

Local Pastor's District File Content Checklist

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____ Date file begun _____

Current appointment (charge) _____

Date of appointment _____

Status _____ Full time _____ Part time _____ Student

_____ Not currently appointed (License to be returned.)

_____ Certified as a candidate (§315.2a) Date _____

_____ Completed Orientation to Ministry (§315.2b)

_____ Local pastor's licensing school completed and faculty evaluation and recommendation received (§315.2c)

Date competed _____ School location _____

Or

Completed 1/3 of M. Div. degree (§315.2c)

Seminary _____

_____ Application for Clergy relationship to the annual conference (form 105)

_____ Examined by the dCOM (§315.2d) Date _____

_____ Approved by BOM (§315.6b) Date _____

_____ BOM registrar notified of LP status Date _____

_____ Course of Study completed (Indicate if by correspondence)

1st year _____ 1st year advanced _____

2nd year _____ 2nd year advanced _____

3rd year _____ 3rd year advanced _____

4th year _____ 4th year advanced _____

5th year _____

LP license renewed (must be renewed annually)

Dates _____

_____ Credentials (must be returned if no longer appointed)