent form**, to that effect.
5. **COST:** The cost of testing is **\$1125.80**. The Annual Conference will pay **\$750.53** and I will pay **\$375.27** to Ministry Development Services, **prior to the beginning of testing**. (The total fee of **\$1125.80** shall be paid by applicants for **Transfer/Approval for Service or Readmission**.) If Ministry Development Services, requires the consultation of a psychologist to review my test results, I will incur an additional charge at the rate as assessed by the counselor.
6. **CANCELLATIONS:** Should I have to travel to Charlotte for testing with Ministry Development Services and do not keep my appointment a \$50.00 fee will be charged. If I fail to appear for my scheduled interview without 48 hours' notice to Ministry Development Services, a rescheduling fee of \$100.00 will be charged.
7. **GRIEVANCES:** If I have concerns regarding the testing process, the providers of testing services or the results of my testing, those concerns may be addressed directly with the providers of testing services. If the concerns remain unresolved, they may be appealed to the Psychological Assessment Committee of the Board of Ordained Ministry.

I hereby give my consent to be evaluated in the process described above. I waive any right of access to the Review of the Psychological Testing Report from the Psychological Assessment Committee, or any other work product produced within the BOM as part of their evaluation of my psychological fitness for ministry. I retain the right of access to the original Psychological Testing Report.

Name: (printed): _____ District: _____

Email Address: _____

Signature: _____ Date: _____

*Original is mailed to Ministry Development Services, One photocopy is given to applicant.
Second photocopy is mailed to Coordinator of Clergy Services.
Third photocopy is placed in applicant's file in District Office*