

## Candidacy Mentor's Request for the Psychological Assessment Packet (Form AR055)

Select ONE of the following Ministerial Assessment Specialists or Psychological Consultants by marking their Check Box. Send this form to the selected Specialist or Consultant.

<input type="checkbox"/> Dr. Floyd Covey P.O. Box 69 Collierville, TN 38027-0069  Phone: 901.854.9030 Fax 901.853.6020	<input type="checkbox"/> Clinical Psychology of Fort Smith Dr. Phil Barling P.O. Box 3487 Fort Smith, AR 72913-3487  Phone: 479.783.0445	<input type="checkbox"/> Rebecca Schlau, Psy.D. Daily Bread Counseling PO Box 298 Bryant, AR 72089  Phone 501.847.2229 FAX 501.847.8608
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### Greetings:

**Please send me the Candidacy Psychological Assessment Packet for use with the following candidate for licensed or ordained ministry:**

Candidate's Name (printed or typed) \_\_\_\_\_

Address (P.O. Box, Street, House #, or Apt.) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_

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

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 the packet, and for sending the completed instruments by mail to the Ministerial Assessment Specialist or Conference-approved Psychological Consultant designated above. I further understand that the Ministerial Assessment Specialist or Conference-approved Psychological Consultant will contact the Candidate for an interview to discuss the results of the instruments, with a subsequent report to me and to the Conference Chair of Ministerial Assessment. I understand that the timeline involved in this process, beginning from the date I mail the completed instruments until I receive a report from the Specialist or Consultant, will be between four and six weeks.

### Candidacy Mentor Information

Mentor's Name: \_\_\_\_\_

Address: (P.O. Box or Street Address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Candidate's District: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_