

CERTIFIED LAY MINISTER
Initial Certification Process Checklist

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

District LSM Director: _____ District: _____

Church Membership: _____

Charge Conference: _____

District/Sub District: _____ Annual Conference: _____

Certification Status: Certified Lay Servant (CLS)? ___ Yes ___ No

OR

Certified Lay Speaker (CLSp) ___ Yes ___ No

Requirements per ¶ 268 (2016 BOD)

(Insert date when completed.)

The information below is found on the CLM Annual Report.

Date Completed

Requirement

1. Certified as a Lay Servant/Lay Missioner or equivalent.

2. Written recommendation from Pastor and Church Council or Charge Conference or S/PPRC.

3. Supervising Elder assigned.

4. Mutual Ministry Team formed.

5. Completed CLM Great Plains educational requirement (see LSM Guidebook, Page 27) or equivalent.

6. Letter of Recommendation from District Superintendent.

Date Completed

Requirement

- | | |
|-------|--|
| _____ | 7. Safe Gatherings Certification complete. |
| _____ | 8. Boundary Training complete. |
| _____ | 9. Background Check complete. |
| _____ | 10. Psychological Evaluation complete. |
| _____ | 11. Checklist for items 1-6 completed by District LSM Director along with confirmation of completion from Conference Registrar of items 7-10 forwarded to CCLSM. |
| _____ | 12. Items 1-7 reviewed by Conference Committee or District Director of LSM or equivalent. |
| _____ | 13. Referral by District Director of LSM to District Committee on Ordained Ministry (DCOOM) for examination. |
| _____ | 14. Recommendation of DCOOM to CCLSM for certification. Checklist completed by District Director. |
| _____ | 15. Approval of CCLSM. Chair reports results to BOOM Registrar. |

CERTIFIED LAY MINISTER
Renewal Process Checklist

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Church Membership: _____

Charge Conference: _____

District/Sub District: _____ Church Assigned (If any): _____

District Director of LSM: _____

Date of initial CLM certification: _____

Requirements per ¶ 268.4 (2016 BOD)
(Insert date when completed.)

The Information below is found on the CLM Annual Report.

Date Completed	Requirement
_____	1. Submitted Annual Report to the charge conference or church council and to DDLSM.
_____	2. Ministry review from Pastor Parish Relations Committee or charge conference or church council indicating satisfactory performance.
_____	3. Completed in the last 2 years an advanced CLM course or approved continuing education event approved by the CCLSM.
_____	4. Recommendation for renewal from District Superintendent.
_____	5. Updated Safe Gatherings certification and background check.

Date Completed

Requirement

6. Checklist for items 1-5 completed by District Director and forwarded to CCLSM.

7. Items 1-4 reviewed by Conference Committee on LSM or equivalent.

8. DDLSM referral to District Committee on Ordained Ministry (DCOOM) for examination.

9. DCOOM recommendation to CCLSM for recertification.

10. CCLSM approval. Chair reports results to BOOM Registrar.