

STEPS TO COMING UNDER CARE
(08/17/18)

PLEASE READ FIRST BEFORE PROCEEDING TO FOLLOWING PAGES.

WELCOME APPLICANTS SEEKING TO COME UNDER CARE OF PMA!

You are beginning a process of seeking God's will and confirmation of your call to ordained ministry as a Teaching Elder in the EPC. There is necessary paperwork involved as with any recognized and established connectional denomination. The following forms and documents are required, either for ecclesiastical standards or to meet legal requirements of state and/or Federal law.

After you have been a member of an EPC congregation for at least six months (cf. **G.11-2A**), the first step, following letting your Pastor know about your decision, is to ask for the endorsement of your Session. There's a form for that which your Pastor or Clerk of Session should know how to find and complete. This is the first form sent electronically to the Chair of the MC and the Stated Clerk, usually by the Clerk of Session or Pastor. While this is underway you may proceed to complete all other required forms and docs as shown in the Checklist below.

ALL FORMS and DOCS ARE TO BE SUBMITTED IN ELECTRONIC FORMAT (pdf or Word.doc), UNLESS INSTRUCTED OTHERWISE, & RETURNED TO THE MC CHAIR and STATED CLERK.

PRIORITIZE COMPLETION OF SOME FORMS BEFORE COMPLETING OTHERS:

There are one or two forms which need to be completed as soon as possible and submitted ahead of time of the rest. Please note on the following checklist the item identified as "Background check."

The first forms appear following the next page—Checklist of Required Forms and Docs—are forms used to conduct a background check via IRSI, a third party investigative service in Minneapolis, MN. These forms are self-explanatory, but if you have any questions, please contact the MC Chair.

DEADLINE FOR SUBMITTING ALL PAPERWORK:

THREE WEEKS *PRIOR* TO THE NEXT SCHEDULED MEETING OF THE MINISTERIAL COMMITTEE (Which is normally the LAST THURSDAY of every January, April & September).

NOTIFICATION OF YOUR EXAMINATION:

Once all docs and forms are in this office, you will be notified of an appointment time, date, place, for your examination by the Ministerial Committee and Presbytery. This exam will consist of their hearing your testimony of personal faith in Jesus Christ as your Lord and Savior and of God's call to ministry.

Following your meeting with the Ministerial Committee (usually on Friday AM before PMA meeting begins), you will be presented to the full Presbytery on Saturday AM, normally at the beginning of the meeting. At that time, a TE Advisor will be appointed to guide, coach, mentor and assist you while under care. The Candidate Care Committee may contact you periodically and serve as an additional resource for you as needed.

ALL QUESTIONS SHOULD BE DIRECTED TO THE CHAIR OF THE CANDIDATE CARE COMMITTEE.

**APPLICANT FOR CANDIDACY CHECKLIST
PRESBYTERY OF THE MID-ATLANTIC (8/16/18)**

NAME _____

ADDRESS _____

email _____

Preferred Phone(s) _____

FOR COMING UNDER CARE:

_____ **Application**

_____ **Background check**

_____ **Session Endorsement**

_____ **Preliminary Questionnaire**

_____ **Statement of Faith (2 parts)**

_____ **PIF Addendum**

_____ **College transcript(s) (sent directly to this Office)**

_____ **Seminary transcript(s) (sent directly to this Office)**

_____ **Physician's medical statement (not a full med report)**

_____ **ENNEAGRAM (Personality Inventory). Contact specialist Gina Roes at artofbreathing@aol.com for instructions. Cost of this report should be covered by your endorsing church. You will receive a report and one is sent directly to this Office.)**

_____ **PMA Sexual Misconduct Policy acknowledgement form**

***To be received & evaluated during
Candidacy prior to written exams:***

_____ **PIF with references**

_____ **Exegesis paper**

_____ **Seminary transcript(s)**

_____ **Ministerial Obligation form**

To be received prior to oral exams:

_____ **12 Questions**

_____ **Written exams (as required)**

_____ **Oral exams**

_____ **An approved call (or pending call)**

DATE INITIATED _____

DATE COMPLETED _____

ADMIN. DIRECTOR _____