

District Committee on Ordained Ministry Action Report

From the _____ District Committee on Ministry of the Texas Annual Conference

*****Please complete the entire form*****

CANDIDATE INFORMATION			
Full Name _____			
Current Address _____		Current Phone _____	
City _____		State _____	Zip Code _____
Current Email Address _____			
Seminary or College (Currently Attending) _____			
Expected Graduation Date _____			
Has she/he completed the Course of Study? Yes No			
Attending Course of Study: Yes No If yes, number of Courses completed: _____			
Mentor Report Received: Yes No Certified Mentor Name: _____			
Certified Mentor Needed: Yes No Name of Clergy Mentor (Assigned by dCOM): _____			

COMMITTEE ACTION			
Certification ¶311.2	__ dCOM approves as certified candidate <i>Track:</i> __ Elder __ Deacon __ Local Pastor *For CLM: Use CLM Form		
	__ dCOM continues as exploring candidate		
	__ dCOM discontinues candidate		
Recertification ¶312, 313	__ dCOM recertifies candidate <i>Track:</i> Elder Deacon Local Pastor		
	__ dCOM discontinues candidate		
Relicensing ¶319, 320	__ dCOM relicenses as local pastor		
	__ dCOM discontinues as local pastor & candidate		
Commissioning ¶324.10	__ dCOM recommends for commissioning (<i>by required 3/4 majority vote</i>) <i>Track:</i> __ Elder __ Deacon		
	__ dCOM continues as certified candidate <i>Track:</i> __ Elder __ Deacon		
	__ dCOM discontinues candidate		

OTHER ACTIONS, REQUIREMENTS, SUGGESTIONS, OR NOTES
<i>You may note dCOM members present for actions taken or continue notes on back page.</i>

Date _____ Signature _____

Approved signatures: **District Superintendent** or **Administrative Assistant**; **dCOM Chair** or **Registrar**

Please send a copy to your candidate, keep a copy for your dCOM records, and forward a copy to the

Candidacy and Recruitment Assistant, Ivana Wilson at iwilson@txcumc.org

***Please alphabetize forms by last name and groups (Recerts/Relicensing/Certified, etc.) prior to sending to Ivana**