

Continuing Education/Formation Report

Reporting Period: May 15, _____ - May 15, _____

This form is to be completed and submitted at the same time as the annual clergy evaluation (due May 15th each year) and then reviewed as part of the clergy one on one.

Name: _____ Charge/District _____

(Check) _____ Elder _____ Deacon _____ Provisional Member _____ Associate Member _____ Local Pastor

As part of the three way covenant between clergy, staff parish, and district superintendent, each clergyperson shall complete 4 CEUS (40 contact hours) annually, with the clergyperson attaining one (1) CEU every four years in each of the following areas of ministry. Furthermore it is recommended by the Clergy Continuing Education and Formation Committee (CCEF), that at least one formation event be taken per year within an identified area of ministry the pastor has real passion for. The areas are:

- 1. Theology/Ethics/Biblical Studies/Wesleyan Studies**
- 2. Practice of Ministry (preaching, pastoral care, administration, stewardship: environmental, personal health, & financial)**
- 3. Leadership/Contemporary Church/Mission Awareness & Visioning**
- 4. Prayer/Spirituality/Contemplation/Meditation**

Topic	Leader	Date	CEU's/Contact Hours

1 CEU is attainable by reading, and reflective writing on three books and the impact on one's personal ministry. List books below, and attach reflection papers to this form.

Title	Author	Subject

(Please continue on other side)

1 CEU is attainable by participating in a mission trip or VIM experience. Please describe your experience below:

NOTE: CEU credit is confirmed by one's District Superintendent, in consultation with the clergy person. Therefore a pastor's determination of total number of CEU's achieved must be reviewed by the district superintendent.

Total Number of CEUS achieved from May 15, through May 15_____

Areas of Ministry Covered: _____

Are there particular formation courses, authors, retreat leaders/speakers that you would like to see offered within our annual conference? (This info will be forwarded to the Clergy Continuing Education and Formation Committee (CCEF) for future planning.)

Clergy_____ Chairperson S/PRC_____

District Superintendent_____ Date _____