Please read these instructions before your proceed!

Instructions for filling out this form

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This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

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RECOMMENDATION FROM ENDORSEMENT PANEL INTERVIEW

me:	FIRST NAME/GIVEN NAME	MIDDLE NAME		LEADER KEY
dress: MAILING ADDRESS				
MAILING ADDRESS		CITY	STATE	POSTAL COD
ninary:				
od:	Roster:			
odical Affiliation from Endorsement Panel:				
ommended Action to Candidacy Committee:				
e of interview:				
nel Members				
NAME		representing		
Please use the following page to pro	ovide information related to the r	ecommendation d	ecision.	
SIGNATURE	COMPELTED E	BY		DATE: MM/DD/Y

ENDORSEMENT RECOMMENDATION

If endorsement is recommended, indicate the reasons for recommendation (indication of candidate's gifts and abilities) as well a developmental needs which are to be addressed during the candidate's continuing preparation for rostered ministry.					
Gifts and abilities:					
Developmental needs:					
State specific issues or recommendations concerning internship.					

ENDORSEMENT POSTPONEMENT RECOMMENDATION If postponement is recommended, indicate the reasons with specific recommendations or developmental needs to be addressed or conditions which must be met, in order to be reconsidered for endorsement. **ENDORSEMENT DENIAL RECOMMENDATION** If denial of endorsement is recommended state reasons for recommendation by panel.

