

# Request for 2022 Ministerial Standing

in the Christian Church (Disciples of Christ) in Oklahoma

**DEADLINE:** Rec'd at the Regional Office **11/29/21**

INSTRUCTIONS: You may submit changes to this form by updating and returning. Or by downloading a fillable PDF form available at [www.okdisciples.org/clergy/credentialing](http://www.okdisciples.org/clergy/credentialing). Please save the document to your computer, complete the form, then email to us. **Email:** [standing@okdisciples.org](mailto:standing@okdisciples.org).

**Mail:** Atten. Standing • Christian Church in Oklahoma • 301 NW 36th St. • Oklahoma City, OK 73118-8661

Questions: Ronnie Hopkins, Chair, Comm. on Clergy 580-744-0603 • [pastorh12@gmail.com](mailto:pastorh12@gmail.com)

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pronoun or Gender: \_\_\_\_\_  
Legal First Name Preferred Name Legal Middle Name Legal Last Name Suffix

Partner/Spouse: \_\_\_\_\_

## OPTIONAL: Disclosure of Self-Identified Ethnicity

The Christian Church in Oklahoma reports clergy personal information to the Office of Christian Vocation. Ethnicity data are used only for general and over-all statistical purposes. You have the option to provide a "self-identified ethnicity" using the list provided (check all that apply), or select the "Other" category and provide a personal description, or Decline to Answer.

- African American  Hispanic  Pacific Islander  
 Asian  Middle Eastern  Decline to Answer  
 European descent  Native American/  
 Haitian First Nation \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street/PO Box City ST Zip+4

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Ordained Minister:  Active

Ordained Minister Retired (R-a):  Active

Commissioned Pastor:  Active

I am also a  Bi-vocational Pastor

Ordination date: \_\_\_\_\_ Ordaining region: \_\_\_\_\_ Sponsoring congregation: \_\_\_\_\_

I am a member of this Oklahoma DOC congregation: \_\_\_\_\_  
City Congregation Name

Current Position: \_\_\_\_\_ Current Ministry Site: \_\_\_\_\_  
Title Name of Site City

## CONTINUING EDUCATION List continuing education events for 2021 (min. of 16 clock hrs. required to obtain standing; may be up to 8 hrs. self-directed study).

Event: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Hours: \_\_\_\_\_

(Minimum 16 clock hrs. required)

Total: \_\_\_\_\_

## TRAINING REQUIREMENTS

Healthy Boundaries:

**101**  Yes  No Date: \_\_\_\_\_

**201**  Yes  No Date: \_\_\_\_\_

Pro-Reconciliation Anti-Racism (PRAR):

Yes  No Date: \_\_\_\_\_

- Yes  No I have reviewed and will adhere to the "Ministerial Code of Ethics".  
 Yes  No I am willing to be a faithful minister serving within and supportive of the Christian Church (Disciples of Christ).

## SIGNATURE & DATE REQUIRED

By signing this document, I certify the information provided is accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OPTIONAL**

Your ministry is very important to me and to the Region. I don't get to spend as much time as I would like with each of you, so your responses to the below questions will help me to know what is important in your life and your ministry. These questions are optional however, I would enjoy learning more about you through your responses.

Blessings,  
Pam Holt

- 1. In your ministry setting, what has brought you the greatest joy in 2021?

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- 2. What Regional Church and/or General Church online events have you attended in the last 2 years?

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- 3. How do you serve the larger church (i.e., Region, General, World)?

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- 4. Describe your self-care practices.

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- 5. How may I be helpful to you in this continued season of COVID-19?

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- 6. Is there any way we may provide care and support for your spouse/partner/companion? Please share their name (optional).

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