

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

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Current Church \_\_\_\_\_ 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				

<b>Activity</b>	<b>Student &amp; Mentor Discussed</b>	<b>Student Observed Mentor</b>	<b>Student Participated</b>	<b>Student &amp; Mentor Evaluated</b>
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 \_\_\_\_\_  
Does the supervising pastor recommend credit be granted?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Was the student engaged in a broad range of full pastoral responsibilities (in contrast to narrowly defined responsibilities such as youth ministry)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did the student's supervision include discussion, observation, participation, and evaluation of ministry experiences and issues?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Was the experience comparable in duration to the Supervised Ministry requirement (four, eight, or twelve months)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. 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) (12) months (Circle 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