

**North Wilkesboro District Committee on Ordained Ministry**  
**Checklist for those requesting Certification for Candidacy for Ordained Ministry**

- \_\_\_\_\_ **Biographical Information Report** (Form 102 or comparable)  
(You may do this on-line, but *we need a paper copy for your file*)
- \_\_\_\_\_ **Declaration of Candidacy for Ordained Ministry and Charge Conference Recommendation**  
(Form 104).
- \_\_\_\_\_ **Written response to statements** found in ¶ 311.3b of the *Discipline*.  
This must be completed and mailed or emailed to the District Office or chair of DCOM  
*at least one week prior to your meeting with the DCOM* (be sure your name is on each page).
- \_\_\_\_\_ **Authorization for Background Check form** - you must complete this form and mail  
with the Kroll Background America form and Notarized Disclosure Statement  
to WNC Conference Board of Ordained Ministry Registrar – address is on form.
- \_\_\_\_\_ **Kroll Background America Form – Schedule F**  
You must complete and mail this with Authorization for Background Check form  
to WNC Conference Board of Ordained Ministry Registrar – address is on form.
- \_\_\_\_\_ **Notarized disclosure statement** (¶ 311.3d of the *Discipline*).  
Send with Authorization for Background Check and Kroll form;  
*send copy to District Office*
- \_\_\_\_\_ **Report of background check results from WNCC Board of Ministry registrar.**  
(This report is sent to District Office from the Conference office after your background check  
is processed – you do not have to do anything additional, but we must have this form before  
we can vote on your certification)
- \_\_\_\_\_ **Candidacy Mentor’s report.**  
Should be signed by your mentor and you, and sent to District Office
- \_\_\_\_\_ **Psychological Assessment Report.**  
You must complete the inventories with your mentor and schedule a meeting with the psychologist.  
The report is sent to us from the psychologist’s office.
- \_\_\_\_\_ **Medical Report** (Form 103) (only if person is to be a part-time or full-time local pastor).
- \_\_\_\_\_ **I-9 Form** (only if person is to be a part-time or full-time local pastor).

**Unless otherwise noted, all of the above should be sent to the District Office.**

**Please retain copies of everything you send.**