

**ABCOPAD COMMISSION ON MINISTERIAL LEADERSHIP
LICENSING CHURCH REPORT**

This report is to be filed with the ABCOPAD Office by the licensing church immediately after the licensing service.

NAME OF PERSON LICENSED _____

ADDRESS _____

NAME OF CHURCH _____ PHONE _____

ADDRESS _____

PASTOR'S NAME _____ PHONE _____

1. The person Licensed is a member of our church; YES ____ NO ____ . If no, please explain.
2. The person Licensed has been accepted by or is attending _____ in preparation for ministry.
3. The person Licensed agreed to a mentoring process with an ABCOPAD COML listed Mentor:
NAME OF MENTOR _____
4. The person Licensed wrote a Licensure paper and was assisted by the appropriate _____ Association Credentials Committee on _____
5. The Service of Licensure took place in this church on ____ / ____ / ____
6. This church will review the License on or before ____ / ____ / ____

SUBMITTED BY _____ TITLE _____ DATE _____

ADDRESS _____

NOTE: Please attach to this report a copy of “The Covenant and Code of Ethics for Ministerial Leaders of American Baptist Churches”, signed by the candidate.

Send to: The ABCOPAD Regional Office
159 N. Bellefield Avenue
Pittsburgh, PA 15213