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

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ School or Office Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Birthday \_\_\_\_\_

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 three 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 \_\_\_\_\_

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