

ABCOPAD COMMISSION ON MINISTERIAL LEADERSHIP
EXAMINING ASSOCIATION REPORT

This report is to be filed prior to the Ordination Service with the ABCOPAD Office by the Association which has met with the candidate for Ordination.

NAME OF CANDIDATE _____ PHONE _____

ADDRESS _____

NAME OF ASSOCIATION _____

CONTACT PERSON _____ PHONE _____

ADDRESS _____

1. The candidate was Licensed on ____/____/____ by the _____
Church of _____.
2. The candidate met with an Association Ordination Council on ____/____/____ at
_____ upon the call of the _____ Church.
3. The candidate was recommended for Ordination? ____ YES ____ NO
4. The Service of Ordination is scheduled for ____/____/____ at _____
at the _____ Church.

SUBMITTED BY _____ TITLE _____

ADDRESS _____

SEND TO: The ABCOPAD Regional Office
159 N. Bellefield Avenue
Pittsburgh, PA 15213