

**CANDIDACY MENTOR' S REQUEST FOR THE ASSESSMENT PACKET
FOR THE DOM CANDIDACY ASSESSMENT OFFICE**

Name of Candidate (printed or typed) _____

Address _____

Street

City

State

Zip

Tel./area code (Home) _____ (School) _____ (Work) _____

E-Mail Address _____

It is my understanding that I will be responsible for administering the instruments in the assessment packet to the candidate in a manner consistent with the guidelines enclosed in that packet, and for sending the completed instruments by return mail to the DOM Candidacy Assessment Office in the mailer provided in the assessment packet. I further understand that the results of the scoring of the assessment instruments will be forwarded by mail from the DOM Candidacy Assessment Office to the Ministerial Assessment Specialist or conference approved psychological consultant designated below, and that the consultant will contact the candidate for a feedback session. I understand that the timeline involved in this process, beginning from the date when I mail the completed instruments to the DOM Candidacy Assessment Office until the MAS receives a report from the consultant, will be approximately six weeks.

Ministerial Assessment Specialist or Conference Psychological Consultant:

Name _____ Title _____

Address _____

Street

City

State

Zip

Tel./area code (Home) _____ (Work) _____

E-mail _____

Name of Candidacy Mentor _____

Address _____

Street

City

State

Zip

Tel./area code (Home) _____ (Work) _____

E-mail _____

Today's Date _____ **Proposed Date of Testing** _____

District _____ Conference _____

Signature _____

Keep one copy of this form for your own information.
Send one copy of this form to the MAS/CPC names above.
Send one copy of this form to the Assessment Office as noted below.

**SEND THIS REQUEST FOR THE ASSESSMENT PACKET TO:
CANDIDACY ASSESSMENT OFFICE**

Division of Ordained Ministry
PO Box 340007, Nashville, TN 37203-0007
Phone: 615/340-7394