

The Candidacy Process:

1. Read “**The Christian As Minister**”, available from your district office.
2. After reading the book, schedule a meeting with your District Superintendent to discuss your reading and to request entrance to the candidacy process.
3. The District Superintendent will enter you into the Online Candidacy Application System (OCAS) at www.canapply.gbhem.org and assign a candidacy mentor. Follow the steps outlined in the system. Note that the first box to check under “Candidate’s Tasks” is “Read the Christian as Minister”.
4. When you fill out your application (Task 3) the system will ask you to pay your registration fee of \$75.00 by credit card at this point.
5. From this point on there will be a series of tasks to be completed. Some will require you to check the box when the task is completed and some will require action by your mentor.
6. There is a Guide for the Online Candidacy Application System accessible through a link on the logon screen.

Other Information:

While the majority of the work for candidacy is an online process this packet includes several forms that you will need to complete as well as directions to request your background check.

Form 1 –Instructions Back ground Check Follow the instructions the completed background check will be sent to the Administrative Registrar and the District.

Form 2 – Candidate Disclosure Form must be completed, signed and notarized and returned to the Administrative Registrar with a copy to the District.

Form 3 (Two-sided) – Medical Report of Ministerial Candidate is completed by you and your doctor and returned to the Administrative Registrar and a copy to the District.

Form 4 – Release of Psychological Assessment Information While you will complete similar form online, please complete this form and return to the Administrative Registrar with a check for \$100.00 made payable to Holston Conference.

Form 5 – Candidate Interview with the Staff/Pastor Parish Relations Committee Have this form completed be the chair of the committee and return to the Administrative Registrar and a copy to the District.

Form 6 – Declaration for Candidacy for Ordained Ministry requires your signature and the signature of the elder who chaired the charge conference where you were recommended. Original to Administrative Registrar and copy to the District.

For those of you who are contemplating seminary, I have included my check list of the current course requirements of the Discipline and Holston Conference for Deacons and Elders.

Contact Information

Rev. Daniel H. Taylor, Jr.
Administrative Registrar
Holston Annual Conference
PO Box 850
Alcoa, TN 37701-0850

danieltaylor@holston.org

Ms. Marci Villanueva
Administrative Assistant
marcivillanueva@holston.org

Conference Office Phone #
(865) 690-4080

INSTRUCTIONS

BACKGROUND CHECK FOR CANDIDATES

ONLINE AUTHORIZATION

TO

OXFORD DOCUMENT MANAGEMENT COMPANY

1. Visit the website at www.oxforddoc.com
2. Click on “Applicants, click here to complete online authorization form.”
3. Enter ID # **587**
4. Enter Position Code # **1**
5. Enter your District Name in the “Other Names You Have Used” field. (This tells the company to which District Superintendent to send a copy of the report.)
6. Complete the form and send it. (The Conference Registrar will receive an email to note that you have completed your authorization for the Background Check.)
7. The resulting Background Check will be mailed to the Conference Registrar and to your District Superintendent.

CANDIDATE'S DISCLOSURE FORM
¶324.12



Please complete this form, sign and date it, have your signature notarized, and return it to:

Office of the Administrative Registrar
Holston Conference UMC
P.O. Box 850
Alcoa, TN 37701-0850

Have you ever been:

- 1. convicted of a felony? No Yes
- 2. convicted of a misdemeanor? No Yes
- 3. accused in writing of sexual misconduct or child abuse? No Yes

If you answered *Yes* to any of these questions, please explain:

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to the form. (Note: It would be preferable if this response statement could be included right on the disclosure statement, however, we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

I hereby certify that the information provided on this form is true and accurate.

Print Name _____

Signature _____ Date _____

Subscribed and sworn this _____ day of _____ 200_____

Notary Public _____

MEDICAL REPORT OF MINISTERIAL CANDIDATE



Part I: MEDICAL HISTORY REPORT

To be completed by the Candidate

Name: _____ Date of Birth: _____

Address: _____

Marital Status: _____ Number of Children: _____

1. Check if you have ever had:

- Arthritis Diabetes High Blood Pressure Poliomyelitis
- Asthma Epilepsy Kidney trouble Rheumatic Fever
- Cancer Heart trouble Peptic Ulcer Tuberculosis

2. Check if any member of your family has ever had:

- Arthritis Diabetes High Blood Pressure Poliomyelitis
- Asthma Epilepsy Kidney trouble Rheumatic Fever
- Cancer Heart trouble Peptic Ulcer Tuberculosis

Explain _____

3. What vaccinations or inoculations have you had? Give dates _____

4. Have you ever had an electrocardiogram? If so, give date and attending Physician _____

5. Have you ever had a serious accident or operation? Explain _____

6. Have you any impairment of Sight? _____ Hearing? _____

7. If your weight has changed in the past two years, state approximate loss _____ gain _____

8. Have you ever been rejected for Life Insurance? _____

9. Have you ever received treatment for alcohol or drug habit? _____

10. Do you smoke? _____ How long? _____ How much? _____

11. Have you ever been under observation or treatment in any hospital or sanitarium for a physical or nervous condition? _____ Explain _____

The above statements are true and accurate to the best of my knowledge

Signature: _____

Date: _____

Part II: MEDICAL EXAMINER'S REPORT

To be completed by the Physician

Name of patient: _____

1. General Appearance _____

2. Personal Hygiene _____

3. Height _____ Weight _____

4. Temperature _____ Pulse _____ Blood Pressure _____
(give readings before and after exercise)

5. Vision _____

6. Hearing _____

7. Condition of mouth and throat _____

Pharynx _____ Tonsils _____

Mucous Membranes _____ Teeth _____

Tongue _____ Gums _____

8. Evidence of goiter, enlarged glands, or other tumors _____

9. Evidence of varicosity _____ Hernia _____

10. Evidence of disease or abnormalities of _____

Heart _____

Lungs _____

Thorax _____

Spine _____

Genitalia _____

11. Evaluate nervous and mental condition _____

Laboratory Tests (required)

Pap Smear (for all women) _____ Mammogram _____

PSA (for men over 50) _____ Cholesterol _____

Fasting Blood Sugar _____

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Name of Physician _____

(Type or Print)

Address _____

Signature of Physician _____

Date _____

**RELEASE OF
PSYCHOLOGICAL ASSESSMENT INFORMATION**



I _____, agree that the results from my assessment by
George H. Bercaw, M.A., A.B.D.A., 859 McCallie Avenue – Suite 101 – Catholic Charities Building Chattanooga, Tennessee 37403

will be released to my District Superintendent. I understand that these results will be considered as a part of my candidacy for ministry in the United Methodist Church and that certain items and information will be shared by the District Committee on Ordained Ministry with the Board of Ordained Ministry, District Superintendents, Candidacy Mentors, and Clergy Mentors as these persons and committees make decisions concerning my status in ministry. I give my permission for this information to be released to these persons and committees.

I also agree that the information provided on the “Personal Data Inventory” will be released to my District Superintendent under the same conditions as stated above.

Date

Signature

Witness

Print Name: _____

Current Address: _____

Telephone: (____) _____ Email: _____

Permanent Address: _____

Telephone: (____) _____ S. S. # _____ - _____ - _____

Supervising Pastor's Name: _____

Address: _____

District whose care you are under: _____

**CANDIDATE’S INTERVIEW
WITH THE
STAFF/PASTOR-PARISH RELATIONS COMMITTEE**



I. FOR THE CANDIDATE

On a separate sheet, please provide your local church S/PPR Committee with a written statement reflecting your call to ministry and requesting recommendation to the Charge Conference for certification.

II. FOR THE COMMITTEE

- A. In a prayerful setting, the candidate shares the story of God’s call to ministry.
- B. Review John Wesley’s Historic Questions regarding candidates in ¶ 310, *2008 Book of Discipline*:
 - 1. Do they know God as a pardoning God? Have they the love of God abiding in them? Do they desire nothing but God? Are they holy in all manner of conversation?
 - 2. Have they gifts, as well as evidence of God’s grace, for the work? Have they a clear, sound understanding; a right judgment in the things of God; a just conception of salvation by faith? Do they speak justly, readily, clearly?
 - 3. Have they fruit? Have any been truly convinced of sin and converted to God, and are believers edified by their service?
- C. See also ¶ 304.1-3, *2008 Book of Discipline* for other qualifications.

III. RECOMMENDATION TO THE CHARGE CONFERENCE

Believing that _____ is called of God and is a suitable candidate for ordained or licensed ministry in The United Methodist Church, the Staff/Pastor-Parish Relations Committee recommends him/her to the Charge Conference of:

_____ United Methodist Church.

Signed _____ Date: _____
Chair of the S/PPR Committee or Secretary

Copies to: S/PPR file
Chair, S/PPR Committee
District Superintendent

DECLARATION OF CANDIDACY FOR ORDAINED MINISTRY



I. CANDIDATE'S DECLARATION

I hereby declare my candidacy for ordained ministry in the United Methodist church and request the support and recommendation of the Charge Conference for certification as a candidate for:

Order of Deacons [] Order of Elders [] License as Local Pastor []

Signed _____ Date: _____
Signature of the Declared Candidate

II. CHARGE CONFERENCE RECOMMENDATION

Let those who consider recommending persons for candidacy as ordained ministers in the United Methodist Church ask themselves the following questions which were first asked by John Wesley at the third conference of Methodist preachers in 1746.

- 1. Do they know God as a pardoning God? Have they the love of God abiding in them? Do they desire nothing but God? Are they holy in all manner of conversation?
2. Have they gifts, as well as grace, for the work? Have they a clear, sound understanding; a right judgment in the things of God; a just conception of salvation by faith? Do they speak justly, readily, clearly?
3. Have they fruit? (Elder and Local Pastor) Have any been truly convinced of sin and converted to God, and are believers edified by their preaching? (Deacon) Are others edified by their service?

Believing that _____ is called of God and is a suitable candidate for ordained ministry in the United Methodist Church, the Charge Conference of _____ recommends him / her for certification as a candidate by the District Committee on Ordained Ministry. In making this recommendation, we attest to the fact that the declared candidate has been a member or affiliate member of the charge for at least two years, has graduated from an accredited high school or received a certificate of equivalency, and has received by written ballot a two-thirds vote of the charge conference.

Signed _____ Date: _____
Signature of authorized Elder, District Superintendent, or Bishop

Conference: _____ District: _____

**DISTRICT COMMITTEE ON ORDAINED MINISTRY
APPROVAL REPORT
FOR CERTIFIED CANDIDATE FOR ORDAINED MINISTRY**

Name of Candidate _____

Address (School) _____

Address (Permanent) _____

Charge Conference _____ District _____

HOLSTON CONFERENCE

Candidacy Mentor _____

Name of District Superintendent _____

Date received affirmative vote from Charge Conference _____

Date met the District Committee on Ordained Ministry _____

*The Candidate has completed The Christian as Minister: Steps into Ordained Ministry,
and The Christian as Minister: Ministry Inquiry Process and the first two chapters of the
Candidacy Guidebook with a candidacy mentor.*

Received Certification as a Candidate for:

Order of Deacons Order of Elders License as Local Pastor

Certification delayed

Certification denied

During the Candidacy Studies, the inquiring Candidate decided not to continue a process toward Ordained Ministry as a vocation.

A certified Candidate must complete a minimum of 2 years, maximum 12 years
as certified candidate prior to commissioning and probationary membership.

Mail copies to:

= Administrative Registrar
P.O. Box 850
Alcoa, TN 37701-0850

= Candidate's District Superintendent

Signature of Candidacy Mentor

Address

Date

**DISTRICT COMMITTEE ON ORDAINED MINISTRY
ACTION REPORT FOR CANDIDACY CERTIFICATION**

A. ACTION REPORT:

The DCOM interviewed and approved the following person as a Certified Candidate for Licensed and/or Ordained Ministry in The United Methodist Church.

Name of Candidate: _____ Date Certified: _____

Track: *Local Pastor* *Deacon* *Elder*

District: _____

Chair, District Committee on Ordained Ministry:

District Superintendent:

Signature

Signature

B. DOCUMENTATION:

NOTE: All of the following must be in the Candidate's District Candidacy File prior to Certification. Copies of all of these items must also be in the file of the Registrar of the Board of Ordained Ministry. The Registrar will not accept an Action Report for Certified Candidates without all of these Checklist items.

PLEASE CHECK:

- Form # 1 Background Check (Requested on Online Authorization Form 212/2008).
- Form #2 Candidate's Disclosure Form (Notarized) (Form 114/2008).
- Form # 3 Medical Report, Parts I and II (Form 103/2008).
- Form # 4 Release of Psychological Assessment Information (Holston Form 211/2008).
- Form # 5 Candidate's Interview with the S/PPR Committee (Form 115/2008).
- Form # 6 Declaration of Candidacy for Ordained Ministry (Form 104/2008).
- DCOM Approval Report (Form 113/2008).
- This Action Report (Holston Form 300/2008).