



CERTIFIED LAY MINISTRY
DISTRICT FILE CONTENT CHECKLIST

Name: _____
Address: _____
Phone: Home: _____ Cell: _____ Work: _____
Email Address: _____ Home Church: _____
Mentor/Supervisor: _____ Phone: _____

- Recommendations for certified lay minister form signed by Pastor, Church Council or Charge Conference, and District Superintendent.
- Completion of Lay Academy Modules 1 2 3 4 5 6
- Copy of Lay Academy Graduation Certificate. Date of Graduation: _____
- Background check
- Tier 1 Psychological Testing and Evaluation
- Application from Candidate in writing, to district Committee of Ordained Ministry for review and approval.

_____ Letter of application from candidate
_____ 3 page statement of how Lay Academy and concurrent ministry involvement has shaped calling
_____ 3 Letters of reference

Certification by District Committee: Date: _____
Recertification (every 2 years): Date: _____ Date: _____ Date: _____

Placement: _____ Date: _____ Supervising Clergy: _____