Memorandum to Candidates Eligible for Change of Relationship

To: Candidates Eligible for Change of Relationship at Annual Conference 2016

From: Coordinator of Clergy Services
Board of Ordained Ministry, SC Conference

RE: Application Process and Requirements under the Discipline and BOM Policy.

1. The goal of Clergy Services is to assist your application process for a change in conference relations. Please read carefully the Discipline paragraphs applicable to your request. Additional requirements are noted in the updated BOM Policy Guidelines used by your District Committee. BOM Policy may be viewed online http://www.umcsc.org/PDF/clergyservices/BOMPolicyGuidelines/BOMPolicyGuide2014.pdf

2. Review the current Check List of the minimum eligibility requirements related to your request. Be sure you are eligible under the Discipline and BOM Policy.

3. Complete and return the enclosed Application For Clergy Relationship (F105), if not previously submitted; and sign/return Verification of Packet Contents of enclosures. The written requirements and all other forms must be submitted by indicated due date or earlier.

4. Your prompt and careful response to written and verbal requests related to this process is an essential part of the process. Timely response will be considered in making the decision on your readiness and/or effectiveness for membership in the SC Annual Conference.

5. Please note that the required psychological testing process involves your Consent Letter signed in the district Superintendent’s office. If not previously tested, you are responsible to schedule a day for testing with Ministry Development Services of PPS, 6100 Sardis Road, Charlotte, NC 28210, Phone 704-554-9222, FAX 704-554-9956.

If you have questions, please call 1-888-678-6272 or email clergyservices@umcsc.org

Enc: Check List of Minimum Requirements
Forms
Instructions on Sermon, Discipline Questions, Bible Study
VERIFICATION OF PACKET CONTENTS

THIS FORM SHOULD BE RETURNED IMMEDIATELY TO:

Clergy Services
4908 Colonial Drive, Suite 122
Columbia, SC 29203

THIS IS TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

PROVISIONAL APPLICANTS (PE/PD)

1. Memorandum to Candidate Eligibility for Change of Relationship
2. Verification of Packet Contents
3. F102 Biographical Information Form (attach your photo – approximately 2x2)
4. F103 Medical Report of Ministerial Candidate
5. F109 Theological School Recommendation Form*
6. 01SCBOM Action Report to the BOM Registrar (Clergy Services)*
7. 06SCBOM Authorization to Allow Determination of Credit Worthiness
8. 07SCBOM Notarized Criminal Background Statement
9. Report of Candidacy Mentor (08aSCBOM) or Clergy Mentor (08bSCBOM)
10. Statement of Fulfillment of Theological Studies
11. General Instructions
12. Sermon Guidelines
13. Disciplinary Questions Part 1 Theology and Doctrine
   Part II Call and Discipline Life
   Fruitfulness Project (TO BE COMPLETED FOR FULL MEMBERSHIP)
14. Bible Study Instructions
15. 13SCBOM Policies and Procedures for Academic Style and Intellectual Integrity
16. 2016 Timeline/Checklist

THIS IS TO ACKNOWLEDGE that it is my responsibility to complete and return my responses to the Office of Clergy Services AND This includes the items noted on the Verification Receipt. In addition the following shall be submitted by due date.
1. *Seminary Transcript showing completion of degree by May 20
2. *Psychological assessment (Consent Letter in DS Office) and scheduled with Ministry Development Services of PSCC, 6100 Sardis Road, Charlotte, NC 28270, Phone 704-554-9222, FAX 704-554-9956

(* Asterisk: indicates items submitted by others, but your follow-up is essential)

I understand the submission items 12, 13, and 14 shall be submitted by **November 13.** Failure to meet this deadline may result in my application for PROVISIONAL MEMBER/COMMISSIONING not being considered by the Board of Ordained Ministry, unless an exception is granted by the Board for acceptable reasons.

Signature:

Name (Typed or Printed)________________________ Date:

2015 Provisional Applicant
THE UNITED METHODIST CHURCH
BIOGRAPHICAL INFORMATION FORM

Date: _____________________

Full Name: _______________________________________________________________

Address: __________________________________________________________________

E-Mail: ____________________________            SSN: __________________________

Home Phone: (____)_____________            School of Office Phone: (____)_______

Birth Date: ____________________________            Sex: M_____; F_____

Ethnic Origin: Asian: ___ ; African American/Black___ ; Native American___;

Pacific Islander______; White ______

Local Church: ____________________________            City: __________________________

Conference: ____________________________            District: __________________________

Briefly describe your involvement in your local church, such as leadership positions, groups you enjoy, church
activities, etc.

Describe your church involvement in your local church, such as district or annual conference work, church camps,
workshops, outreach, etc.

Your Educational Background:

<table>
<thead>
<tr>
<th>Date Attended</th>
<th>Degree or Credit Hours</th>
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<tbody>
<tr>
<td>High School:</td>
<td>______________________</td>
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<tr>
<td>College:</td>
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<tr>
<td>Graduate School:</td>
<td>______________________</td>
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<td>_____</td>
<td>______________________</td>
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<tr>
<td>Theological Seminary:</td>
<td>______________________</td>
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<td>______________________</td>
</tr>
</tbody>
</table>

or

Courses of Study for Ordained Ministry
Yr. 1 ____; Yr. 2 ____; Yr. 3 ____; Yr. 4 ____; Yr. 5 ____

Advanced Course Study: Semester Hours Credit ________

Marital Status:  Single, never married _____;     Married, in first marriage _____;

Married in second or more _____; Widowed _____;

Separated _____; Divorced _____

If married, spouse’s name: ____________________________

Birth Date: ____________________________

Date of Marriage: ____________________________

Spouse’s Occupation: ____________________________

Your Children, if any:

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
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<td>____________________________</td>
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</tbody>
</table>

WEB 2015 continued on back Form 102a Page 3a
Dependents other than your spouse and children:
Name: __________________________ Date of Birth: __________ Sex: ___ Education: __________________________
Name: __________________________ Date of Birth: __________ Sex: ___ Education: __________________________

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Your childhood family and other significant relatives:
Relation: Father __________________________ Age: ___ Sex: ___ Education: __________________________ Marital Status: ______ Occupation: __________________________
Mother __________________________ Age: ___ Sex: ___ Education: __________________________
________________________ Age: ___ Sex: ___ Education: __________________________
________________________ Age: ___ Sex: ___ Education: __________________________

Your work experience, such as current employment, previous employment, and military experience, if any:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Have you served as a local pastor, diaconal minister, deacon or elder in The United Methodist Church? _____ Conference? ____________________________

Current Conference Relationship (Indicate Date)
Consecrated Diaconal Minister __________________________
Licensed as a Local Pastor ____________________________
Associate Member ____________________________
 Provisional Member ____________________________
Deacon in Full Connection ____________________________
Elder in Full Connection ____________________________

Have you had a change in clergy relationship with a conference of The United Methodist Church? ______ Conference? ____________________________

Change in Conference Relationship (Indicate Date)
Discontinuance ____________________________
Leave of Absence ____________________________
Incapacity Leave ____________________________
Location ____________________________
Retirement ____________________________
Withdrawal ____________________________
Termination by action of the annual conference ____________________________
THE UNITED METHODIST CHURCH
MEDICAL REPORT OF MINISTERIAL CANDIDATE

To: The Board of Ordained Ministry, South Carolina Conference

1. Complete Physical with laboratory tests is required by Board for completion of the medical examiner’s report.
2. Indicate to the physician the address of the District Office who will receive this report:

Part I: MEDICAL HISTORY REPORT

To be completed by the candidate.

Name: ______________________________________ Date of birth: __________

Address _____________________________________________________________

Street __________________________ City __________ State __________ Zip

E-mail __________________________

Marital Status: Single, never married ______ Married, in first marriage ______ Married, in second or more ______

Widowed ______ Married, in second or more ______ Married, in second or more ______

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? □ Yes □ No Hearing? □ Yes □ No

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

8. Have you ever been rejected for life insurance? □ Yes □ No

9. Have you ever received treatment for alcohol or drug habit? □ Yes □ No

10. Do you smoke? □ Yes □ No If yes, How Long? __________ How much? __________

11. Have you ever been under observation or treatment in any hospital or sanitarium for a physical or nervous condition? □ Yes □ No Explain: ________________________________

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

Signature: __________________________ Date: __________________________

(Page 4a)
PART II: MEDICAL EXAMINER’S REPORT

To be completed by the physician

Patients Name______________________________________________________________

1. General Appearance: ______________________________________________________

2. Personal Hygiene: __________________________________________________________

3. Height: ____________  Weight: ____________

4. Temperature ____________  Pulse: ____________  Blood Pressure: ____________ (Give readings before
Temperature ____________  Pulse: ____________  Blood Pressure: ____________  and after exercise)

5. Vision: __________________________________________________________________

6. Hearing: __________________________________________________________________

7. Condition of mouth and throat: ______________________________________________
   Pharynx: __________________________  Tonsils: __________________________
   Mucous membranes: __________________________  Teeth: __________________________
   Tongue: __________________________  Gum: __________________________

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 (all women)_______________  Mammogram (all women)________
   PSA (for men over 50) _________________  Cholesterol _________________
   Fasting Blood Sugar _________________

SUMMARY OF FINDINGS AND RECOMMENDATIONS

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of physician: (Type or Print Name) __________________________  Date: ______________
Address: ________________________________________________

Signature of physician: __________________________  Date: ______________

OFFICIAL FORM FROM DIVISION OF ORDAINED MINISTRY, GBHEM
THE UNITED METHODIST CHURCH
THEOLOGICAL SCHOOL RECOMMENDATION FORM
FOR COMMISSIONING AND CONFERENCE MEMBERSHIP

Student’s Name: 
Annual Conference: South Carolina
Theological School

1. Have the Theological School send your academic transcript directly to the Registrar of the Board of Ordained Ministry listed below.

2. Take a copy of this recommendation Form to your faculty advisor or another faculty member of the theological school for completion, and have it sent directly to the Office of Clergy Services, 4908 Colonial Dr., Columbia, SC 29203.

3. Give a second copy of this form to the Office of Field Education if you have had a field education assignment and have it sent directly to the Office of Clergy Services, 4908 Colonial Dr., Columbia, SC 29203.

4. Authorize the release of information by signing the release statement below.

Release Information:
I hereby authorize release of the information requested to the Registrar of the Board of Ordained Ministry listed below. Recognizing the confidential nature of this recommendation,

_____ I DO waive all rights of access to this report without the written consent of the person providing the information.

_____ I DO NOT waive all rights of access to this report without the written consent of the person providing the information.

Signed: ___________________________   Dated: ___________________________

Instructions to the Theological School Representatives:

1. The Board of Ordained Ministry is interested in any personal insights you can provide with regard to the candidate in the following areas:
   a. Academic ability and performance
   b. Personal qualities and character
   c. Spiritual maturity and insight
   d. Field education experience and effectiveness

2. Use the space provided on page 2 of this form for your comments and recommendations.

3. Attach any additional comments or reports you believe will be helpful in the decision-making process.

4. Return this form and any attachments directly to:
   Office of Clergy Services
   4908 Colonial Drive
   Columbia, SC 29203

Form 109a
Note to Theological School Faculty Member or Administrator:

The Board of Ordained Ministry is interested in the personal insights you can provide with regard to the candidate in the areas of (1) academic ability and performance, (2) personal qualities and character, (3) spiritual maturity and insight, and (4) field education experience and effectiveness.

Do you consider the candidate ready for commissioning and conference membership in the United Methodist Church?

________ Yes  __________ No

Recommendation Submitted By:____________________________________________________(Signed)

(Name Print/type)

Theological School Position:_____________________________________________________

Address : _____________________________________________________________

Telephone: (  )  Date: ______________________

Revised 2015
District Committee on Ordained Ministry
Action Report to the BOM Registrar (Clergy Services)

District ___________________________________ Date _____________________

Full Name of Candidate ____________________________________________ Current Status ____________
Candidate’s Address _________________________________________________________________________
_______________________________________________________________________________________

The district Committee on Ordained Ministry took the following action(s) regarding the person listed above. Check the appropriate action(s). All votes require ¾ majority approval.

____  DCOM has reviewed Medical, Criminal Background, TABE, Credit, and Psychological Results. DS initial____
____  Granted certified candidate status according to (¶310.2)
____  Recommended (continuation) as certified candidate (¶313)
____  Certified as having completed the studies for licensing as a local pastor, to be listed as eligible for appointment, and is awarded the license as a local pastor when and if appointed to a local parish (¶316)
____  Recommended to the BOM for continued eligibility for appointment as a local pastor (¶319)
____  Recommended for election to provisional membership toward deacon’s orders (¶324)
____  Recommended for election to provisional membership toward elder’s orders (¶324)
____  Recommended for associate membership (¶321)
____  Annual Meeting with PE _____ or PD _____ (Complete & attach form 04SCBOM)
____  Recommended for Transition from Full Deacon to Full Elder _____ or Full Elder to Full Deacon _____ (¶309.2)
____  Recommended for Transition from Provisional Deacon to Provisional Elder _____ or PE to PD _____ (¶309.2)

Recommended for readmission to conference relationship:

____  Readmission to provisional membership (¶365)
____  Readmission after honorable or administrative location (¶366)
____  Readmission after exit of ministerial office (¶367)

Persons who are awarded the license as a local pastor, or who are continued in that status must be classified as one of the following (If licensed, please check appropriate designation): (¶318
____ Full-Time Local Pastor  Indicate progress in studies: COS: School____________ Year ___________ Semester and Year
____ Part-Time Local Pastor  Indicate time: ___1/4 ___1/2 ___¾
____ Student appointed as local pastor
____ Discontinue from Status
____ Other

Signature of DCOM Chair or Registrar ____________________________________________

Address ____________________________________________ Phone ____________________________

District Superintendent Dissent ____________ Comments Attached ____________

Revised WEB 2015 01SCBOM
Copy distribution: DS Office File
Clergy Services, 4908 Colonial Drive, Columbia, SC 29203 (or email: clergyservices@umcsc.org)
AUTHORIZATION TO ALLOW DETERMINATION OF CREDIT WORTHINESS

I, ____________________________________________________________ hereby authorize THE BOARD OF ORDAINED MINISTRY OF THE SOUTH CAROLINA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH (“The Board”) to investigate my credit worthiness, particularly in relation to extensions of credit as listed below. The undersigned applicant warrants that the following information is true, correct and complete, and that it may be relied upon by The Board in recommending me for a change in Conference relationship and/or by the Conference. I hereby authorize The Board to obtain from employees of any source such information as may be desired in connection with this application, and authorize such sources(s) to provide the same. A copy of this authorization shall be as valid as the original.

________________________________________  (SIGNATURE OF APPLICANT)

Date

<table>
<thead>
<tr>
<th>Full Name &amp; Address Of each Creditor or Account Opened</th>
<th>Date Credit/Loan Granted</th>
<th>Purpose of Loan or Account</th>
<th>Current Balance</th>
<th>Monthly Payments</th>
<th>Payments Up to Date? YES / NO</th>
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IF ANY OF THESE ACCOUNTS ARE NOT CURRENT, LIST BELOW THE ACCOUNT AND THE AMOUNT PAST DUE, AND WHAT ARRANGEMENTS HAVE YOU MADE TO BRING THE ACCOUNTS UP TO DATE?

(Continue on back of form, if needed)

Copy distribution: DS Office File (DS Office send copy to Clergy Services)

Revised 2015
SOUTH CAROLINA ANNUAL CONFERENCE BOARD OF ORDAINED MINISTRY

NOTARIZED CRIMINAL BACKGROUND STATEMENT

Please Print or type this form

Full Name:________________________________________

Street Address: ____________________________________________________________

Date of Birth: ___________________________ Social Security No. _____________________________________________

Have you ever been convicted of a felony? _____ Yes _____ No.
Have you ever been accused of a felony? _____ Yes _____ No.
If “Yes” state in detail the nature of the conviction or accusation. ____________________________________________

Have you ever been convicted of a misdemeanor? _____ Yes _____ No.
Have you ever been accused of a misdemeanor? _____ Yes _____ No.
If “Yes”, please state in detail the nature of the conviction or accusation. ________________________________________

Have you ever been convicted of sexual misconduct? _____ Yes _____ No.
Have you ever been accused of sexual misconduct? _____ Yes _____ No.
If “Yes”, please state in detail the nature of the conviction or accusation. ________________________________________

I ________________________________________________, Affirm that all the information provided by me on this form is true, correct and accurate.

I understand that if false information has been given, my application process in the South Carolina Annual Conference of the United Methodist Church will be terminated, and I will be subject to any disciplinary actions as set forth by said Annual Conference. By signing this I further grant permission for The Board of Ordained Ministry to conduct Criminal Background Investigations with all appropriate agencies.

“A past felony conviction is not an absolute bar to employment with the South Carolina Annual Conference of the United Methodist Church. It is our policy to consider: 1) The nature and gravity of the offense or conduct; 2) The time that has passed since the offense, conduct and/or completion of the sentence; and 3) The nature of the job held or sought. It is also our policy to use individualized assessments to consider more complete information to determine whether exclusions based on past criminal conduct are job related and consistent with business necessity.”

Signature: __________________________ Date: __________________________

Notary Public Signature & Seal

State of South Carolina, County of ___________________________
Sworn before me on this ___________________________

__________________________________________________________
Notary Public of The State of South Carolina

My commission expires ___________________________

Please send this form and the remittance fee ($18.00) payable to SC Conference Treasurer to:
Office of Clergy Services, 4908 Colonial Drive ,Columbia, SC 29203

Copy: DS Office File
Rvsl 2015 Original to Clergy Services, 4908 Colonial Drive, Columbia, SC 29203 07SCBOM  Page 8
ANNUAL REPORT OF Candidacy MENTOR  
(For Period September 1 to June 1)  
South Carolina Conference Board of Ordained Ministry  
Due Annually to District Superintendent by June 15

Report for CERTIFIED CANDIDATE: ________________________________ ____________________  
(Type or print FULL NAME):

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
<tr>
<td>Candidate’s Church Membership at ____________________________________________</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Mentor Assigned: ____________________ Date: ______________ Number Years Assigned: ___

DATE OF CERTIFICATION BY DCOM: ____________________________

Progress in Studies: (check one) College_____ Year (circle):  1  2  3  4  Seminary_____ Year (circle)  1  2  3

Date of Sessions  
The Board of Ordained Ministry recommends nine sessions/contact hours per year with Candidate. 
(If the candidate moves to Appointed Local Pastor or Provisional Status, a CLERGY Mentor is assigned. Candidacy Mentors use Form 08aSCBOM. Candidacy Mentors recommended by DS and forwarded to Candidacy Registrar.)

Dates of Sessions: ___________ ____________ ___________ ___________ ___________ ___________ ___________ ___________  

Required items to be addressed in the narrative are listed below. Other items may be included at Mentee or Mentor’s discretion.

A. What were the issues surrounding the Call to Ordained Ministry that you discussed?  
B. What aspects of spiritual formation did you discuss?  
C. What did you discuss in regard to itinerancy? Were specific issues or questions discussed and what were they?  
D. Does this candidate assist in or participate in leading the congregation in worship? What are your observations? (If you cannot attend a service, request a tape.)  
E. In what ways have you been able to share your faith and your journey in the ministry with each other?  
F. Have you critiqued this candidate’s educational/vocational goals to date? Please Elaborate.  
G. Review the Bishop’s statements on Vestments (LP, PE, PD robe without stole) and Sacraments.

Signature of Mentor  Date Completed  Signature of Mentee being counseled

Signature of District Superintendent  Date Received  District Office

Candidacy Mentors are assigned by August 15 for the year (September 1 to June 1). DCOM and District Superintendent review Mentor Reports. Board of Ordained Ministry in the Clergy Services Office reviews Mentor Reports. Note: In a year when the Mentee candidate or Mentor move out of the district, the Mentor reports for the period September 1 to June 1, and the report is due to Current DS of the candidate by June 15. (Mentors may make copies of form as needed.)

District Registrar: ____________________________________________

Revised WEB 2015  08aSCBOM
Copy distribution: DS Office before moving day  
(DS mails copy to: Clergy Services, 4908 Colonial Drive, Columbia, SC 29203)
ANNUAL REPORT OF CLERGY MENTOR- (Only those under appointment)
(For Period September 1 to June 1)
South Carolina Conference Board of Ordained Ministry
Due Annually to the Superintendent by June 15

Report for Mentee: _____________________________________________________________

Appointed Local Pastor: ___________________________ Date: __________________

Provisional:

<table>
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<tr>
<th>Current Status</th>
<th>Appointed Local Pastor</th>
<th>Provisional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check ONE)</td>
<td>FL (Full-time-12Hrs/4COS)</td>
<td>PD (MA or MDV)</td>
</tr>
<tr>
<td></td>
<td>PL (Part-time 6Hrs/2COS)</td>
<td>PE (MDV)</td>
</tr>
<tr>
<td></td>
<td>Par. 343</td>
<td>Par. 315</td>
</tr>
</tbody>
</table>

Address: ____________________________ City: __________ State: __________ Zip: __________

Mentor Assigned: ___________________________ Date: __________________ Number of Years:_____

Date of Sessions

The Board of Ordained Ministry recommends nine sessions/contact hours per year with Candidate.
(For Provisional Candidates fewer sessions may be required. Residency I will assign Mentors for PD & PE Candidates. DS Office recommends Clergy Mentor for appointed FL, PL)

Dates of Sessions: ______________________________________________________________________

Report Development Process: (Record Report details on BACK OF THIS SHEET)
(Base Report on your agreed upon Mentee/Mentor Covenant)

- The Mentee writes a first draft of the report.
- The mentor reviews the report and makes amendments, if needed.
- The mentor and Mentee sign the report and keep a file copy
- The Mentee shall be responsible for sending the jointly signed report to the district office

Basic principle: The Mentee will sign off on the report last and submit the report to the district office.

Signature of Mentor ___________________________ Date Completed ____________ Signature of Mentee being counseled: ___________________________

Signature of District Superintendent ____________ Date Received ____________ District Office ____________

Clergy Mentors/Mentees are assigned by August 15 for the year (September 1 to June 1). The dCOM and District Superintendent review Mentor/Mentee Reports. Board of Ordained Ministry in the Clergy Services Office reviews these Reports. Note: In a year when the Mentee candidate or Mentor move out of the district, the reports are for the period September 1 to June 1, and the report is due to your Current DS of the candidate by June 15. (Mentors/Mentees may make copies of form as needed.)

District Registrar: ________________________________________________________________

WEB 2015 08bSCBOM

Copy distribution: DS Office before moving day.
(DS mails copy to: Clergy Services, 4908 Colonial Drive, Columbia, SC 29203)
STATEMENT OF FULFILLMENT OF THEOLOGICAL STUDIES
For Candidates seeking Commissioning and Provisional Membership

This form shall be filled out by each candidate for ordination as a deacon or elder seeking commissioning and provisional membership and placed in the candidate’s district file before the interview by the district committee for recommendation for commissioning (¶324.10). The Book of Discipline, 2012, ¶324.4.a requires candidates for deacon or elder to complete a minimum of 24 semester hours of graduate theological studies that include the areas listed below. The South Carolina Annual Conference requires that these studies be completed before commissioning and provisional membership. The Board of Ordained Ministry requires that a grade of “C” or above be earned in each of the courses below, or the candidate will not be credited with having completed that requirement. This applies to all courses taken after June 2010. If you are applying under ¶324.4 or 324.6, please attach an explanation.

Next to each required area of study, list the course or courses you have taken (or will have taken prior to your commissioning) which you believe fulfill that requirement, the institution where you took those courses, and the semester hours (or equivalent) for each class. The same class may not be listed to fulfill more than one area.

<table>
<thead>
<tr>
<th>Courses Required by Discipline Prior to Provisional Membership</th>
<th>Name of Course/Date</th>
<th>Institution</th>
<th>Hours</th>
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<td>Mission of the Church in the World</td>
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<td>Evangelism</td>
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<td><strong>Courses Required by South Carolina Prior to Full Membership</strong></td>
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Total Hours

Candidate’s Name __________________________________________ Date ________________
DESCRIPTIONS OF REQUIRED COURSES

The following courses are required by The Discipline, and are required prior to Commissioning:

Old Testament – A survey course on the Old Testament


Theology – A survey course in systematic theology

Church History – A survey course in church history

Mission of the Church in the World – A course focused on the mission of the church beyond the local church in South Carolina

Evangelism – A course on the theory or practice of evangelism

Worship / Liturgy – A course on the theory or practice of worship / liturgy

United Methodist Doctrine – A course on UM theology and doctrine

United Methodist Polity – A course on UM polity

United Methodist History – A course on UM History

The courses are required by the South Carolina Conference prior to Ordination:

Black Studies – A survey course on the history or culture of African Americans
   (May be undergraduate. May not be distance learning.)

Women’s Studies – A survey course on the history and experiences of women in America
   or on feminist or womanist theology.
   (May be undergraduate. May not be distance learning.)

Homiletics – A course on the theory or practice of preaching

Clinical Pastoral Education (CPE) – A basic unit of CPE from an ACPE accredited site

No course may be used to satisfy more than one requirement.

Courses must focus on the required area. Courses which merely include the focus area are not acceptable.
GENERAL INSTRUCTIONS FOR PROVISIONAL CANDIDATES FOR 2016
(See Par. 324-327, 2012 Discipline)

1. Find the VERIFICATION OF PACKET CONTENTS form. Fill it out TODAY and return it to: Clergy Services, 4908 Colonial Drive, Columbia, SC 29203 1-888-678-6272

2. Study these instructions carefully.

3. Type your FULL NAME, address and phone number on each item submitted. Type your name, phone number and email address only at the top right of each page to help the committees easily identify your work.

4. Keep a copy of each item submitted for your file.

5. TYPED materials are preferred for all forms. Sermons, Bible Study, and Disciplinary Questions MUST BE TYPED in WORD format, 8 ½ x 11, double spaced, number pages, and return by email 1 copy to Clergy Services Office.

6. Observe all deadlines listed on the Timeline/Checklist for Provisional Elder

7. Email your work when completed. You do not need to wait until the deadline to mail a copy of all items to Clergy Services.

8. ADDITIONAL REQUIREMENTS –
   The Board amended its policy statement to require a written supervision/observation report from the District Superintendent and a statement from the District Committee on Ordained Ministry.
   These reports may necessitate additional interviews with the District Superintendent and the District Committee

9. Keep a copy and a backup copy of everything that you create or submit. If you email, fax, or mail an item and it does not arrive, the only response that we can provide is that “we have not received it.”
2016 GUIDELINES FOR PE MEMBERSHIP SERMON

THE FOLLOWING SHOULD BE SUBMITTED TO THE OFFICE OF CLERGY SERVICES:

• One Copy of the sermon manuscript/transcript & OUTLINE of the sermon submitted by Email.

• One Copy of a statement describing the congregation to whom the sermon was preached, the need it sought to meet and why you think the sermon met the need submitted by email (may be part of the same file as the manuscript/transcript).

• One copy of your Exegesis of the biblical text (2-3 pages) and annotated bibliography. What is the central emphasis of the text? Make sure you include one sentence summary that expresses what message you seek to convey in this sermon submitted by email (may be part of the same file as the manuscript/transcript).

• 2 Audio recordings (CDs). NO CASSETTE TAPES WILL BE ACCEPTED. MP3s may be submitted by email.

PLEASE FOLLOW THESE INSTRUCTIONS:

1) Your contact information should be on all your pages and disks.
   Include your name, address, best telephone number to reach you, and email address

2) The text for the sermon is Luke 7:11-17
   Sermons will be evaluated based on the handling of this specific text.

3) The sermon delivery time should be 15 – 20 minutes; therefore a full text is required.
   Do not submit a funeral eulogy, a communion meditation or short homily for a special day.
   Share a “regular” Sunday sermon. Write a full manuscript or a transcript. There is no one sermon model. If you preach using notes or outline or vary significantly from the manuscript, submit what you use in the pulpit also. Deliver the sermon in the way that you would on a regular Sunday.

4) Your manuscript/transcript should be typewritten, double spaced and all the pages numbered.

5) Your exegesis of the text should include an Annotated Bibliography listing all sources consulted.
   Don’t forget to include a one sentence summary of what message you seek to convey.

THE FOLLOWING AREAS WILL BE CONSIDERED IN THE EVALUATION:

• The sermon will be examined for theological soundness, exegetical integrity and appropriate application. Your original ideas, grounded in Scripture and experience are encouraged. Theological questions relating to your sermon may be asked during the interview. For more information see the SERMON EVALUATION sheet.

• Clarity of communication skills will be considered very important, i.e., spelling, punctuation and proper use of the English language.

• Traditional forms or innovative presentations may be used, but you should note that the use of innovation will be open to the subjective evaluation of the reader, so they should be carefully done.

• Sermon Evaluation will include examination of the following aspects of the submitted sermon: Title, Introduction, Central Idea, Main Body, Conclusion, Sources, Illustrations, Transitions, Text/Exegesis, Analysis, Writing Style, Attitude, Cultural Sensitivity, Overall Impression, and Theological Content. For more details see the SERMON EVALUATION sheet. A copy of the evaluation of your sermon will be returned to you. The reader of your sermon will be pleased to discuss the evaluation with you.

For Questions Contact: Proclamation Chairperson – Rev. Frank Lybrand, 408 Carteret Street, Beaufort, SC 29902 Office Phone: 843-524--3841, email: felybrand@umscsc.org.
SERMON EVALUATION
The following areas will used to evaluate all submitted sermons.

1. TITLE:
   A. Is it attractive?
   B. Does it capture the imagination?
   C. Is it related to the main theme?

2. INTRODUCTION:
   A. Does it seize attention?
   B. Is it just right, too long or too short?
   C. Is it relevant to the sermon?

3. CENTRAL IDEA:
   A. Is the central idea well stated?
   B. Were the arguments sound?

4. CONCLUSION:
   A. Does it relate to the introduction?
   B. Does it reinforce the main theme?
   C. Does it call for decision or action?
   D. Does it end incisively?

5. MAIN BODY OF SERMON:
   A. Is it consistent with the introduction and the conclusion?
   B. Does it move the listener closer to God?

6. SOURCES:
   A. Does it weave the preacher’s thoughts and experiences, Bible, commentaries, biography, history, literature, observation of contemporary life together?
   B. Is proper credit given to sources?

7. ILLUSTRATIONS:
   A. Is there a variety in illustrations? Does the preacher follow thru the image or example?
   B. Are the illustrations varied, apt, fresh, true to life, accurate and the right length?

8. TRANSITIONS:
   A. Are transitions natural, creative, easy to follow, varied and clear?

9. TEXT/ EXEGESIS:
   A. Does the sermon show evidence of good solid research?
   B. Does the sermon stay within the text?
   C. Did he/she try to cover just enough?

10. ANALYSIS:
    A. Is the outline of the sermon clear?
    B. Are main points and sub-points evident?

11. APPEAL:
    A. Is the appeal rational, logical, and systematic?
    B. Does the sermon raise your emotional sensitivity and affectionate qualities?
    C. Is there an intuitive, visionary, prophetic quality to the sermon?
    D. Does the sermon provide practical, down to earth suggestions for daily living?
    E. Does the sermon appeal to a combination of human needs, and personality types?

12. WRITING STYLE:
    A. Is it Literary, oral, abstract, concrete, conversational, clear, direct, energetic, flowing, truthful, natural, etc…?
    B. Does the sermon relate to the liturgy?
    C. Are sentences varied in length and form?

13. ATTITUDE EXPRESSED:
    A. Is it faith filled, friendly, prophetic, affirming, reconciling, interesting, informed, warm, etc…?

14. CULTURAL SENSITIVITY:
    A. Was inclusive language used?
    B. Was the message relevant?
    C. Was the preacher aware of current events?
    D. Was the preacher aware of social issues?
    E. Does the preacher show knowledge of areas outside religion?

15. OVERALL IMPRESSION:
    A. Is this sermon a true representation of the Good News?
    B. What is the weakest and strongest part of the sermon?
    C. Does the sermon give an overall impression of wholeness?

16. THEOLOGICAL CONTENT:
    A. Is the sermon theologically sound?
DISCIPLINARY QUESTION INSTRUCTIONS
FROM THE COMMITTEE ON THEOLOGY AND DOCTRINE

1. Answering the Disciplinary Questions offers you an opportunity to demonstrate your proficiency in articulating Christian theology and the doctrine of the Church.

2. Read and answer each question carefully. Each part of each question is to be addressed. Be aware that certain questions call for examples from your personal experience and/or ministry.

3. Each question requests that you address in writing at least one basic doctrine of the Church. You should, at a minimum, consider that doctrine(s) from the following viewpoints:
   a. rootage of the doctrine in Scripture,
   b. development of the doctrine within Christian history/tradition,
   c. impact of the doctrine of the Methodist experience (and the Methodist experience in the doctrine), and
   d. impact of the doctrine on your personal theology and the impact of your personal experience on your understanding of the doctrine

4. Your answers are to be an exercise in critical theological thinking. Remember that the Discipline requires that you “should demonstrate the ability to communicate clearly in both oral and written forms” (2012 Discipline, ¶ 330.4). Be aware that your reader will take seriously every word that you have written. Your responses should be written with the same care as your seminary work.
DISCIPLINARY QUESTIONS FOR PROVISIONAL ELDER (PE 2016)

1. Type your FULL NAME, address and phone number on each item submitted. Type your name and email address at the top right of each page to help the committees easily identify your work.

2. RESTATE each question in full and number it exactly as listed below. Note that several questions have more than one part. Answer each part of the question fully.

3. Answers must be TYPED in WORD format, Double-spaced for 8 ½ x 11, number all pages.

4. E-Mail ONE copy Part I and Part II separately to Clergy Services

5. Your answers should be honest reflections of where you are presently on your journey of faith. Be straightforward in your answers. Give proper credit, if you make use of quotes or paraphrase.

6. The responses to Part I should be no more than 25 pages. The responses for Part II should be no more than 15 pages.

7. Papers not meeting all of the above instructions and requirements will be returned to the Sender.

Prepare and submit a written response to the following questions: (Par. 324.9, 2012 Book of Discipline)

PART I: FOR COMMITTEE ON THEOLOGY AND DOCTRINE: (questions a, b, c, d, e, f, g, h, i, and j)

(a) Describe your personal experience of God and the understanding of God you derive from biblical, theological and historical sources.
(b) What is your understanding of evil as it exists in the world?
(c) What is your understanding of humanity, and the human need for divine grace?
(d) How do you interpret the statement “Jesus Christ is Lord”?
(e) What is your conception of the activity of the Holy Spirit in personal faith, in the community of believers and in responsible living in the world?
(f) What is your understanding of the kingdom of God; the Resurrection; eternal life?
(g) How do you intend to affirm, teach and apply Part II of the Discipline (Doctrinal Standards and Our Theological Task) in your work in the ministry to which you have been called?
(h) The United Methodist Church holds that the living core of the Christian faith was revealed in Scripture, illumined by tradition, vivified in personal experience and confirmed by reason. What is your understanding of this theological position of the Church?
(i) Describe the nature and mission of the Church. What are its primary tasks today?
(j) Explain the role and significance of the sacraments in the ministry to which you have been called.

PART II: FOR COMMITTEE ON CALL AND DISCIPLINED LIFE (Questions k, l, m, n, o, p and q)

k) Discuss your understanding of the primary characteristics of United Methodist polity.

l) How do you perceive yourself, your gifts, your motives, your role and your commitment as a provisional member and commissioned minister in The United Methodist Church?

m) Describe your understanding of diakonia, the servant ministry of the church, and the servant ministry of the provisional member and commissioned minister.

n) What is the meaning of ordination in the context of the general ministry of the Church?

o) Describe your understanding of an inclusive church and ministry.

p) You have agreed as a candidate for the sake of the mission of Jesus Christ in the world; for the most effective witness of the Gospel, and in consideration of your highest influence as minister to make a complete dedication of yourself to the highest ideals of the Christian life, and to this end you agree to exercise responsible self-control in the following:
   1. Personal habits conducive to bodily health, mental and emotional maturity,
   2. Integrity in all personal relationship,
   3. Fidelity in marriage and celibacy in singleness,
   4. Social responsibility, and growth in grace and knowledge and love of God.

What is your understanding of this agreement?

q) “Knowing the dangers and blessings of technologies for Social Networking, what steps have you taken to safeguard your integrity as a disciple of Christ and a United Methodist minister? What steps have you taken or would you take to use this tool to make disciples for the transformation of the world?”

For Questions Contact: Chairperson Theology & Doctrine Rev. Megan Gray, 4990 Dorchester Road, North Charleston SC 29418-5601
PH: 843 834-5891, email: mlgray@umcsc.org

For Questions Contact: Chairperson Call & Discipline Life: Dr. Larry Parker 38 Bungalow Village Way, Aiken, SC 29803, PH: 803-230-8002 email: lrparker@umcsc.org

Email Part I separately with a bibliography to: Clergy Services, clergy-services@umcsc.org

Email Part II separately with a bibliography to: Clergy Services, clergy-services@umcsc.org
The Fruitfulness Project will be worked on during the period your provisional membership and will be due at the time you submit your paperwork for full membership.

SC Annual Conference Fruitfulness Project

Introduction

As of the 2012 General Conference, those seeking ordination in the UMC are required to complete a project "that demonstrates fruitfulness in carrying out the church's mission of making disciples of Jesus Christ for the transformation of the world."

This provides the Provisional Elder and Provisional Deacon an opportunity to describe ways in which God, through the power of the Holy Spirit, has led them into a specific fruitful ministry. The project created and led by you should demonstrate fruitfulness in carrying out the Church's mission. Be as creative as necessary to demonstrate your ministry and the equipping of others to fulfill the church's mission. You may use resources from another source, but not another complete curriculum.

You are expected to present a reflection paper that should address components/questions contained in this instruction packet. It will be an opportunity to describe life-giving ministry through the lens of fruitful practices in the area of theological reflection, leadership competencies and spiritual transformation. Your paper should not exceed 10 pages.

Examples of Ministry Projects
(These projects are meant to spur on your creativity, but you are not limited to those listed below)

List of suggestions for the first year of implementation:

- Implement a Worship Design Team to lead the congregation into passionate worship.
- Begin home groups to reach un-churched persons.
- Leading a long-term Bible study, targeting a new population.
- Designing new 'Inviting' ministries.
- Starting a new member class where persons were intentionally led to a profession of their faith and were integrated into the life and work of the congregation.
- Starting a new music ensemble for potential new Christians.
- Start a community outreach project that seeks to address a social justice issue.

List of suggestions for subsequent years:

- Launching a new worship service.
- Starting a new church or satellite ministry.
- Launching a major outreach project to address a social justice issue.
- Beginning ‘home’ groups to reach un-churched persons.
- Leading a mission trip.
- Initiating a divorce recovery, grief, or a chemical dependency ministry.
- Leading a long-term Bible study, targeting a new population.
- Designing new ‘Inviting’ ministries.
- Starting a new member class where persons were intentionally led to a profession of their faith and were integrated into the life and work of the congregation.
- Leading a confirmation class from start to finish.
- Directing a major musical or theatrical production in which the public was invited to participate.
- Starting a new music ensemble for potential new Christians.
AN OUTLINE OF THE PROJECT

I. Define your project
   A. What is your understanding of making disciples of Jesus Christ?
   B. What do you plan to do?
   C. Why have you chosen this project?
   D. What is your goal / desired outcome?

II. Prepare for your project
   A. Identify stakeholders
   B. Identify participants
   C. Identify resources needed
   D. Identify tasks
   E. Identify a timeline

III. Do your project (This should be the major section of your paper)
   A. Describe how the project was implemented
   B. Provide a description of how leadership was shared
   C. Unforeseen challenges (how did you adapt)
   D. What happened as your project unfolded?
   E. What went as you expected?
   F. What surprised you?

IV. Evaluate your project
   A. How did the actual outcome compare to your goal / desired outcome
   B. The project’s fruitfulness
   C. What went well?
   D. What would you do differently if you did this again?
A MORE IN-DEPTH DESCRIPTION

I. Define your project
   A. What is your understanding of making disciples for Jesus Christ?
   B. What do you plan to do?
   C. Why have you chosen this project for this setting?
      You may consider specific needs in the congregation or community, such as
      the need for a support group, study group, a type of community outreach, etc.
   D. What is your goal / desired outcome?
      Be concise and specific in identifying your goals. Note that you DO NOT
      necessarily need to meet all of your goals or outcomes for your project to be
      “fruitful.”

II. Prepare for your project
   A. Identify stakeholders
      Who has a stake in the outcome, and why?
   B. Identify participants?
      Who needs to participate in this project for it to succeed, and how? There are
      often more participants than immediately come to mind. (Leadership team,
      support team, target audience) These are all the people who need to be on
      board for the project to be fruitful. These will be different depending on your
      project.
   C. Identify resources needed
      What resources will you need for your project to be fruitful? These will be
      project specific. (People, facilities, finances, supplies, and equipment, etc.)
   D. Identify tasks
      Compile a comprehensive list of tasks that you must accomplish for your
      project to be fruitful, and who will be responsible for each.
   E. Identify a timeline.
      A timeline should be clearly identified. This can easily be done on blank pages
      of a calendar.
III. Do your project (This should be the major section of your paper)
   A. Describe how the project was implemented (what did you actually do?)
   B. Provide a description of how leadership was shared in this ministry (clergy and laity)
   C. Unforeseen challenges (how did you adapt)
   D. What happened as your project unfolded?
   E. What went as you expected?
   F. What surprised you?

IV. Evaluate your project

   Evaluate your project after you have completed it. Include the following:
   A. How do the actual outcomes compare to your original goals /desired outcomes?
      Note that a project may be “fruitful” even if the actual outcome isn’t exactly what you expected.
   B. The project’s fruitfulness: In your view, give specific evidence as to why you feel the project was fruitful as it relates to the requirements of ¶330.4(5) for Deacon or ¶335(7) for Elder.
   C. What went well?
   D. What you would do differently if you did this same project again?

For Questions Contact: Chairperson, Theology & Doctrine – Rev. Megan Gray, 4990 Dorchester Road, North Charleston SC 29418-5601 PH: 843 834-5891, email: mlgray@umcsc.org
For Questions Contact: Chairperson, Call & Discipline Life – Rev. Larry Parker, 38 Bungelow Village Way, Aiken, SC 29803, PH:, 803-230-8002 email: lrparker@umcsc.org

Email Part I separately with bibliography to: Clergy Services, clergyservices@umcsc.org.

Email Part II separately with bibliography to: Clergy Services, clergyservices@umcsc.org
2016 BIBLE STUDY INSTRUCTIONS

To fulfill the requirements of the Discipline and the Policy Guidelines of the Board of Ordained Ministry, all candidates must prepare a plan for teaching from a book of the Bible. To meet this requirement you are expected to prepare a plan for teaching the Gospel of Mark.

Please prepare a plan for teaching 4 complete lesson plans following the instructions given below. Your Bible Study should be approximately 14-18 pages in length.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.
EACH SECTION SHOULD BE COMPLETED AS THE DIRECTIONS REQUIRE.
EACH SECTION WILL BE EVALUATED SEPARATELY.

I. A description for the setting of the course.
   A. To whom will you teach these lessons?
   B. Where will you teach these lessons?
   C. When will you teach these lessons? How long will each lesson be?

II. An Introduction to this book (You will need to do reading and research on this book of the Bible and then write a short, scholarly paper IN YOUR OWN WORDS, using quotation marks to denote any words that are not your own, properly footnoting any quotations as well as any ideas that are not your own.)

Your paper should be a scholarly discussion of the major themes and distinguishing characteristics of this book. It should include a bibliography of sources for this paper.

III. Complete lesson plans for four sessions. These plans should be detailed enough and clear enough for a substitute to use to teach your class effectively.

Your lesson plans should include:
   A. Your purpose statement (A description of what you hope to accomplish in this session. This is the “big idea.”)
   B. A detailed description of how you will accomplish that purpose
      1. List two or three objectives that will help you accomplish your purpose (What specific things do you want to happen? What do you want the outcome of the lesson to be?
      2. Introduction to the session (How will you begin?)
      3. Body of the lesson (What activities will you select? What material will you cover? What questions will you ask? How long will each part of the lesson take? How will you help participants discover the meaning of the lesson for their own lives?)

Note: Make sure everything you decide to do
   a. connects with the purpose of the session
   b. is appropriate to the age and abilities of the participants
   c. is appropriate to the setting/location
   d. works together to create a meaningful “rhythm” and flow for the session
   e. uses a variety of teaching methods to address the various learning style of your students

4. Conclusion (How will you end the session?)
   (Like a well developed paper, a well developed lesson plan has a clear and engaging beginning, a well-planned and cohesive body, and a strong conclusion.)
C. Resources and aides (Make a list of everything you will need to plan for and implement the lesson.)

1. Include the name and publisher of any audio or visual aides

2. Be sure to tell how each will be used to support the purpose of the lesson

**PLEASE NOTE:** ALL CANDIDATES FOR FULL CONNECTION ARE EXPECTED TO TEACH THE BIBLE STUDY PRIOR TO THE ORAL INTERVIEW WITH THE BOARD OF ORDAINED MINISTRY. CANDIDATES FOR PROVISIONAL MEMBERSHIP OR ASSOCIATE MEMBERSHIP ARE NOT REQUIRED TO TEACH THE BIBLE STUDY PRIOR TO THE ORAL INTERVIEW WITH THE BOARD OF ORDAINED MINISTRY.

IV. Course evaluation - an instrument to be distributed to the class at the end of the series of lessons in order for participants to evaluate all facets of the course.

V. Personal growth statement - A statement describing your own personal growth as you researched, planned and prepared to teach these lessons.

VI. Bibliography of sources used for the lesson plans.

**Note:** Please number your pages. Send 1 copy by email to the Coordinator of Clergy Services. Instructions must be carefully followed. If you have limited experience in writing lesson plans, please consult an educator for assistance.

**For Questions Contact:** Chairperson, Bible Study – Mr. Bill Putnam, 126 Wedgefield Dr., Hilton Head, 29926, Ph: 843-342-7791, email: putnamw@hargray.com

**Email 1 copy to:** Clergy Services, clergyservices@umcsc.org
BIBLE STUDY EVALUATION

CANDIDATE_____________________________DATE__________________

STATUS SOUGHT______READERS_____________________________________

Section I  Description of the setting of the course
  A. Who, when, where

Section II  Scholarly Paper
  A. Themes and Characteristics
  B. Bibliography for paper

Section III Complete Lesson Plans
  A. Purpose and Objectives
  B. Introduction
  C. Body of lesson (questions, activities, etc.)
  D. Conclusion
  E. Teaching Methods
  F. Teaching Aids

Section IV  Evaluation instrument

Section V  Personal Growth Statement

Section VI  Bibliography for lesson plans

E - Excellent       A - Acceptable       M - Marginal       U - Unacceptable

OVERALL BIBLE STUDY IS____Acceptable_____Unacceptable
Standards for Academic Style:
All work submitted to the Board should be guided by standards of academic style commonly required by institutions of higher learning. Footnotes and bibliography should be done in accordance with the most recent edition of *A Manual for Writers of Term Papers, Theses, and Dissertations*, by Kate Turabian.

Standards for Intellectual Integrity:
At a level more fundamental than academic style, all work submitted to the Board should exhibit a standard of intellectual integrity appropriate for the covenant of ordained ministry within the Body of Christ. The Board defines intellectual dishonesty as submitting work that is not one’s own.

The Board will investigate intellectual dishonesty in the following way. When a candidate’s two readers and the chair of the relevant committee find evidence of possible intellectual dishonesty, the candidate will be notified that s/he will be examined about this issue as a part of his/her regularly scheduled Board interview process. If evidence of intellectual dishonesty is found, the candidate may either withdraw from the ordination process for one year or write a letter of appeal to the chairperson of the Board requesting consideration at the next regularly scheduled Board meeting. If evidence of intellectual dishonesty is discovered when it is too late to give notice to the candidate prior to their interview, the Board will make every effort to comply with the spirit of these provisions.

Signed Statement:
Completion of the following statement indicates that you understand both the standards of academic style expected by the Board and the meaning and consequences of intellectual dishonesty. Please submit a signed copy of this statement to the office of Clergy Services.

“I certify that the work I am submitting is my own. I have given proper credit to all sources of information and have neither given nor received unauthorized assistance, as defined in section XIX.C.4 of the South Carolina Conference Board of Ordained Ministry Policy Guidelines.”

_______________________________________  ______________________________________
Signature                                      Date

Revised 2015

Submit one signed copy, which will apply to all submitted work, and mail to Clergy Services.
FULL NAME OF CANDIDATE

Provisional Elder 2016

TIMELINE/CHECKLIST FOR PROVISIONAL ELDER

DUE JUNE 25:
_______ 1. F105 APPLICATION SIGNED REQUESTING PROVISIONAL MEMBERSHIP
_______ 2. Verification of Packet Contents

DUE BY EMAIL TO CLERGY SERVICES NOVEMBER 13
_______ 4. Disciplinary Questions Part I (Committee on Theology and Doctrine)
          Part II (Committee on Call and Discipline Life)
_______ 5. Bible Study on Mark

DUE January 4:
_______ 6. Academic Integrity Statement (13SCBOM)
_______ 7. Medical Report Form 103 in year of application
_______ 8. Credit Worthiness Statement and Authorization (06SCBOM)
_______ 9. Notarized Criminal Background Check (07SCBOM) $16.00 SC Conf. Treasurer
_______ 10. Statement of Fulfillment of Theological Studies (17SCBOM)
_______ 11. College Transcript showing completion of degree
_______ 12. Seminary Transcript showing graduation with MDv (confirm if in current permanent file)
_______ 13. Report of Mentor signed by candidate and mentor (08aSCBOM or 08bSCBOM) due to DS
_______ 14. Updated autobiographical FORM 102
_______ 15. Current Photo (2x2)
_______ 16. Recommendation from Seminary FORM 109
_______ 17. Psychological Assessment (confirm if in current permanent file)

DUE FROM DISTRICT OFFICE January 29:
_______ 18. DCOM Action Report (SCBOM 1)

INTERVIEWS WITH FULL BOARD FEBRUARY 16-18, 2016:
Letter to candidates from BOM Registrar setting date and time of interview approximately 3-4 weeks prior to meeting.

FINAL APPROVAL AT ANNUAL CONFERENCE June 5-8, 2016 at Florence Civic Center:
_______ 20. Must be approved by 2/3 majority vote of Clergy Session; Reception and Ordination Service at Annual Conference