

DISCERNMENT FOR AUTHORIZED MINISTRY



Committee on Authorized Ministry, Central MA Association
Southern New England Conference, United Church of Christ
6 Institute Road Box 5
Worcester, MA 01609

FORMS

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Form A

Candidate's Letter of Request

Date _____

Dear Committee on Authorized Ministry,

I have read the policies and expectations of the discernment process of the Central MA Association. I am aware of the expectations of the discernment process for authorized ministry. Having prayerfully reviewed them with my local church, I consent to being lifted up by my home congregation for consideration by the Committee on Authorized Ministry.

Enclosed you will find the completed application.

1. Letter of support from the local church (Form B)
2. Certification of local church membership (Form C)
3. Letter of reference the local church pastor (Form D)
4. Second letter of reference (Form D)
5. Third, letter of reference (Form D)
6. Official transcripts from any undergraduate and graduate studies.
7. A paper written by the candidate. This paper should not exceed 10 pages.
8. Candidate Release Form (Form F)
9. Picture of yourself

_____ I have completed the online background check thru Oxford Document Management Company.

_____ I have not been a candidate in any other discernment processes with another association or denomination.

_____ I have been a candidate in another discernment process with _____ (association or denomination) and have released my complete file to the Central MA Association Committee on Authorized Ministry.

Name _____
Signature _____
Address _____

Phone _____
Email _____
Local Church _____

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Form B

Initial Letter from the Local Church

Candidate's Name _____
Local Church _____
Address _____
Town _____

Local Church Pastor _____
Phone _____
Email _____

Contact Person _____
Phone _____
Email _____

We have, in consultation with _____ (candidate), reviewed the policies and expectation and have formally agreed to lift them up for your consideration. If, when interviewed, the candidate is received into or renewed in the discernment process, our local church agrees to offer the necessary spiritual, emotional and financial support.

(local church committee chair)

(local church pastor)

The above-named candidate is seeking to enter into or continue in the discernment process with the Central MA Association of the Southern New England Conference of the United Church of Christ. The Committee of Authorized Ministry has the responsibility for determining whether or not to proceed with this request and will consider the candidate's potential for or progress toward authorized ministry.

Please describe the process used by the local church to interview and recommend the candidate named above.

Based on your assessment of the candidate please address the following:

- _____ How long and in what capacity have you known the candidate?
- _____ What are the candidate's skills and areas of strength?
- _____ Where does the candidate need further development?
- _____ Explain why you would or would not recommend that the candidate proceed towards authorized ministry.

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Form C

Certification of Local Church Membership

Candidate's Name _____
Local Church _____
Address _____
Town _____

Local Church Pastor _____
Phone _____
Email _____

Clerk _____
Phone _____
Email _____

Having reviewed our records, we attest that _____ (candidate) joined
our congregation on _____ (date). They have remained an active member
since _____ (date).

(clerk)

(local church pastor)

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Form D

Letter of Reference

Candidate's Name _____
Referrer's Name _____
Relationship _____
Address _____
Town _____
Phone _____
Email _____

The above-named candidate is seeking to enter into or continue in the discernment process with the Central MA Association of the Southern New England Conference of the United Church of Christ. The Committee of Authorized Ministry has the responsibility for determining whether or not to proceed with this request and will consider the candidate's potential for or progress toward authorized ministry.

Based on your assessment of the candidate please address the following:

- _____ How long and in what capacity have you known the candidate?
- _____ What are the candidate's skills and areas of strength?
- _____ Where does the candidate need further development?
- _____ Explain why you would or would not recommend that the candidate proceed towards authorized ministry.

Signature _____

This material is confidential. If you would like to share it with the candidate, you may do so by sending him or her a copy. This reference must be submitted in a sealed and signed envelope to the candidate, so that he or she may include it with the other application materials.

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Form F
(Modified 12-10-20)
Candidate Release

Candidate's Name _____

You have the right to be treated in accordance with professional and ethical standards of conduct. You have the right to be respected as an individual, regardless of your gender, race, religious perspective, sexual orientation or ability.

Confidentiality is an important ethical issue that directly affects the discernment process and the health of the Body of Christ. You have the right to confidentiality. During the course of your discernment process your files will be kept in a secure environment.

For the purposes of discernment, please sign the following statement.

I, _____ (print name) authorize the members of the Committee on Authorized Ministry of the Central MA Association to copy, review and discuss my files when relevant to the work of discernment. This includes all papers, transcripts, references, field education evaluations and clinical pastoral education evaluations. I further grant permission to my Discernment Advisor to be in contact with my seminary/theological school and/or academic advisor to discuss my progress as relates to discernment and fitness for ministry.

I agree to release my Psychological Evaluation, as administered by an approved counseling center, to my Discernment Advisor and to the members of the Committee on Authorized Ministry. I can expect that any copies made of the report will be shredded or otherwise properly destroyed.

I release, indemnify, and agree to hold harmless the Central MA Association, its staff, officers, Committee members, attorneys, consultants and approved counseling center affiliates from any action or cause of action, arising from any action taken under the above authorization, or from any use of the evaluation and further information in reviewing my fitness for ordained ministry, or from the dissemination of the evaluation or further information to other persons. I understand that any documents provided to the Central MA Association in accordance with the Authorization and Release shall become its sole property and may be retained by the Association, notwithstanding any subsequent withdrawal of my application for, or resignation from, authorized ministry status. This Authorization and Release may not be rescinded or modified, except with the express written agreement of the Central MA Association.

Signature _____
Date _____

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Form G

Annual Report of Advisor

Candidate's Name _____
Advisor's Name _____
Address _____
Town _____
Phone _____

Date _____

First Annual Review _____
Second Annual Review _____
Other _____

-
1. How often did you meet with the candidate to review his or her educational progress, goals, and needs, to review expectations, requirements and procedures of the discernment relationship?
 2. Which of the following have you reviewed and discussed with your candidate?
 - _____ The United Church of Christ Statement of Faith
 - _____ Ordained Minister's Code
 - _____ Ordination Vows
 - _____ The Central Association Boundary Training
 - _____ Biblical Content Exam as administered by the Presbyterian Church USA
 3. Which of the following reports have you reviewed and discussed with your candidate?
 - _____ Psychological Evaluation
 - _____ Field Education Final Evaluation(s)
 - _____ Clinical Pastoral Education Final Evaluation
 - _____ Seminary Middler Review

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Form H

Annual Update by Candidate

Candidate's Name _____
Advisor's Name _____
Address _____
Town _____
Phone _____
Email _____

Date _____

(check one)

First Annual Review _____
Second Annual Review _____
Other _____

-
1. How often did you meet with your advisor?

 2. For candidates in their first year, have you completed the following?
_____ Psychological Evaluation
_____ Boundary Training
_____ UCC Polity Course
 3. Which of the following have you reviewed and discussed with your advisor?
_____ The United Church of Christ Statement of Faith
_____ Ordained Minister's Code
_____ Ordination Vows
_____ The Central Association Boundary Training
_____ Biblical Content Exam as administered by the Presbyterian Church USA
 4. Which of the following reports have you reviewed and discussed with your advisor?
_____ Psychological Evaluation
_____ Field Education Final Evaluation(s)
_____ Clinical Pastoral Education Final Evaluation
_____ Seminary Middler Review

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5. Describe your relationship to your advisor.

6. Describe your field education and/or clinical pastoral education.

7. Describe your seminary/theological school experience.

8. Have you applied to the Central Association Scholarship? Yes _____ No _____

9. List the wider church events, if any, that you have attended this year