

District Tracking Form
Certified Lay Ministers

District:

Date:

CLM Candidate's Name:

Address:

Phone:

___ Approved for Certified Lay Minister Date:

___ Biannual approval for continuation as CLM

Covenant on file:

Date of Covenant:

List course(s) taken after Certification (one course per year required)

Course:

Date:

Course:

Date:

Course:

Date:

Course:

Date:

Course:

Date:

Course:

Date:

Course:

Date:

Course:

Date:

Course:

Date: