

Request for Biennial Review and Renewal

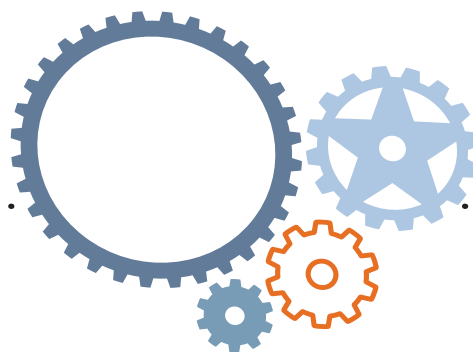
PROFESSIONAL/UNDERGRADUATE/PARAPROFESSIONAL CERTIFICATION

in The United Methodist Church



HIGHER EDUCATION & MINISTRY

General Board of Higher Education and Ministry
THE UNITED METHODIST CHURCH



Print or type all information. Check appropriate area of certification.
Additional comments about your work and needs are helpful. You may give more detailed answers by attaching additional pages (**Submit to conference Board of Ordained Ministry (BOM) for approval. BOM approves and submits to GBHEM.**)

RENEWAL YEAR (even years) _____

☐ Professional ☐ Undergraduate ☐ Paraprofessional

AREA OF CERTIFICATION:

- | | |
|--|--|
| <input type="radio"/> Camp/Retreat Ministry | <input type="radio"/> Children's Ministry |
| <input type="radio"/> Christian Education | <input type="radio"/> Evangelism |
| <input type="radio"/> Ministry with People with Disabilities | <input type="radio"/> Ministry with the Poor |
| <input type="radio"/> Music Ministry | <input type="radio"/> Older Adult Ministry |
| <input type="radio"/> Spiritual Formation | <input type="radio"/> United Methodist Parish Nurse Ministry |
| <input type="radio"/> Urban Ministry | <input type="radio"/> Youth Ministry |

GENDER*:

☐ Male ☐ Female Date of Birth* _____

MINISTRY CATEGORY:

- | | | |
|-----------------------------|-----------------------------------|---|
| <input type="radio"/> Elder | <input type="radio"/> Deacon | <input type="radio"/> Licensed Local Pastor (part time/full time) |
| <input type="radio"/> Laity | <input type="radio"/> Full Member | <input type="radio"/> Provisional Member |
| Elder __ Deacon__ | | |

RACIAL ETHNIC GROUP*:

- | | | | |
|--|--|-----------------------------------|---|
| <input type="radio"/> African American | <input type="radio"/> Asian American | <input type="radio"/> Caucasian | <input type="radio"/> Hispanic American |
| <input type="radio"/> Native American | <input type="radio"/> Pacific Islander | <input type="radio"/> Other _____ | |

NAME _____

CURRENT POSITION _____

PREFERRED ADDRESS _____

CITY/STATE/ZIP _____

PHONE home (____) _____ office (____) _____ mobile (____) _____

FAX _____ **EMAIL ADDRESS** _____

CURRENT CONFERENCE MEMBERSHIP _____

CURRENT CHURCH MEMBERSHIP _____

- ☐ I have not changed positions during the past two years.
- ☐ I have changed positions during the past two years (*give name and address of former position and date change*).



TO WHAT PROFESSIONAL GROUPS DO YOU BELONG?

WHAT PROFESSIONAL PERIODICALS AND BOOKS HAVE YOU READ?

WHAT PROFESSIONAL CONFERENCES, WORKSHOPS, OR COURSES HAVE YOU ATTENDED DURING THE PAST TWO YEARS?

WHAT EXPERIENCES HAVE BEEN HELPFUL IN YOUR PERSONAL ENRICHMENT AND SPIRITUAL GROWTH?

Evaluation of professional performance of applicant to be completed by person who has primary supervision of applicant's work (you may use a separate page for the evaluation). The supervisor is the person who works most closely with the person certified in specialized ministry and is in a position to evaluate his/her work and to whom he/she is accountable for accomplishing ministry goals and tasks. This person may be the senior pastor, chair of the pastor/staff relations committee, an agency supervisor, a district superintendent, a staff person in the conference council on ministries (BOM Chair signs for retired or unemployed persons), or supervisor or board chair (for nonprofits) of employing organization.

Please attach a copy of your most recent performance evaluation.

(This evaluation is to be reviewed by both applicant and supervisor and signed in each other's presence.)

Applicant Signature _____ **Supervisor Signature** _____

FOR USE BY CONFERENCE BOARD OF ORDAINED MINISTRY

Date received by BOM: _____

(Upon approval/denial of renewal, the conference chairperson will date and sign. File original copy with individual's record in the conference office and send a copy to GBHEM, Division of Ordained Ministry, Certification Office, PO Box 340007, Nashville, TN 37203-0007)

Certification Renewal Status:

- ☐ Approved, active
- ☐ Approved, retired

Certification Not Renewed:

- ☐ Individual chooses not to renew certification
- ☐ Retired, individual chooses not to renew
- ☐ Conference Denies Renewal

Comments:

Signer for Conference BOM: _____ **Print name:** _____

For more information, visit gbhem.org/certification or email us at certification@gbhem.org.