



**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 \_\_\_\_\_

***If Candidate Under Care:***

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of College and Post-Graduate Transcripts | <input type="checkbox"/> Personal Information Form            |
| <input type="checkbox"/> Medical Statement from Physician              | <input type="checkbox"/> Psychological Evaluation Results     |
| <input type="checkbox"/> Background Check                              | <input type="checkbox"/> 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.*

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