

**RECOMMENDATION OF DISTRICT COMMITTEE ON ORDAINED MINISTRY TO ANNUAL  
CONFERENCE BOARD OF ORDAINED MINISTRY**

DISTRICT: \_\_\_\_\_ DATE: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Is Candidate a U.S. citizen? Yes \_\_\_ No \_\_\_ If not, give his/her nationality \_\_\_\_\_  
VISA Status (if applicable): S-1 \_\_\_ R-1 \_\_\_ Permanent (Green Card Holder) \_\_\_ Other \_\_\_\_\_  
If he/she needs to give further clarification, please do so on separate sheet

\*COLLEGE STUDENT: School \_\_\_\_\_  
Classification (Fr) \_\_\_ (Soph) \_\_\_ (Jr) \_\_\_ (Sr) \_\_\_

\*COLLEGE GRADUATE: School \_\_\_\_\_  
Degree \_\_\_\_\_

\*SEMINARY STUDENT: School \_\_\_\_\_  
Classification: (1<sup>st</sup> Yr) \_\_\_ (2<sup>nd</sup> Yr) \_\_\_ (3<sup>rd</sup> Yr) \_\_\_

\*SEMINARY GRADUATE: School \_\_\_\_\_  
Degree \_\_\_\_\_

OTHER GRADUATE: School \_\_\_\_\_  
Degree \_\_\_\_\_

COURSE OF STUDY?  
Location \_\_\_\_\_  
Year Completed in Five-Year COS as of this date:  
(1st Yr) \_\_\_ (2nd Yr) \_\_\_ (3rd Yr) \_\_\_ (4th Year) \_\_\_ (5<sup>th</sup> Year) \_\_\_  
If Partial Year, Use This Space (e.g., 2.5, 1.75, 3.25) \_\_\_\_\_

Advanced Studies: (1st Yr) \_\_\_ (2nd Yr) \_\_\_ (3rd Yr) \_\_\_ (4th Yr) \_\_\_

Date Candidate Applied for Candidacy Guidebook \_\_\_\_\_  
Month Year

Candidate's Current Status:  
None \_\_\_ Certified Candidate \_\_\_ Part-time Local Pastor \_\_\_  
Full-Time Local Pastor \_\_\_ Lay Speaker \_\_\_  
Eligible as a Local Pastor but Not Now Appointed \_\_\_

Clergy from Another Denomination ¶346.2 \_\_\_\_\_

Clergy from Another Annual Conference or other Methodist Denomination ¶346.1 \_\_\_\_\_

*\*Provide Transcripts*

**(This page to be completed by candidate)**

## RECOMMENDATION OF THE COMMITTEE

That the candidate \_\_\_\_\_ remain in his/her current status \_\_\_\_ of \_\_\_\_\_

### That the Candidate's status *be changed to*:

- \_\_\_\_ (Certified Candidate for Ministry)
- \_\_\_\_ (FLP)
- \_\_\_\_ (SLP)
- \_\_\_\_ (PLP)
- \_\_\_\_ (PM - 1992 Discipline. This person will be ordained a deacon.)
- \_\_\_\_ (PE - 1996 and Subsequent Disciplines. This person will not be ordained but will be commissioned.)
- \_\_\_\_ (PD - This person will be commissioned and licensed.)
- \_\_\_\_ (AM - This person will not be ordained a deacon.)
  
- \_\_\_\_ That the applicant be appointed a minister from another annual conference or from another Methodist denomination under ¶346.1 (OE)
  
- \_\_\_\_ That the applicant be appointed as a minister from another denomination under denomination in which applicant holds membership/credentials under ¶346.2 (OF)
  
- \_\_\_\_ That the applicant's orders in another annual conference be recognized under ¶347.1 and that he/she be appointed as a local pastor  
\_\_\_\_ (FL) \_\_\_\_ (PL)
  
- \_\_\_\_ That the applicant's orders in another Methodist denomination be recognized under ¶347.2 and that he/she be appointed as a local pastor  
\_\_\_\_ (FL) \_\_\_\_ (PL)
  
- \_\_\_\_ That the applicant's orders in another denomination be recognized under ¶347.3 and that he/she be appointed a local pastor.  
\_\_\_\_ (FL) \_\_\_\_ (PL)

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Signature of Chair or Secretary/Registrar of the dCOM

### Mail copy of completed form to:

Rev. Eugene Cochran, Director of Ministerial Services, PO Box 18149, Macon, GA 31209