



**Certified Lay Minister (CLM)
Conference Superintendent & District Committee on Ministry (dCOM)
Recommendation for Certification & Recertification**

_____ District

Name: _____ Date of Interview: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Church of Membership: _____

City: _____ State: _____

Select One:

Certification Recertification Year of Initial Certification: _____

Recommendation of Conference Superintendent

Recommend **DO NOT** Recommend

Conference Superintendent Signature

Date

Recommendation of District Committee on Ministry (dCOM)

Recommend **DO NOT** Recommend

dCOM Chair Signature

Date

Comments:

NOTE: If recommendations cannot be made, please indicate reasons why you do not recommend this person be certified as a CLM. Please return this form to the Associate Director of Leadership Development after completion.