

The District Committee on Ordained Ministry approves this application. Date _____

District _____ dCOM Chairperson _____

Revised form 1/14/2025

For Provisional Deacons and Elders: Date of interview with BOM _____

(*Complete all information that applies to ordination interviews)

Upper New York Conference Board of Ordained Ministry

Application for Psychological Assessment

Please complete the following information:

*Applicant's Name: _____

*Mailing Address: _____

*Phone No(s) home _____ church _____ cell _____

*email: _____

*District: _____ Local Church: _____

My interview with the District Committee on Ordained Ministry will be on the following date:

(if uncertain, please give an estimated month and year) _____

Mentor's Name: _____

Mailing Address: _____

Phone No(s) home _____ church _____ cell _____

email: _____

***To the Candidate:**

In applying for this assessment, I understand I will receive a copy of the report and test data. I may distribute copies to whomever I wish. I also understand that all materials are kept in my personnel file in District Office files where I serve and are property of the Upper New York Annual Conference to review and then to use for nurture and discernment.

Candidate's Signature: _____ date: _____

To the Mentor:

I have discussed the Psychological Assessment process with this candidate and believe s/he is ready for this step.

Mentor's Signature: _____ date: _____

*Send this application and \$400 check to: Psychological Assessment Officer of the Board of Ordained Ministry:

Rev. Nancy Adams, 261 Main St., Owego, New York 13827

adamsnj@aol.com

cell: 607-372-5407

church: 607-687-2417

*Make the check of \$400 payable to "Upper New York (UNY) Annual Conference"