

**FORM 112 - CANDIDACY MENTOR'S REQUEST FOR THE ASSESSMENT PACKET  
FOR THE DOM CANDIDACY ASSESSMENT OFFICE**

Send me the Candidacy Assessment Packet of Instruments for use with:

Name of Candidate (printed or typed) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Tel./area code (Home) \_\_\_\_\_ (School) \_\_\_\_\_ (Work) \_\_\_\_\_

It is my understanding that I will be responsible for administering the instruments in the assessment packet to the candidate in a manner consistent with the guidelines enclosed in that packet, and for sending the completed instruments by return mail to the DOM Candidacy Assessment Office in the mailer provided in the assessment packet. I further understand that the results of the scoring of the assessment instruments will be forwarded by mail from the DOM Candidacy Assessment Office to the Ministerial Assessment Specialist or conference approved psychological consultant designated below, and that the consultant will contact the candidate for a feedback session. I understand that the timeline involved in this process, beginning from the date when I mail the completed instruments to the DOM Candidacy Assessment Office until the MAS receives a report from the consultant, will be approximately six weeks.

**Ministerial Assessment Specialist or Conference Psychological Consultant:**

Rev. Dr. John Hinkle, PhD  
Clergy Assessment Services  
412 West Hintz Road  
Arlington Heights, IL 60004-2439  
(847) 577-5132  
ChiFlyer96@aol.com

Name of Candidacy Mentor \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Tel./area code (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail \_\_\_\_\_

Today's Date \_\_\_\_\_ Proposed Date of Testing \_\_\_\_\_

District \_\_\_\_\_ Conference \_\_\_\_\_

Signature \_\_\_\_\_

**Send original form to the BOM Registrar, as noted below. Please include  
candidate's payment of \$225, payable to "New England Conference".**

Keep one copy of this form for your own information.  
Send one copy of this form to the MAS/CPC name above.

**SEND THIS REQUEST FORM AND PAYMENT TO:**

**Susan Evans, Registrar**  
Board of Ordained Ministry  
PO Box 709  
Londonderry, NH 03053-0709  
(603) 424-9908