

CERTIFIED LAY MINISTRY PROCESS CHECKLIST

NAME:

ADDRESS:

PHONE:

EMAIL:

HOME CHURCH:

DISTRICT:

PRIOR TO RETREAT I

- _____ Copy of Current Certified Lay Speaking Certificate
- _____ Biographical Information Sheet
- _____ Copies of Clearances (PA Criminal Record Check and Child Abuse History)
Clearances may be obtained online at <http://epatch.state.pa.us>.
Must be current within 5 years and at present address.

PRIOR TO RETREAT II

- _____ Completion of CLM Retreat I: _____ (date)
- _____ Local Church Recommendation:
Signature Report Form (please attach supporting minutes/documentation)
Written recommendation from pastor of church, as well as documented majority approval
action from the SPPR and the Church Council OR the Charge Conference
- _____ Copy of the DISC Spiritual Gifts Inventory taken at Retreat I
- _____ Identify Members of Mutual Ministry Team (including the pastor)
Begin working through the CLM Module 1 as a team

PRIOR TO DCOM MEETING:

- _____ Completion of CLM Retreat II: _____ (date)
- _____ Professional Training Requirements including, but not limited to:
 - _____ Boundaries (date: _____) _____ Domestic Violence (date: _____)
 - _____ Safe Sanctuaries (date: _____) _____ Racism (date: _____)
- _____ Completion of Module 1 with MMT, and development of Covenant. (Please attach a copy of the MMT covenant and detailed evidence that the CLM has demonstrated appreciation of and adherence to the history, polity, doctrine, worship and liturgy of the United Methodist Church through service in his/her local congregation.)
- _____ DS Screening and Assessment (as determined by the District Superintendent)
- _____ Written request to appear before the DCOM for majority endorsement as a CLM

AFTER DCOM MEETING

_____ District Recommendations: Signature Form: (DS, District Chair of Lay Ministry School, and DCOM Chair) upon endorsement of the DCOM

_____ Formation of Covenant with MMT in assigned ministry setting

_____ Assignment of Equipping Pastor by DS

_____ Assignment by District Superintendent to Ministry Setting

Date of Assignment/Certification: _____

Location of Assignment: _____

Note: **Certification** as an endorsed lay minister comes only upon assignment by the District Superintendent to a particular ministry setting, and is effective only for the duration of time authorized by the DS. The CLM is expected to continue to teach the modules to the MMT at the assigned setting and fulfill the covenant developed for that setting.

_____ Completion of Modules 2,3,4 and verification from MMT that all Modules have been successfully completed.

_____ Other Requirements / Experiences Recommended: (please list)

BI-ANNUAL RE-ENDORSEMENT

(every two years)

_____ Psychological Assessment (One-time assessment. Cost to be shared with the Conf. BOOM)

_____ Completed Signature Form

_____ Recommendation of District Superintendent

_____ Annual Written review from Church Council or Charge Conference

Reference work completed in modules and practical experiences gained in the life/work of the Congregation (due annually before: Dec. 10). Please submit any revisions made to the MMT covenant/work description.)

_____ Annual Written Report from the MMT with whom the CLM is working

_____ Annual Review from Equipping Pastor

_____ Continuing Education Events (approved by District Superintendent). Please list:

_____ DCOM re-endorsement review: dates: _____

Copies of supporting documentation of all required components are to be maintained by: the CLM, the Conference CLM Registrar, and the District Committee on Ministry