

Conference \_\_\_\_\_

District \_\_\_\_\_

Social Security # \_\_\_\_\_

**Kansas – Nebraska –Areas of the United Methodist Church  
2012 School for License for Pastoral Ministry**

June 17 - 29, 2012

Grace University

Omaha, Nebraska

**REGISTRATION FORM – See both sides!**

Name \_\_\_\_\_ (H) Phone \_\_\_\_\_

Address \_\_\_\_\_ (O) Phone \_\_\_\_\_

\_\_\_\_\_ (C) Phone \_\_\_\_\_

DOB \_\_\_\_\_ Place \_\_\_\_\_ e-mail \_\_\_\_\_

Will you need adaptive handicapped assistance? Y/N Do you need lodging while in Omaha? Y/N  
Explain \_\_\_\_\_

Do you have special dietary needs? Y/N  
Explain \_\_\_\_\_

Emergency Contact and Phone # \_\_\_\_\_

**Educational Qualifications**

High School \_\_\_\_\_

Name Place Graduation Date

College \_\_\_\_\_

Name Place Hours/Degree/Year

Graduate School \_\_\_\_\_

Name Place Hours/Degree/Year

Seminary \_\_\_\_\_

Name Place Hours/Degree/year

Church Membership \_\_\_\_\_

Name Address

I certify that I have been a member in good standing of the above listed church for \_\_\_\_\_ years.

I was recommended for Candidacy by the Charge Conference of the \_\_\_\_\_ United Methodist  
Church at \_\_\_\_\_ Date \_\_\_\_\_

Pastor's name (print please) \_\_\_\_\_

Date \_\_\_\_\_ Pastor's signature \_\_\_\_\_

Address \_\_\_\_\_

I am a Certified Candidate for Ministry. I was certified on \_\_\_\_\_ in the \_\_\_\_\_ Date  
\_\_\_\_\_ District of the \_\_\_\_\_ Annual Conference

**Please Note:** Upon successful completion of this school, you will receive a Certificate of Completion. If you are given an appointment, you may receive the License for Pastoral Ministry from your Bishop upon approval and recommendation for Local Pastor Status from your Conference Board of Ordained/Professional Ministry.

Date Candidacy Studies Completed \_\_\_\_\_ \*Date Medical Form Completed \_\_\_\_\_  
Date of District Committee Interview \_\_\_\_\_  
Date Psychological Evaluation Completed \_\_\_\_\_  
\*unless this is not required by your Annual Conference

I was recommended to attend the School for License for \_\_\_\_\_ as a Local Pastor by the \_\_\_\_\_  
District Committee on Ordained Ministry of the \_\_\_\_\_ Annual Conference

dCOM Registrar's name (print please) \_\_\_\_\_  
Date \_\_\_\_\_ dCOM Registrar's signature \_\_\_\_\_  
Address \_\_\_\_\_  
Local Pastor Registrar (print please) \_\_\_\_\_  
Date \_\_\_\_\_ Local Pastor Registrar signature \_\_\_\_\_  
Address \_\_\_\_\_

I was recommended to attend the School for License for Pastoral Ministry by the District Superintendent of the \_\_\_\_\_ District of the \_\_\_\_\_ Annual Conference.

District Superintendent's name (print please) \_\_\_\_\_  
Date \_\_\_\_\_ District Superintendent's signature \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Name as it should appear on the Certificate (print please) \_\_\_\_\_

**Mail this completed form to:**  
**Rev. Jane Florence - Dean of License to Preach School 2012**  
**First United Methodist Church**  
**7020 Cass, Omaha NE 68132**  
**or fax to: 402-556-5696**  
**Please make copies for your records.**

**Registration Deadline is Tuesday, May 15, 2011**

Students will receive book list, reading list, and assignments to complete prior to the start of the school when their registration is confirmed. Class schedule and housing information will also be sent in advance. For questions, contact:

[jane.florence@fumcomaha.org](mailto:jane.florence@fumcomaha.org), 402-556-6262