

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 person is serving as a Supply

DCOM has reviewed Medical, Criminal Background, TABE, Credit, and Psychological Results. DS initial: _____

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)

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, RE or RA)

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: School: _____ Year: _____

Discontinue from Status [§314.1 (candidacy) or §320.1 (local pastor)]: _____

Other: _____

Certified Lay Minister Applicants: (§268)

Recommend new certification for lay minister (Date: _____)

Do not recommend certification for lay minister (Date: _____)

Recommend renewal of certification for lay minister (Date: _____)

Do not recommend renewal of certification for lay minister (Date: _____)

Signature of DCOM Chair or Registrar: _____ Date: _____

Address: _____ Phone: _____

Copy distribution: DS Office File, Clergy Services, 4908 Colonial Drive, Columbia, SC 29203, or email: clergy@umcsc.org.