



EPC

A Global Movement of Evangelical Presbyterian Churches

Request for Ordination Exams

For Candidates Under Care or Ordained Ministers Transferring from Non-Reformed Traditions

Name of Candidate/Transferee _____ Presbytery _____

Ordained by (if applicable) _____ Ordination Date _____

Being considered for a call as _____

Date Received as Candidate _____ Advisor _____

Church Membership _____ Date Received _____

Transferring from Non-Reformed Tradition Yes No CEEP Yes No

Seminary _____ Degree/Date _____

Former EPC Presbytery _____ Date of Transfer _____

Length of Candidacy _____ Proposed Exam Date _____

All Candidates:

The four ordination examinations must be taken as a unit within a three-week time period.

To be eligible to sit for ordination exams, the following required documents must be in candidate's file:

- Copy of College and Post-Graduate Transcripts
- Medical Statement from Physician
- Background Check
- Personal Information Form
- Psychological Evaluation Results
- Signed Ethical Affirmations Document

Proctor (to send exams to) _____

Candidate's Relationship to Proctor _____

Proctor's Mailing Address _____

Proctor's Email Address _____

I certify that the candidate named above has completed the required course of study and in the judgment of the candidate's Advisor and the Candidates Care or Ministerial Committee is prepared to take the written examinations.

I further certify that the information above is correct and that the candidate's file is complete.

Chair, Candidates/Ministerial Committee _____

Presbytery _____ Date _____

If this request is for a retake of any examination not previously sustained, indicate which exam is needed and the date of prior testing. 30 days must elapse from the previous examination before another attempt can be taken.

Should a fourth attempt be necessary, six months must elapse to insure adequate preparation and study time.

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|--|--|--|--|--------------------------|
| <input type="checkbox"/> English Bible | <input type="checkbox"/> 2 nd Attempt | <input type="checkbox"/> 3 rd Attempt | <input type="checkbox"/> 4 th Attempt | Date of Prior Test _____ |
| <input type="checkbox"/> Theology/Sacraments | <input type="checkbox"/> 2 nd Attempt | <input type="checkbox"/> 3 rd Attempt | <input type="checkbox"/> 4 th Attempt | Date of Prior Test _____ |
| <input type="checkbox"/> Polity | <input type="checkbox"/> 2 nd Attempt | <input type="checkbox"/> 3 rd Attempt | <input type="checkbox"/> 4 th Attempt | Date of Prior Test _____ |
| <input type="checkbox"/> Exegesis | <input type="checkbox"/> 2 nd Attempt | <input type="checkbox"/> 3 rd Attempt | <input type="checkbox"/> 4 th Attempt | Date of Prior Test _____ |

Send completed form with completed Personal Information Form to:

Jerry Iamurri, Assistant Stated Clerk

5850 T.G. Lee Blvd., Suite 510, Orlando FL 32822

Phone: 407-930-4239 Fax: 407-930-4247 Email: jerry.iamurri@epc.org