## SUMMARY REPORT OF FINAL ASSESSMENT OF CANDIDATE'S READINESS TO BE EXAMINED FOR ORDINATION

NAME OF CANDIDATE:			
	(FAMILY NAME)	(First)	(MIDDLE/NATAL)
Address:		MAIN PHONE:	
(STRI	EET OR PO BOX)		(H/O/M)
		ALT. PHONE:	
(CITY)	(STATE) (ZIP)		(H/O/M)
EMAIL:		FAX PHONE:	
Presbytery of Care:			
NAME OF MODERATOR OF CO			
NAME OF CPM LIAISON:			
•	CERTIFICATION	OF READINESS	
A final assessment of the about Manual of Administrative (Negation for Service" (G-satisfactorily completed all of forth in G-2.0607 of the <i>Botter and Manual Manda Manual Manual Manual Manual Manual Manual Manual Manual Manua</i>	Operations, Detroit 2.0607) The composite the requirements	Presbytery CPMB.4 'mittee has determined of the preparation for a	Final Assessment and that the candidate has ministry process, as set
SIGNATURE OF MODERATOR C	F CPM:		
DATE OF CPM REPORT TO PRESBYTERY:			

Rev. 04/10 Rev. PoD 9/12