

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

Revised form 08/12/2020

For Provisional Deacons and Elders: Date of interview with B. O. M. _____
(*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 that the report and test data will be given to me. I may distribute the copies to whomever I wish. I also understand that all materials are kept in my personnel file in the District Office where I serve and the property of the Upper New York Annual Conference. It will be reviewed and used 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 \$300 check to: Psychological Assessment Officer of the Board of Ordained Ministry:

Rev. Jennifer Schaus Green, 21 West Ave., Hilton, New York 14468

pastor@humcny.org

cell: (716) 560-5204 church: (585) 392-8761

***Make the check of \$300 payable to "Upper New York (UNY) Annual Conference"**