

APPLICATION FOR SUPERVISED MINISTRY CREDIT
(based on previous supervised ministry experience)

Student's Name _____ Date _____

Current Church _____ District _____

Position _____

Student's previous ministry experience:

| Church | Position | Dates | Supervisor |
|--------|----------|-------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

This form should be completed by the student and submitted to the District Board of Ministerial Development for review. The DBMD should add comments and make a recommendation concerning credit, then submit the form to Education and Clergy Development for review by the Director of Ministerial Preparation for a final decision about credit to be granted.

1. Briefly outline your primary area of ministry and other duties that you participated in during the period for which credit is requested.

2. Describe the type and extent of supervision involved in your previous situation. (How often did you meet with a supervisor? For how long? What did the supervision sessions entail?)

3. How was this ministry experience evaluated?

4. Identify at least three areas in which you believe you experienced *significant* personal and professional development through the supervised ministry experience. For each area, include at least two or three sentences describing what you learned. (Attach extra sheets if necessary.)

5. Describe your ability to relate to persons of various ages and types as related to your primary ministry areas during this period.

6. Briefly describe what areas, personal and professional, you feel need further attention and equipping as you engage in full pastoral responsibilities:

REPORT ON CHECKLIST OF PASTORAL ACTIVITIES

Report should be filled out jointly by student and supervisor. It is understood that it will not be possible for a student to observe and participate in all of the activities listed below. It is expected that all will be discussed, most will be observed, many will be participated in, and that there will be follow-up discussion on all participation. If there has been experience in a given activity **several times**, put **"S"** in the proper box; if **one or a few times**, put **"Y"** (for yes). If there has been no experience, leave the box blank.

| Activity | Student & Mentor Discussed | Student Observed Mentor | Student Participated | Student & Mentor Evaluated |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------|----------------------------------|
| Basic pattern of Bible Study | | | | |
| Basic pattern, sermon preparation | | | | |
| Visitation-hospital | | | | |
| Visitation-shut-in | | | | |
| Visitation-elderly | | | | |
| Visitation-prospects | | | | |
| Visitation-community canvas | | | | |
| Visitation-business, professional | | | | |
| Visitation-evangelism | | | | |
| Method of personal evangelism | | | | |
| Method of discipling | | | | |
| Membership training | | | | |
| Membership reception | | | | |
| Membership transfer | | | | |
| Premarital Counseling | | | | |
| Wedding(s) | | | | |
| Marital Counseling | | | | |
| Pre-funeral visit with bereaved | | | | |
| Funeral(s) | | | | |
| Post-funeral pastoral care | | | | |
| Baptismal service | | | | |
| Administering Lord's Supper | | | | |
| Planning worship service | | | | |
| Preparing bulletin | | | | |
| Conducting worship service | | | | |
| Preaching | | | | |

| Activity | Student & Mentor Discussed | Student Observed Mentor | Student Participated | Student & Mentor Evaluated |
|---|---------------------------------------|--------------------------------|-----------------------------|---------------------------------------|
| Planning midweek service | | | | |
| Conducting midweek service | | | | |
| Planning special day observance (Christmas, Easter, etc.) | | | | |
| Planning revival | | | | |
| Planning missionary convention | | | | |
| Conducting Missionary convention | | | | |
| Preparing newspaper article | | | | |
| Preparing newspaper ad | | | | |
| Preparing agenda for LBA | | | | |
| Session of LBA | | | | |
| Session of LCC | | | | |
| Sunday school organization | | | | |
| Sunday School supervision | | | | |
| Relation to auxiliaries (WWI, etc.) | | | | |
| Office management | | | | |
| Maintaining membership lists, etc. | | | | |
| Property and legal matters | | | | |
| Preparing annual church budget | | | | |
| Managing church finances | | | | |
| Preparing reports to LBA | | | | |
| Preparing reports to District Conf. | | | | |
| District responsibilities | | | | |
| General church responsibilities | | | | |
| Ministerial association | | | | |
| Exposure to urban/ethnic ministries | | | | |

I attest that the above information is a true representation of my prior ministry experience.

_____ Signature of Student _____ Date

I confirm that I was the primary supervisor for _____ and that the above information is a true representation of this student's ministry experience.

_____ Signature of Supervisor _____ Date

Credit for Credentialing: In order for students to receive credit for credentialing in The Wesleyan Church, they must receive a grade of a C or better.

Other Supervisors (if any) _____ Emails _____

To be completed by DBMD:

Student Name _____

1. Was the student's prior experience supervised by a more experienced pastor?
Yes _____ No _____
2. Does the supervising pastor recommend credit be granted?
Yes _____ No _____
3. Was the student engaged in a broad range of full pastoral responsibilities (in contrast to narrowly defined responsibilities such as youth ministry)?
Yes _____ No _____
4. Did the student's supervision include discussion, observation, participation, and evaluation of ministry experiences and issues?
Yes _____ No _____
5. Was the experience comparable in duration to the Supervised Ministry requirement (four, eight, or twelve months)?
Yes _____ No _____
6. Does the DBMD have any reservations concerning this person's ability to function effectively in ministry?
Yes _____ No _____ If yes, please explain:

This recommendation has been reviewed by: _____ The full DBMD

_____ The DBMD Chairperson or Dist. Coordinator *only*

_____ The District Board of Ministerial Development hereby recommends that this student be granted credit for 4 8 or 12 months (Check one) of Supervised Ministry.

_____ The District Board of Administration hereby recommends that the student be required to complete the Supervised Ministry requirement under the direction of Education and Clergy Development.

Signature of DBMD Chairperson or District Coordinator of Supervised Ministry

Date

Please mail to:

Education and Clergy Development
The Wesleyan Church
PO Box 50434
Indianapolis, IN 46250-0434

Or email to:

education@wesleyan.org