



# CERTIFIED LAY MINISTER

## ANNUAL REPORT

### GREAT PLAINS CONFERENCE OF THE UNITED METHODIST CHURCH

Report for year 20

Please complete all necessary parts. PRINT OR TYPE.

**DEADLINE – December 31 – in the District Office**

To be used for Initial Application and Renewal

#### Directions for Initial Certification or Renewal:

1. For initial certification, meet with your pastor to discuss and discern your call to become a CLM.
2. For initial certification or renewal, obtain recommendation and signatures (on this form) from your pastor and from church council or charge conference to become a CLM.
3. For renewal, show evidence of satisfactory performance as a CLM, and obtain a ministry review by the staff/pastor-parish relations committee, church council, or charge conference of the congregation in which you are a member or, if assigned, the staff/pastor-parish relations committee, charge conference, or supervisory board of the ministry setting in which you are assigned.
4. For initial certification, show evidence of completion of the conference educational requirements: Modules 1-4 and New Testament, Old Testament, and Preaching. For renewal, show satisfactory completion of an advanced course in the last two (2) years.
5. For initial certification and renewal, obtain recommendation and signature (on this form) from your district superintendent.
6. For initial certification, complete Safe Gatherings certification, boundary training, background check, and psychological assessment.
7. For initial certification or renewal, have all forms reviewed by the District Director of LSM for a recommendation to be examined by the District Committee on Ordained Ministry (DCOOM).
8. For initial certification and renewal, interview with and obtain recommendation from DCOOM.
9. For initial certification and renewal, send all completed information to your District Director of Lay Servant Ministries for approval by the CCLSM.

**Questions? Contact your District Director of Lay Servant Ministries.**

#### Part 1. DATA ON THE LAY MINISTER

Name: ( ) Ms. ( ) Mrs. ( ) Mr. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Church: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pastor: \_\_\_\_\_

Assigned Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Part 2. STATUS OF THE CERTIFIED LAY MINISTER

\_\_\_\_\_ Requesting initial certification as a Certified Lay Minister

- Are you currently a Certified Lay Servant? ( ) yes ( ) no
- What year did you obtain your certification? \_\_\_\_\_
- Indicate completion/certification dates for educational and other requirements:
  - Module 1: \_\_\_\_\_
  - Module 2: \_\_\_\_\_
  - Module 3: \_\_\_\_\_
  - Module 4: \_\_\_\_\_
  - New Testament: \_\_\_\_\_
  - Old Testament: \_\_\_\_\_
  - Preaching: \_\_\_\_\_
  - Safe Gatherings: \_\_\_\_\_
  - Boundary Training: \_\_\_\_\_
  - Background Check: \_\_\_\_\_
  - Psychological Assessment: \_\_\_\_\_

\_\_\_\_\_ Requesting renewal as Certified Lay Minister

- What year were you first approved as a Certified Lay Minister? \_\_\_\_\_
- What year did you complete your last advanced or approved course? \_\_\_\_\_  
Title and location of course: \_\_\_\_\_

Are you a member of a United Methodist Church? ( ) yes ( ) no

Are you called and willing to provide pulpit supply? ( ) yes ( ) no

**Part 3. CERTIFIED LAY MINISTER ROLE (renewal only)**

List your activities in the past year that demonstrate your role as Certified Lay Minister, including personal spiritual development, service to the church, and mission opportunities in the community. If you need more space, expand this section or attach another page.

**Part 4. RECOMMENDATION OF THE PASTOR (initial only)**

I \_\_\_\_\_ recommend or \_\_\_\_\_ do not recommend that this person be certified as a Certified Lay Minister.

Comments/Concerns: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 5. RECOMMENDATION OF THE CHARGE CONFERENCE/CHURCH COUNCIL (initial only)**

The \_\_\_\_\_ charge conference/church council \_\_\_\_\_ recommends or \_\_\_\_\_ does not recommend that this person be certified as a Certified Lay Minister.

Comments/Concerns: \_\_\_\_\_

Chair (OR DS) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 6. MINISTRY REVIEW (renewal only)**

The \_\_\_\_\_ charge conference/church council has completed a ministry review and \_\_\_\_\_ recommends or \_\_\_\_\_ does not recommend this person for renewal as a CLM.

Comments/Concerns: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 7. APPROVAL OF THE DISTRICT SUPERINTENDENT**

For initial certification, is the candidate fully qualified to perform the duties of a CLM? ( ) yes ( ) no

For renewal, has the applicant completed at least one Advanced LSM Course or approved equivalent in the past two years? ( ) yes ( ) no

For renewal, does the applicant perform the role of CLM to a satisfactory level? ( ) yes ( ) no

DS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 8. REQUEST BY District Director of LSM FOR REVIEW BY DCOOM**

The District Director of Lay Servant Ministry has reviewed this application of the above individual and requests that the District Committee on Ordained Ministry examine the candidate for certification / recertification as a Certified Lay Minister.

GPCCLSM Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 9. APPROVAL OF THE DISTRICT COMMITTEE ON ORDAINED MINISTRY**

The DCOOM of \_\_\_\_\_ District has reviewed the above applicant or certification / recertification as a CLM and \_\_\_\_\_ recommends **or** \_\_\_\_\_ does not recommend the applicant for recertification.

Comments/Concerns:

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Chair Signature: \_\_\_\_\_ Date:

**Part 10. APPROVAL OF THE CONFERENCE COMMITTEE ON LAY SERVANT MINISTRIES**

Is the CLM Renewal Checklist Complete? ( ) yes ( ) no

The Lay Servant Ministries Committee of the Great Plains Conference:

\_\_\_\_\_ approves \_\_\_\_\_ does not approve the above person for certification / recertification.

Comments/Concerns/Goals:

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Conference LSM Director Signature: \_\_\_\_\_ Date:

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**Note: You must submit an Annual Report each year.**

**Provide copies to your DS and to your District Director of Lay Servant Ministries.**

**PUBLICATION OF INFORMATION**

Details about Lay Servants, Lay Speakers and Certified Lay Ministers are published in the annual conference journal. It is assumed unless you choose to opt out of allowing this practice that your name and contact information will be published. Please check the box below that corresponds

with your wishes. If no selection is made, the assumption will be that you grant permission for your information to be published in the print and digital versions of the conference journal.

- Publish my name and contact information.
- Publish only my name and NOT my contact information
- Do not publish my name and/or contact information.