

Date: \_\_\_\_\_ Name: \_\_\_\_\_ FORM 3

CPM INFORMATION UPDATE SHEET  
Cover Sheet for Form 3  
PLEASE COMPLETE ENTIRE FORM

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Seminary: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Career Evaluation (*Midwest Ministries*)  Yes  No

Please check exams you have passed:

BIBLE CONTENT  BIBLE EXEGESIS  CHURCH POLITY  THEOLOGY  WORSHIP

Field Education Evaluation:  Yes  No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Faith:  Yes  No

Are you currently employed or serving in a ministry context?  Yes  No

If so, please describe your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ FORM 3

*Pre-consultation Report on Development Areas*

Name: \_\_\_\_\_  
*(family) (first) (middle/initial)*

Current address: \_\_\_\_\_  
*(street) (city) (state) (zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this form by: \_\_\_\_\_ to \_\_\_\_\_ for your consultation  
*(moderator of the presbytery's Commission on Preparation for Ministry)*  
at \_\_\_\_\_ on \_\_\_\_\_.  
*(time) (date)*

*Current References for Progress in this Reporting Period*

Name: \_\_\_\_\_  
*(family) (first) (middle/initial)*

Current address: \_\_\_\_\_  
*(street) (city) (state) (zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In what capacity have you worked with this person? \_\_\_\_\_

Name: \_\_\_\_\_  
*(family) (first) (middle/initial)*

Current address: \_\_\_\_\_  
*(street) (city) (state) (zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In what capacity have you worked with this person? \_\_\_\_\_

Name: \_\_\_\_\_  
*(family) (first) (middle/initial)*

Current address: \_\_\_\_\_  
*(street) (city) (state) (zip)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In what capacity have you worked with this person? \_\_\_\_\_

*Ordination Exams Update*

If you have satisfied the requirement in the following examination areas, mark them with an "S"; otherwise indicate when you intend to take the exam(s).

Bible content	_____	Bible Exegesis	_____	Polity	_____
Theology	_____	Worship & Sacraments	_____		

*Reflections*

If you have been enrolled in seminary during the reporting period, have your theological institution send to your committee/commission moderator a transcript of your grades and any reports on the field education or internships.

In the sections below, please reflect on and respond briefly to the areas of growth objectives agreed upon at your last committee/commission consultation. In addition to the specific responses requested in each section, list the agreed upon growth objective(s) from the previous consultation (from either Form 2A or Form 4), indicate what particular things you have done to achieve each objective, and evaluate your progress in each area.

A. Education for Ministry: Fill in the courses you have completed during the reporting period or are currently taking in the following areas:

Bible	_____	_____	_____
History	_____	_____	_____
Theology	_____	_____	_____
Practical	_____	_____	_____
Language/Other	_____	_____	_____

B. Spiritual Development: Briefly describe your spiritual disciplines, including your participation in the worship and mission of a Presbyterian Church (U.S.A.) congregation. \_\_\_\_\_

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C. Interpersonal Relations: Describe your relationship with your peers, authority figures, family, and others who are significant to you. What are the implications of those relationships for your ministry? \_\_\_\_\_

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D. Personal Growth: Describe recent experiences of emotional impact, if any, and how you dealt with them. Comment on areas in which you believe you are growing and identify area in which you feel the need for progress.

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

FORM 3

E. Professional Development: Describe your participation in field education or other experiences which have contributed to your professional development. \_\_\_\_\_

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*Looking Ahead*

Please provide any information requested below which relates to your continuing progress in the preparation for ministry process.

A. List other issues which you wish to discuss with the committee including financial needs, family concerns, etc.

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B. Indicate any exceptions and waivers (e.g. educational requirements, ordination exams, time requirements, additional presbytery requirements; G-2.0610) you would ask the presbytery and/or its committee/commission to consider, explaining your reasons for the request. \_\_\_\_\_

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C. If this consultation covers the period of the second year of theological education, write a preliminary statement of faith. \_\_\_\_\_

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