

COMMITTEE ON LOCAL PASTORS and TRANSFERS

All Candidates seeking to serve Full-Time as a Local Pastor or with credentials from another Denomination, or those seeking Denominational Transfer will complete and submit all materials in this packet. All items must be completed and submitted to the Center for Clergy Excellence electronically. Candidates will be assigned a due date for materials after receiving a recommendation from the District Committee on Ministry. The Committee on Local Pastors and Transfers typically meets twice per-year (April/September). Candidates should anticipate and plan for the first day of each of those months as the paperwork submission deadline. All materials must be completed and submitted by the deadline for a candidate to be eligible to interview.

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### **Steps to Recommendation to the Committee on Local Pastors and Transfers**

- The District Committee on Ministry (DCOM) approves a Certified Candidate to attend Licensing School and to serve as local pastor.
- Local Pastor expresses an interest to DCOM during annual licensing renewal regarding a willingness and availability to serve full-time.
- Complete all the required paperwork, and interview with DCOM for recommendation to the Committee on Local Pastors and Transfers.
- Upon Recommendation from DCOM, interview with the Committee on Local Pastors and Transfers at their next scheduled meeting.

## **Candidate Required Materials for Interviewing**

- \_\_\_\_\_ Written Responses Questions
  - \_\_\_\_\_ Autobiographical Statement page 3
  - \_\_\_\_\_ Called and Discipline Life Questions (9 Questions) page 4
  - \_\_\_\_\_ Theology and Doctrine (7 Questions) page 5
  - \_\_\_\_\_ Practice of Ministry (5 Questions) page 6
  - \_\_\_\_\_ Practice of Ministry (Sermon/background form/bulletin) pages 6-7
  - \_\_\_\_\_ Leadership Development (5 Questions) page 8
  
- \_\_\_\_\_ Other Required materials Forms and Documents – pages 9-30
  - \_\_\_\_\_ Psychological Assessment (cannot be more than four years old)
  - \_\_\_\_\_ Transcript from Course of Study or Seminary
  - \_\_\_\_\_ Reference Letters – page 11
    - \_\_\_\_\_ District Superintendent
    - \_\_\_\_\_ Staff Parish Relations Committee - Chairperson
  - \_\_\_\_\_ Plagiarism Statement (within 30 days of interview) – page 12
  - \_\_\_\_\_ Background Affidavit (within 90 days of interview) – page 13
  - \_\_\_\_\_ GCIC Form (within 90 days of interview) – page 14
  - \_\_\_\_\_ Consumer Report Form (within 90 days of interview) – pages 15-16
  - \_\_\_\_\_ Questions for Determining U.S. Work Authorization – pages 17-18
  - \_\_\_\_\_ Medical Report (within 90 days of interview) – page 19-25
  - \_\_\_\_\_ Credit Report (within 30 days of interview) direction page 26-30

# CALLED AND DISCIPLINED LIFE

## General Instructions – Please Read Carefully

- **Paper Requirements:**
  - Header: Upper Right Corner include your name, section, and page number
    - Example: Name, Autobiographical Statement, pg. 1
  - Read all the directions before submitting your written work and documents!
- **Paper Parameters:** double-spaced, standard one-inch margins, 12-point Times New Roman font, on 8½ x 11 paper
- **Answer Length:** Autobiographical Statement should be 5-7 pages.
- **Answer Length:** The length of Called and Disciplined Life Questions can vary but should not exceed 3 pages per question. Print each question above your answer keeping them in order.

## **Autobiographical Statement**

All Candidates will provide the Board of Ordained Ministry a written concise autobiographical statement including age, health, family status, Christian experience, call to ministry, educational record, formative Christian experiences, and plans for service in the church and world. Describe your participation, attendance, and leadership in a local United Methodist church during the past two years. Have you ever applied for or held membership in another Annual Conference? If so, give clear information about this relationship. Items you may consider including are a change in marital status, children, major illnesses, death of loved ones, or vocational changes. Please also include the date you were Certified as a Candidate for Ministry, the date you attended Licensing School, when you finished Course of Study or Seminary, and the date when the District Committee on Ministry recommended you to the Committee on Local Pastors and Transfers. The Board uses this document to get to know you, and to understand where you are in ministry and how you have come to discern and respond to your call in The United Methodist Church. You are required to submit a medical form, but how do you evaluate your overall physical health? Do you have any current or chronic health problems that impact your ability to be an effective ministry? What habits are you practicing for healthy living – physically, mentally, and spiritually?

### **Called and Disciplined Life Questions**

1. What is your understanding of the expectations and obligations of the itinerant system?
2. Explain your understanding of the distinctive vocations of the Order of Elder, the Order of Deacon, and Local Pastors. How do you perceive yourself, your gifts, your motives, your role, and your commitment as a Local Pastor in The United Methodist Church?
3. Describe your understanding of an inclusive church and ministry.
4. Describe your understanding of and appreciation for persons of different racial/ethnic heritages.
5. Describe your understanding of ¶2702 (2016 Book of Discipline) regarding your ethical boundaries and standards as a United Methodist clergyperson.
6. Indicate in some detail how your close personal relationships affect your ministry.
7. Management of personal finances is important, not only for personal and family reasons, but also for Christian witness. How skilled or disciplined are you in this area of your life? Are you presently in debt to interfere with your work and make it difficult for you to live on the salary you may receive?
8. All clergy in the state of Georgia are Mandatory Reporters to report suspected child abuse or elder abuse, which includes, but is not limited to, physical abuse, neglect, emotional abuse, sexual abuse, or sexual exploitation. What is your understanding of this? For information, go to: <https://oca.georgia.gov/training/mandated-reporting>.
9. Have you ever been a part of a conflict that involves your local pastor, clergy, district superintendent, or Bishop? If yes, please explain.

# THEOLOGY AND DOCTRINE

## General Instructions – Please Read Carefully

- The Board expects substantive answers to the questions: **a brief paragraph is not sufficient!** Answers should demonstrate an understanding of the theological concept(s) and should lead to further discussion and clarification in the interview group.
- **Question Length:** 300-750 words or approximately one to three pages per question
- **Paper Requirements:**
  - Header: Upper Right Corner include your name, section, and page number
    - Example: Name, Theology and Doctrine, pg. 1
  - Print each question above your answer (keeping them in order)
  - Double-spaced, standard one-inch margins, 12-point Times New Roman font, on 8½ x 11 paper.

## QUESTIONS

1. Describe your personal experience of God and the understanding of God you derive from Biblical, theological, and historical sources. ¶324.9a
2. What is your understanding of evil as it exists in the world? ¶324.9b
3. What is your understanding of humanity, and the human need for divine grace? ¶324.9c
4. 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? ¶324.9e
5. 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? ¶324.9h
6. Discuss your understanding of the primary characteristics of United Methodist polity. ¶324.9j
7. Explain the theological role and significance of the sacraments in the ministry to which you have been called. ¶324.p

# PRACTICE OF MINISTRY

## General Instructions – Please Read Carefully

- **Paper Requirements:**
  - Header: Upper Right Corner include your name, section, and page number
    - Example: Name, Practice of Ministry, pg. 1
- **Paper Parameters:** double-spaced, standard one-inch margins, 12-point Times New Roman font, on 8½ x 11 paper
- **Answer Length:** The length of Practice of Ministry questions can vary but should not exceed 3 pages per question. Print each question above your answer keeping them in order.

## QUESTIONS

1. How has your experience of God changed/deepened during your preparation for ministry?
2. You have received a call that a church member has died. Describe your walk with the family from the point where they learn a loved one has died through the funeral and follow-up care.
3. What activities would you include in a confirmation class to help young people think about God and their experiences of God?
4. What types of hospitality and education would you implement to take someone from being a guest to a full member of the church?
5. State your personal view of the importance of preaching in your role as a clergy person.

## SERMON

1. Submit a manuscript or transcript of a sermon you have recently preached, from the [current lectionary year](#). Complete and include with your sermon the *Background Information Sheet* and your *church bulletin or order of service*.
2. Video the entire worship service with the congregation present – **include the entire service in the video** (from the congregation arriving through the sending forth). The video should show a congregation in attendance, as well as the person who is conducting the service, and the person preaching. Your video must be one nonstop unedited video.
3. The sermon should be new and should communicate the Word that God is expressing to your listeners through this text. The sermon will be evaluated on content and delivery. Attention will be paid to scriptural exegesis, theological development, logical flow of ideas, vivid illustrations, voice quality, eye contact, animation, and grammar. The sermon should reflect your best effort, a style you normally use and, in an environment, where you are comfortable. Do not be tempted by internet sermons. Your own work is more authentic and better.

**Sermon Background Information Sheet**  
**Sermon Submitted to Board of Ordained Ministry**

Name of Candidate \_\_\_\_\_

Biblical Passage \_\_\_\_\_

Date Preached \_\_\_\_\_

Sermon Title \_\_\_\_\_

1. Briefly describe the setting in which the sermon was preached (nature of the congregation; concern to which the sermon was addressed; type of service where sermon was delivered – e.g., Sunday morning or evening, special service, etc.)

2. State in one sentence the message you sought to convey in this sermon.

3. What response did you receive from those who heard the sermon?

# LEADERSHIP DEVELOPMENT

## General Instructions – Please Read Carefully

- **Paper Requirements:**
  - Header: Upper Right Corner include your name, section, and page number
    - Example: Name, Leadership Questions, pg. 1
  - Print each question above your answer (keeping them in order)
  - Double-spaced, standard one-inch margins, 12-point Times New Roman font, on 8½ x 11 paper.

## **Leadership Questions**

1. Describe the **way you view yourself** as a leader within your church/congregation. What natural abilities contribute to your effectiveness in ministry? How do you compensate for the lack of certain abilities?
2. What traits and skills in leadership have you seen in leaders that will shape your leadership in the church? You should include both positive and negative attributes.
3. What **change** have you identified and successfully brought about in your church/congregation, campus ministry, or other organization in which you have been actively involved? What is one thing you would like to change, and how would you implement the change?
4. What **boundaries** are important in working with parishioners and others whom you will serve?
5. What recent experiences have caused you **stress**? How did you manage that stress?



## OTHER REQUIRED MATERIALS

### Official Transcripts

Please request that **official** transcripts from **your** seminary or Course of Study-School via the General Board of Higher Education and Ministry to be sent to the Center for Clergy Excellence **by your paperwork deadline**. If the academic institution offers electronic transcripts have those sent directly to CCE at [clergyexcellence@ngumc.org](mailto:clergyexcellence@ngumc.org).

### Letters of Reference

Every candidate should have **two letters of reference**, one from the District Superintendent and one from S/PPRC Chairperson. Ask your reference to send your letter and the form with your signature directly to the Center for Clergy Excellence. Letters must be received by your paperwork deadline. The reference form is located on page 10 of this packet.

### Psychological Evaluation

For uniformity all evaluations must be secured through Dr. Anne Imhoff. You can schedule an appointment with her via Ms. Cynthia Daniels at 678.637.7170. If your evaluation will be more than four years old as of the paperwork deadline you will need to schedule a re-assessment interview with Dr. Imhoff. The evaluation will become a part of your file and will be only one piece of data used by the BOM in its consideration of your candidacy for conference membership or licensing. It is hoped that your own self-understanding will be enhanced through the testing and the time of reflection with a professional counselor on significant factors in your personality make-up.

### Plagiarism Statement

Complete the plagiarism statement form, and have it witnessed by a Notary Public.

### Background Affidavit, Background Check, GCIC Consent Form

You are required to complete the Background Affidavit, request a Consumer Report (criminal background check, and the GCIC Consent Form. These are THREE different documents and are all required. Complete the background affidavit form, have it witnessed by a Notary Public, and submit with your written paperwork. Submit the Authorization to Obtain a Consumer Report via Trak-1 and your GCIC Consent Form to your **district office**, they will process the request and submit your report to CCE. The background check will take at least a month to process, please do not wait until the last minute to ask your district to process this request. Your background check can be no older than three months to be accepted, and you will be responsible for paying the district for processing fee.

### **Questions for Determining U.S. Work Authorization**

Complete the questionnaire regarding your employment eligibility, have it witnessed by a Notary Public. If you answered “No” to question #1 and “Yes” to question #2, please answer give a full explanation of your employment authorization and submit copies of appropriate documentation.

### **Medical Report**

Complete the candidate's section of the Medical Report form, and then have your personal physician or any licensed physician complete the physician's section. This report can be no older than 90 days at the time of submission.

### **Credit Report**

All Candidates will provide the Board of Ordained Ministry with a **full copy** of your current credit report from [www.myfico.com](http://www.myfico.com). (Current means requested from myfico within the 30 days of your paperwork deadline). Specific directions are at the end of this packet as well as on the CCE website. If your Credit Score does not meet the established minimum of **640**, the candidate is required to provide additional information using the balance sheet/income statement, found on the CCE website. The BOM will review all materials submitted for a candidate with a score below 640 and discern if they are properly before the BOM and eligible to continue to interview or if they will be disqualified.

## Due to The Center for Clergy Excellence

### Required Reference Form

### District Superintendent and SPRC Chairperson

*This form must be signed and returned with letter of reference*

Candidate's Name: \_\_\_\_\_

Candidate's Required Signature: \_\_\_\_\_ Date \_\_\_\_\_

The Candidate is responsible for requesting the **District Superintendent and the SPRC-Chairperson** to complete this form and submit it directly to The Center for Clergy Excellence.

**Reference:** You have been asked to respond to the following questions for a person who is seeking approval of the Board of Ordained Ministry of the North Georgia Conference. As their District Superintendent or SPRC Chairperson your letter of reference will be a very important part of the evaluation of the candidate for ministry in The United Methodist Church. Please give candid and complete answers to the following questions. **Please note: the candidate does not have access to the content of these letters without prior consent of the writer.** Send all letters to the Center for Clergy Excellence via email [clergyexcellence@ngumc.org](mailto:clergyexcellence@ngumc.org) or by mail to 1700 Century Circle, NE Suite 100, Atlanta, GA 30345.

Name of Reference \_\_\_\_\_

1. What were the candidate's responsibilities when he/she worked with you?
2. Describe the candidate's work ethic as you have observed him/her in discharging his/her responsibilities.
3. Does the candidate display an ability to lead people to a relationship with Christ? Give examples.
4. Is the candidate effective in his/her appointment/job? Give rationale for your answer.
5. If you have observed the candidate in times of stress and/or conflict, how did he/she respond and how did the circumstances affect the performance of his/her duties?
6. What is your evaluation of the candidate's interpersonal relational skills? How well do he/she get along with a variety of people?
7. What is the attitude of the candidate to deadlines? How would you describe the candidate's ability to meet deadlines?
8. How does the candidate respond to criticism and the suggestions of others?
9. Does your experience with the candidate cause you to have any concern that this person can function effectively within the structure of The United Methodist Church? If you answered yes, please explain with detail.

## Statement of Intellectual Integrity of Board of Ordained Ministry

North Georgia Conference – BOM approved – October 8, 2009

I have read the statement regarding plagiarism above and certify that none of the work that I have submitted to the Board of Ordained Ministry this year is plagiarized. I understand that the consequence of plagiarism in my paperwork would be deferral with deficiencies or such other action as the Board deems appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_,

Notary Public, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

From [www.plagiarism.com](http://www.plagiarism.com)

People think of plagiarism as copying another's work or borrowing someone else's original ideas. But terms like "copying" and "borrowing" can disguise the seriousness of the offense: According to the Merriam-Webster Online Dictionary, to "plagiarize" means:

- to steal and pass off (the ideas or words of another) as one's own
- to use (another's production) without crediting the source
- to commit literary theft
- to present as new and original an idea or product derived from an existing source.

In other words, plagiarism is an act of fraud. It involves both stealing someone else's work and lying about it afterward. But can words and ideas really be stolen? According to U.S. law, the answer is yes. The expression of original ideas is considered intellectual property, and is protected by copyright laws, just like original inventions. Almost all forms of expression fall under copyright protection as long as they are recorded in some way (such as a book or a computer file).

All of the following are considered plagiarism:

- turning in someone else's work as your own
- copying sentences or ideas from someone else without giving credit
- failing to put a quotation in quotation marks
- giving incorrect information about the source of a quotation
- changing words but copying the sentence structure of a source without giving credit
- copying so many words or ideas from a source that it makes up the majority of your work, whether you give credit or not (see our section on "fair use" rules)

Most cases of plagiarism can be avoided, however, by correctly citing sources. Simply acknowledging that certain material has been borrowed and providing your audience with the information necessary to find that source, is usually enough to prevent plagiarism.



## Background Affidavit for Candidates

**Candidate's Full Name:** \_\_\_\_\_

I hereby certify that:  
I have never been accused in writing nor convicted of a felony, misdemeanor, incident of sexual misconduct, or child abuse.

OR

I hereby certify that:  
I have never been convicted for a felony or misdemeanor, nor have been accused in writing of sexual misconduct, or child abuse.

OR

I hereby certify that:  
the details given below are true and accurate accounts of any incident or incidents in which I have been convicted for felony or misdemeanor, or have been accused in writing of sexual misconduct or child abuse;

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

Notary Public, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

*Please endorse with seal here.*

## GCIC Consent Form

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal background record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Last Name (Please print), First Name, M.I.

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Address

City/State/Zip code

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Sex

Race

D.O.B. (mm/dd/yyyy)

Social Security Number

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Previous Name(s)

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Applicant Signature

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Signature Date (mm/dd/yyyy)

Purpose Code: Employment

This authorization is valid for 90 days from the date of the signature above.

Pursuant to O.C.G.A. 35-3-34(a)(1)(A), GCIC Rule 140-2-.04

# DISCLOSURE REGARDING CONSUMER REPORTS

North Georgia Conference of The United Methodist Church

## **NGA-UMC Will Obtain a Background Check**

You acknowledge and understand that in connection with your application for employment with **North Georgia Conference of The United Methodist Church** (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a “consumer report” and/or an “investigative consumer report” on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

## **Consumer Report Defined**

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a “background check report.”

## **Investigative Consumer Report Defined**

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

## **Reports May Contain**

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

## **Your Rights as a Consumer**

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1’s files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to: Trak-1, Consumer Relations, 7131 Riverside Parkway, Tulsa, Oklahoma 74136, 800-600-8999, [CustomerCare@trak-1.com](mailto:CustomerCare@trak-1.com).

# AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for **North Georgia Conference of the United Methodist Church** to obtain a complete consumer report:

Full Legal Name: \_\_\_\_\_

*(First Name, Full Middle Name, Last Name)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: M / F Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other or Former Names: *(AKA, Maiden Names, Married Names, Surnames, Etc.)* \_\_\_\_\_

## Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to **North GA Conference of the UMC** any records or information referenced in the provided disclosure statement for employment related purposes.
- 2) You authorize ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish EMPLOYER NAME and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check this box if you are a Minnesota, Oklahoma, or California applicant**, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

**CALIFORNIA APPLICANTS:** Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification. California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

**MAINE APPLICANTS:** Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.



## Questions for Determining U. S. Work Authorization

Candidate's Name and Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

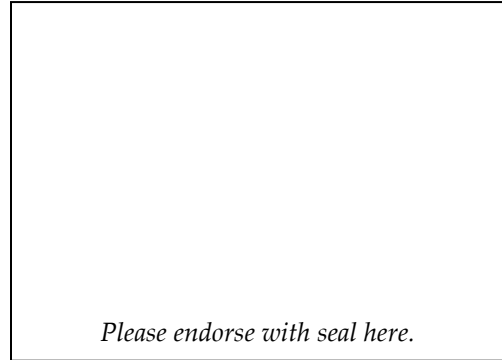
Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My commission expires \_\_\_\_\_



1. Without specifying a particular category, are you eligible for employment in the U. S. by virtue of being one of the following:  YES       NO (Please answer questions 4 and 5)
  - U. S. Citizen
  - Permanent Resident (please answer question 2)
  - Asylee or Refugee (please answer question 3)
  - Lawful temporary resident under one of the amnesty programs? (please answer question 3)

2. *If you answered Permanent Resident – please share the time frame and the process by which you were able to obtain your status.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. *Asylee or Refugee, or Lawful temporary resident – please explain the type of VISA you are currently working under, who is the holder of that visa, when it was obtained and when does it will expire.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ANSWERED "YES" TO QUESTION 1, DO NOT COMPLETE QUESTIONS 4 & 5**

4. If the answer to Question 1 is "no", are you currently authorized to work in the U. S.?

- YES       NO

5. If "yes", please explain the basis of your employment authorization:

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# HIGHER EDUCATION & MINISTRY

General Board of Higher Education and Ministry

THE UNITED METHODIST CHURCH

## THE UNITED METHODIST CHURCH MEDICAL SUMMARY REPORT OF MINISTERIAL CANDIDATE Form 103

**Candidate's Name:** \_\_\_\_\_

### To the Board of Ordained Ministry:

Please indicate here, the name/address of the board officer who will receive this report.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - COMPLETED BY CANDIDATE

Candidate Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I hereby authorize and direct \_\_\_\_\_ (physician) to disclose to the \_\_\_\_\_ (annual conference) Board of Ordained Ministry the following information with regard to the records of \_\_\_\_\_ (candidate) for the purpose of evaluation by The United Methodist Church for entrance into ministry.

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire sixty (60) days after the date treatment is terminated unless another date is specified.

I understand that the information requested may be disclosed from records whose confidentiality is otherwise protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders, as well as HIV status.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# HIGHER EDUCATION & MINISTRY

General Board of Higher Education and Ministry

THE UNITED METHODIST CHURCH

## SUMMARY REPORT – COMPLETED BY PHYSICIAN

### *Comments for physician:*

Complete the summary report. The United Methodist Church assumes you are completing this information based on a current physical examination of the candidate. Screening guidelines are provided for reference as needed.

This person is a candidate for ministry in The United Methodist Church. Among other requirements, this includes being able to typically work a full-time week – with periodic weeks requiring longer work hours. Those serving in ministry will encounter situations that require the ability to cope with conflict and stress. Job-related tasks range from office work and traveling from site to site to communicating with and relating to a variety of people and managing multiple tasks simultaneously, among other responsibilities.

**Candidate’s Name:** \_\_\_\_\_

**Date of Physical Exam:** \_\_\_\_\_

### **Check One:**

Based on the physical exam I completed, this candidate appears to be healthy. I have no concerns about his/her physical fitness for ministry.

Based on the physical exam I completed, this candidate has some health concerns that are summarized below.

### **Summary of Concerns:**

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**Typical treatment(s) for this condition could potentially include (medication, surgery, lifestyle modification, intervention by specialist, frequent monitoring, etc.):**

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**Questions to ask, or conversation that a committee might have, to address these concerns could include:**

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Examining Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAMP



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## EXAMINATION STANDARDS\*

As a part of the ministry application process, The United Methodist Church requires each candidate to “present a satisfactory certificate of good health” by a physician on the prescribed form. Disabilities are not to be construed as unfavorable health factors when a person with disability is capable of meeting the professional standards and is able to render effective service.... (*The Book of Discipline*, ¶¶ 315.6c, 324.8, 347.3, 357.7, 355.3, 368.5).

The following lists show standard screening practices to be considered in an assessment of physical health. Additionally, the physician may choose to make recommendations to the candidate as needed. While the candidate’s physician should make the final determination regarding the need for specific medical tests as related to the overall health and needs of the candidate, The United Methodist Church seeks a summary report from the physician upon completion of a physical examination of the candidate that provides an assessment of the candidate’s physical ability to perform the required work of ministry.

**NOTE: DO NOT RECORD SCREENING RESULTS ON THIS FORM.**

### Screening

Height and weight (periodically)

Blood pressure

Alcohol and tobacco use

Depression (if appropriate follow-up is available)

Diabetes mellitus (patients with hypertension)

Dyslipidemia (total and HDL cholesterol): men  $\geq 35$  y; men or women  $\geq 20$  y who have cardiovascular risk factors; measure every 5 y if normal

Colorectal cancer screening (men and women 50-75 y)

Mammogram every 1 to 2 y for all women  $\geq 40$  y. Evaluation for BRCA testing in high-risk women only.

Papanicolaou test (at least every 3 y until age 65 y)

Chlamydial infection (sexually active women  $\leq 25$  y and older at-risk women)

Routine voluntary HIV screening (ages 13-64 y)

Bone mineral density test (women  $\geq 65$  y and at-risk women 60-64 y)

AAA screening (one time in men 65-75 y who have ever smoked)

### Counseling—Substance Abuse

Tobacco cessation counseling

Alcohol misuse: brief behavioral counseling; alcohol abuse: referral for specialty treatment



## Counseling—Diet and Exercise

Behavioral dietary counseling in patients with hyperlipidemia, risks for CHD and other diet-related chronic disease

Regular physical activity (at least 30 minutes per day most days of the week)

Intensive counseling/behavioral interventions for obese patients

AAA = abdominal aortic aneurysm; BRCA = breast cancer susceptibility gene; CHD = coronary heart disease.

\* Based on recommendations from the U.S. Preventive Services Task Force.

### Key Points

- The U.S. Preventive Services Task Force recommends routine periodic screening for hypertension, obesity, dyslipidemia (men  $\geq 35$  years), osteoporosis (women  $\geq 65$  years), abdominal aortic aneurysm (one-time-screening), depression, and HIV infection.
- The U.S. Preventive Services Task Force recommends routine periodic screening for colorectal cancer (persons 50-74 years of age), breast cancer (women  $\geq 40$  years), and cervical cancer.
- The U.S. Preventive Services Task Force recommends that all pregnant women be screened for asymptomatic bacteriuria, iron-deficiency anemia, hepatitis B virus, and syphilis.
- The U.S. Preventive Services Task Force recommends against screening for hemochromatosis; carotid artery stenosis; coronary artery disease; herpes simplex virus; or testicular, ovarian, pancreatic, or bladder cancer.
- Outside of prenatal, preconception, and newborn care, genetic testing should not be performed in unselected populations because of lower clinical validity; potential for false positives; and potential for harm, including “genetic labeling.”
- For patients for whom genetic testing may be appropriate, referral for genetic counseling should be provided before and after testing.
- A human papillomavirus vaccine series is indicated in females ages 9 through 26 years, regardless of sexual activity, for prevention of cervical cancer.
- A single dose of tetanus-diphtheria–acellular pertussis (Tdap) vaccine should be given to adults ages 19 through 64 years to replace the next tetanus-diphtheria toxoid (Td) booster.
- A zoster (shingles) vaccine is given to all patients 60 years and older regardless of history of prior shingles or varicella infection.
- Asymptomatic adults who plan to be physically active at the recommended levels do not need to consult with a physician prior to beginning exercise unless they have a specific medical question.
- Smoking status should be determined for all patients.
- Patients who want to quit smoking should be offered pharmacologic therapy in addition to counseling, including telephone quit lines.
- Routine screening is recommended to identify persons whose alcohol use puts them at risk.
- For management of alcohol abuse and dependence, referral for specialty treatment is recommended; for management of alcohol misuse, brief behavioral counseling may be useful.





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- Clues for chemical dependency include unexpected behavioral changes, acute intoxication, frequent job changes, unexplained financial problems, family history of substance abuse, frequent problems with law enforcement agencies, having a partner with substance abuse, and medical sequelae of drug abuse.
- Condom use reduces transmission of HIV, Chlamydia, gonorrhea, Trichomonas, herpes virus, and human papillomavirus.
- It is important to ask about domestic violence when patients present with symptoms or behaviors that may be associated with abuse.
- When an abusive situation is identified, address immediate safety needs.

## Directions for obtaining a Credit Report your Credit Report

Go to: <https://www.myfico.com/>

The screenshot shows the myFICO website's pricing page. At the top, the myFICO logo is on the left, and navigation links for 'How It Works', 'Pricing', 'Education', 'Community', 'Support', and 'Log In' are on the right. The main heading is 'Your FICO Score, from FICO', followed by the text '90% of top lenders use FICO® Scores—do you know yours? Choose your plan.' Below this are three plan cards: 'BASIC' (circled in red), 'ADVANCED', and 'PREMIER'. Each card lists features like 'FICO Scores', 'Credit reports', and 'Identity monitoring' with checkmarks. The Basic plan is priced at \$19.95/month, Advanced at \$29.95/month, and Premier at \$39.95/month. A large red arrow points to the 'Start Plan' button of the Basic plan.

Select the **Basic Option** by clicking “**Start Plan**”

The screenshot shows the myFICO sign-up form. At the top, it says 'myFICO' and 'Already a member? Log in now.' The form is titled 'Sign up for myFICO' and has a green lock icon. It contains fields for 'Enter your Email' and 'Create a Password'. Below these is a checkbox that is checked, with the text: 'Yes, sign me up to receive email about special offers, valuable information, and educational resources to help me manage my credit.' A blue 'Continue' button is at the bottom. At the very bottom, there is a Norton logo with the text 'powered by digicert'.

Create your user ID and Password – and decide if you want to receive special offers (if no uncheck the box). Once you use myFICO for your first report it will maintain a record of your USER information. This allows you to easily return and download a new report as needed for DCOM or BOM. If you forget your USER ID, you will be able to use your SS# to request an email reset. Typically, the USER ID is your email, so use an account that will continue to be valid!

FIRST TIME USERS: Enter your information to create your account and **Continue to Billing Info:**

1 Personal Info 2 Payment Method 3 Review & Confirm 4 Identity Verification

### Enter your Personal Information

First Name M.I. Last Name Suffix  
Select ▼

Date of Birth MM/DD/YYYY Social Security # ? Gender  
Select ▼

Street Address Zip Code  
Enter zip for city and state

City & State Phone Number

[Continue to Billing Info](#) Need help? [Call 1-800-319-4433](tel:1-800-319-4433)

myFICO Dashboard Alerts Scores Reports More ▾

Dashboard

### Do you need ongoing access to your FICO® Scores and credit reports?


**FICO Advanced**

- ✓ 3-Bureau FICO® Scores and credit report updates available every quarter
- ✓ 3-Bureau credit monitoring with FICO® Score alerts<sup>2</sup>
- ✓ Identity theft monitoring, alerts and dark web surveillance
- ✓ Fraud resolution and up to \$1 million identity theft insurance<sup>3</sup>

\$29<sup>95</sup>/month<sup>1</sup>

[Start Plan](#)

[Buy A One-Time Report](#)



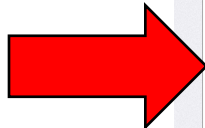
**Prepare for your credit goals**

Get the right score for your credit goal, including your FICO Scores used for mortgages, auto loans, and credit cards.

<sup>1</sup> IMPORTANT INFORMATION: Your subscription automatically renews monthly at \$29.95, unless you cancel. You may cancel at any time; however, refunds are not available. All subscriptions include a FICO® Score 8, and may include additional FICO® Score versions. Your lender or insurer may use a different FICO® Score than the versions you receive from myFICO, or another type of credit score altogether. [Learn more](#)

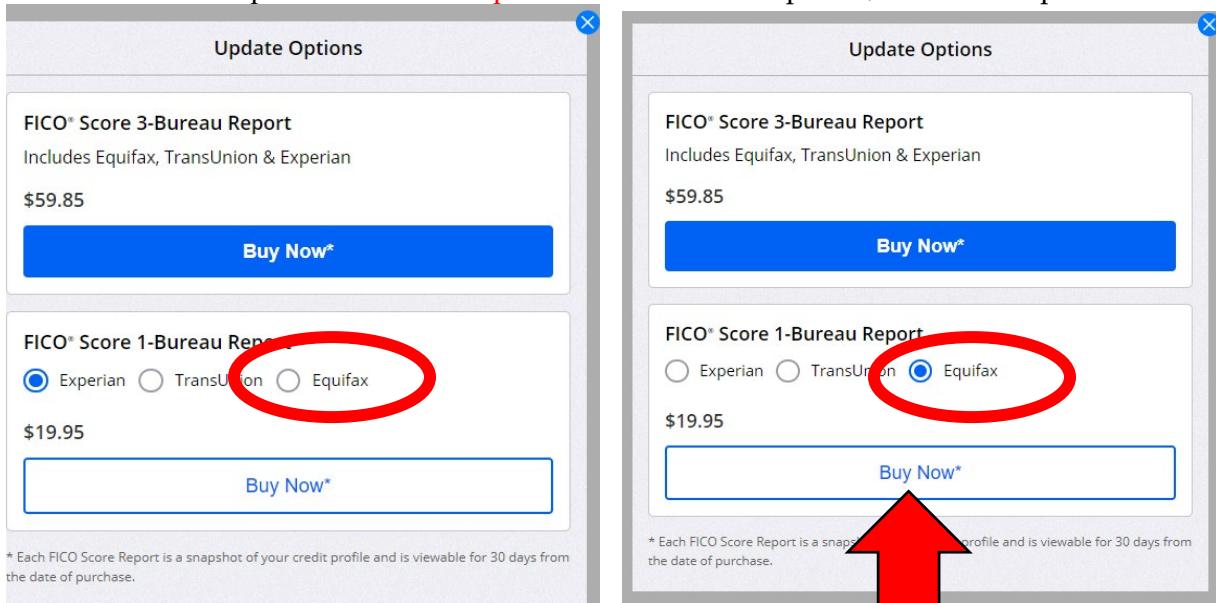
<sup>2</sup> Not all credit report data or transactions are monitored. Monitored credit report data, monitored credit report data change alerts, FICO® Score updates, FICO® Score alerts, monitored transactions, and alert triggers, timing and frequencies vary by credit bureau. Other limitations apply. [Learn more](#)

<sup>3</sup> The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. [Review the Summary of Benefits](#)



Select **BUY A ONE-TIME REPORT**, you do not need to start a monthly plan.

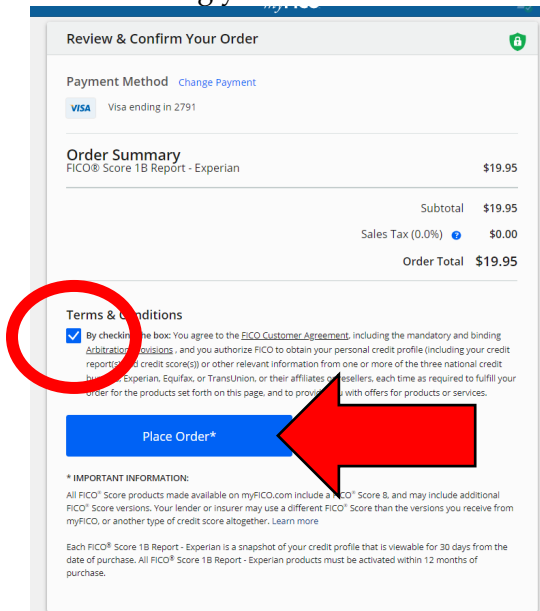
Select the second option: **1-Bureau Report** – the default is Experian, but select Equifax



Select Equifax and Click **BUY NOW**

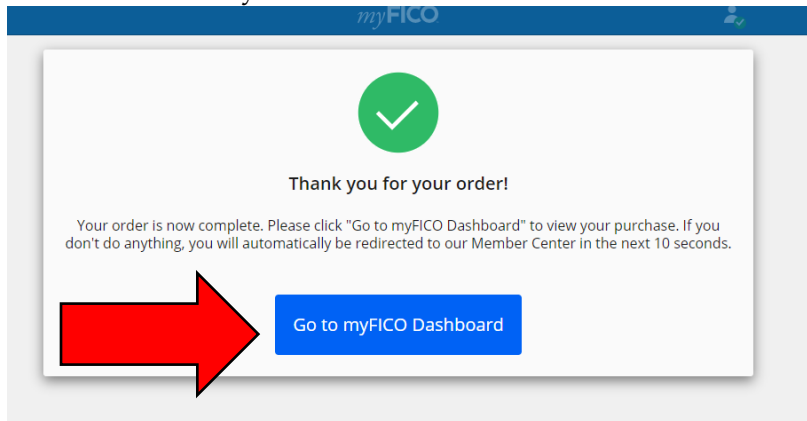
A Screen will appear asking for your credit card information to process the payment request. Make sure you are only purchasing a one-time report for \$19.95; you are not purchasing a monthly monitoring plan or three reports.

After entering your credit card information and submitting, you'll have this review screen



before your actual purchase. You must click the box and then click **Place Order**. A screen that says "Processing" will appear, do not refresh, just wait!

The following screen will appear once your order has completed.  
Click on "Go to myFICO Dashboard"



## THIS IS YOUR DASHBOARD

To print your report, click on FICO SCORE 1B Report, Equifax.

## Credit Report

Your FICO® Reports from December 15, 2020:

FICO® Report – **EQUIFAX** → FICO® Score Simulator **Print**

December 15, 2020 | [Redacted] FICO® Score 8: 792

FICO® Score

Understanding Your Score

How Lenders See You

Credit At-A-Glance

Accounts

Inquiries

Collections

Public Records

FICO® Score 8 Summary

**792**

FICO® Score 8 based on Equifax data as of December 15, 2020

Your FICO® Score considers both positive and negative information in your credit report. The chart below shows the "ingredients" that affected your FICO score. Use this tool to help you understand how your credit behaviors can have a positive or negative impact on your score.

FICO® score ingredients

How you rate

Your report will open, and you'll need to click the PRINT icon.

After clicking print a new window will open for the print menu.

myFICO [Redacted] December 15, 2020 | Equifax

FICO® Score 8 Summary

**792**

FICO® Score 8 based on Equifax data as of December 15, 2020

Your FICO® Score is Very Good

Your score is above the average of U.S. consumers and demonstrates to lenders that you are a very dependable borrower.

- FICO® Scores range between 300 and 850
- Higher scores are better scores
- The higher your score, the more favorably lenders look upon you as a credit risk

Your FICO® Score considers both positive and negative information in your credit report. The chart below shows the "ingredients" that affected your FICO score. Use this tool to help you understand how your credit behaviors can have a positive or negative impact on your score.

| FICO® score ingredients                                                                  | How you rate |
|------------------------------------------------------------------------------------------|--------------|
| <b>Payment history</b><br>Your history of paying bills on time.                          | Exceptional  |
| <b>Amount of debt</b><br>Your total amount of outstanding debt.                          | Very Good    |
| <b>Length of credit history</b><br>How long you've had credit.                           | Very Good    |
| <b>Amount of new credit</b><br>Amount of credit you've recently obtained or applied for. | Very Good    |

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For security, hover over your name on the Dashboard, in the upper right-hand corner and click, then a small drop-down menu will appear, and you can LOG OUT.

myFICO Dashboard Alerts Scores Reports Simulator More

Dashboard

NAME