

**Certified Lay Minister  
Certification Process Checklist**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone/s: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Membership: \_\_\_\_\_

District: \_\_\_\_\_ Annual Conference: \_\_\_\_\_

**Certification—¶268.3, 2016 BOD**

\_\_\_\_\_ Been certified as a lay servant, lay missionary, (or equivalent as defined by his or her central conference)

\_\_\_\_\_ Obtained written recommendation from pastor and Church Council or Charge Conference where church membership is held

\_\_\_\_\_ Completed Modules 1-4 for Certified Lay Ministry or their equivalent as required by annual conference

\_\_\_\_\_ Completed courses relevant to his/her assignment

\_\_\_\_\_ Completed appropriate screening and assessment as required by district or annual conference

\_\_\_\_\_ Received letter of recommendation from district superintendent

\_\_\_\_\_ Made application in writing to become certified lay minister

\_\_\_\_\_ Had all requirements for certification reviewed by conference committee on Lay Servant Ministries for referral to district committee on ministry (dCOM) for examination and recommendation

\_\_\_\_\_ Interviewed with dCOM for recommendation of certification

Recommended for certification by dCOM: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state reason(s): \_\_\_\_\_

Date: \_\_\_\_\_ dCOM Chair: \_\_\_\_\_

Approved for certification by conference committee on LSM: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state reason (s): \_\_\_\_\_

Date: \_\_\_\_\_ Conference Director of LSM: \_\_\_\_\_

**Recertification—¶268.4, 2016 BOD (Required every 2 years)**

\_\_\_\_\_ Submitted an annual report to charge conference/church council where membership is held, to the conference committee on LSM, or equivalent, giving evidence of satisfactory performance as a certified lay minister

\_\_\_\_\_ Obtained a ministry review by PPRC/SPRC, church council, or charge conference where membership is held (or if under assignment, PPRC/SPRC, charge conference, or supervisory board of the ministry setting where assigned)

\_\_\_\_\_ Completed a LSM advanced course or approved continuing education event, as defined by conference committee on LSM or its equivalent in the last two years

\_\_\_\_\_ Obtained recommendation for recertification from district superintendent

\_\_\_\_\_ Had all requirements for certification reviewed by conference committee on LSM for referral to district committee on ministry (dCOM) for examination and recommendation

\_\_\_\_\_ Interviewed with dCOM for recommendation of recertification

Recommended for recertification by dCOM: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state reason(s): \_\_\_\_\_

Date: \_\_\_\_\_ dCOM Chair: \_\_\_\_\_

Approved for recertification by conference committee on LSM: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state reason (s): \_\_\_\_\_

Date: \_\_\_\_\_ Conference Director of LSM: \_\_\_\_\_