

District Tracking Form
Certified Lay Minister Candidates

District:

CLM Candidate's Name:

Email:

Address:

Phone:

Please indicate the completion of the following entrance requirements:

- ___ Recommendation of pastor
- ___ Approval of the Charge Conference (Date: _____)
- ___ Status of certified lay speaker
- ___ Recommendation of District Superintendent
- ___ State police clearance (Date: _____)
- ___ Child abuse clearance (Date: _____)
- ___ EZ facts or other required clearance checks (Date: _____)
- ___ Psychological assessment completed (Date: _____)
- ___ Boundaries training completed (Date: _____)
- ___ Safe Sanctuary training completed (Date: _____)
- ___ Complete an orientation to the Certified Lay Minister program (by BOOM)
- ___ Two references
- ___ Apply in writing to District Committee on Ordained Ministry
- ___ Approval of the District Committee on Ordained Ministry. Date: _____

List approved courses completed in the appropriate area (minimum of 2 per year):

Preaching and Exegesis _____ Date: _____

Christian Education _____ Date: _____

Care of the Congregation _____ Date: _____

United Methodist Polity _____ Date: _____

Conflict Resolution & Congregational Dynamics _____ Date: _____

Leading and Planning Worship _____ Date: _____

Covenant on file:

Date of Covenant:

Date all required courses are completed:

___ Approved for Certified Lay Minister Date: _____