

This form is for MCC Clergy in the US and Canada

## MCC Clergy Status Form - Information Sheet

**Who signs my status form?** The certifying person is someone who can verify your current ministry. Please refer to the chart below for the appropriate certifying person.

Senior Pastor (active or on sabbatical)	Clerk of the Board of Directors
Associate, Assistant and Staff Clergy (including retired clergy, limited license)	Senior Pastor (if position is vacant, clerk of the Board of Directors)
Chaplains	Immediate Supervisor
Clergy between AAA ministries	Director OFLD
Clergy on Leave of Absence	Director OFLD
Clergy serving in Network Ministries	Appointing Elder
Clergy serving in Denominational Ministries	Immediate Supervisor
Elder	Moderator
Moderator	Secretary of Governing Board
Clergy serving in non-MCC settings	Elder or Director of OFLD

- **This form will certify your ministry for 2012.**
- **You must verify your Continuing Education with a certificate, transcript or any other documentation indicating completion of the 9 hours.**
- **Chaplains must have a separate application to serve as MCC Chaplain on file with the Office of Formation and Leadership Development. To download the application go to**

**<http://www.ofld.mccchurch.org/wp-content/papers/clergy/ChaplainApp.doc>**

**If paying by check or money order please mail the form and proof of continuing education to**

**MCC Office of Formation and Leadership Development**

**P.O Box 1374**

**Abilene, TX 79604**

**To complete your 2012 Licensure form and pay on-line with a credit or debit/check card visit: <http://ofld.mccchurch.org/clergy-license-payment/>**

**If you encounter any issues paying online, please contact Bill Hooper via email at [BillHooper@MCCchurch.net](mailto:BillHooper@MCCchurch.net) or by phone at 1(310) 625 - 4134.**

# Metropolitan Community Churches – 2012 Certificate of Clergy Status

I am applying for:

\_\_\_\_\_ Active 2012 License to Practice (\$175 by December 1, 2011)

\_\_\_\_\_ Limited License to Practice for Retired Clergy (\$50 by December 1, 2011)

## Section 1: Contact information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Postal  
Code \_\_\_\_\_

Physical Address if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Section 2: MCC Involvement

1. Year of Ordination \_\_\_\_\_

2. Year began working as an MCC Clergy (paid or unpaid ) \_\_\_\_\_

3. Are you a participant in the UFMCC Board of Pensions USA?  
YES \_\_\_\_ NO \_\_\_\_

4. Hours worked per week \_\_\_\_\_ (You must complete at least 625 hours per year, approximately 12 hours per week, to be eligible for participation in the Board of Pensions.)

5. Active member of which MCC: \_\_\_\_\_

6. In what ways are you active in this local congregation?

**Section 3: Triple A Ministry**

1. What is your current Triple A (Authorized, Active, Accountable) ministry in MCC? (eg. Sr. Pastor, Elder, Chaplain, Staff Pastor, etc.)

2. Where do you perform this Triple A ministry?

3. Beginning date of your Triple A ministry at this location?

4. If you are a Chaplain, do you have an application to serve as MCC Chaplain on file with the Office of Formation and Leadership Development?

I declare that the information in this form concerning my status, the position held, and the hours per week is true and accurate. Should I furnish any false information, I hereby agree that such shall constitute cause for disciplinary action, including suspension or revocation of any credentials in the UFMCC.

Signature of Clergy person \_\_\_\_\_

Date \_\_\_\_\_

**Section 4: Certification** (see chart above for appropriate signature)

I certify that the clergy person filing this form is serving in this authorized ministry and is investing the number of hours indicated.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 5: Education**

Please indicate any degrees completed since filing your last Status Form

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**Continuing Education: (Please note that Retired Clergy wishing a Limited License to Practice do not need to complete continuing education requirements.)**

A total of 9 hours of continuing education per year is required per the MCC Clergy Manual. Continuing education is any workshop, class, conference, or other education program that equips you for continued professional ministry in MCC. ***Please attach proof of completion of any continuing education listed.***

**Title of workshop or course:** \_\_\_\_\_

School / Organization / Presenter:  
\_\_\_\_\_

Location of workshop or course: \_\_\_\_\_

Number of qualifying hours \_\_\_\_\_

**Title of workshop or course:** \_\_\_\_\_

School / Organization / Presenter:  
\_\_\_\_\_

Location of workshop or course: \_\_\_\_\_

Number of qualifying hours \_\_\_\_\_

**Title of workshop or course:** \_\_\_\_\_

School / Organization / Presenter:  
\_\_\_\_\_

Location of workshop or course: \_\_\_\_\_

Number of qualifying hours \_\_\_\_\_

**Section 6:**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

*If your answer to any of the following questions is in the affirmative and you have not previously disclosed the details to the MCC Office of Formation and Leadership Development, please provide details on a separate attached sheet.*

1. Have you ever been refused a professional license?      No      Yes
  
2. Have you ever been convicted of a felony or misdemeanor other than  
minor traffic violations?      No      Yes
  
3. Have you now or ever had incidents where the use of alcohol, stimulants, or habit-forming drugs has interfered with your work?      No      Yes
  
4. Have you ever been the subject of disciplinary action by an employer or licensing  
organization alleging sexual or ethical misconduct?      No      Yes

**WARNING:** By your signature below you understand and agree that an investigation of any or all of these matters may be conducted by UFMCC to determine your continuing eligibility to pastor within MCC. You also understand and agree that you will be subject to an immediate defacto removal of your license/credentials if it is later determined that your answer to any of the above questions was false.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 7:**

**UFMCC CODE OF CONDUCT**

**Please go on-line to <http://ofld.mccchurch.org/clergy-code-of-conduct/> to verify that you have read and agree to abide by the Clergy Code of Conduct. Your status form will be incomplete and we will not be able to issue you a license to practice if we do not have verification that you have completed this step online.**