



MINISTERIAL LICENSE APPLICATION

Church of God of Prophecy International Offices

Scan or click the QR Code for Digital Access to the *Ministry Policy Manual*.



*"And I thank Christ Jesus our Lord, who hath enabled me,
for that he counted me faithful, putting me into the ministry" (1 Timothy 1:12).*

Reconciling the World to Christ through the Power of the Holy Spirit

For which license are you applying?

Minister: ☐ Male ☐ Female

Bishop: ☐ Provide Minister's License Number _____

PLEASE TYPE OR PRINT CLEARLY (Please print your name exactly as you want it to appear on your license certificate and ID card.)

① Name _____
First Middle Last Suffix

② Address _____

City _____ State/Province _____

Postal Code _____ Country _____

③ Phone Number (include area code) _____ Email _____

④ Date of Birth _____ Place of Birth _____
Month Day Year

⑤ Present Occupation _____ Nationality _____

⑥ Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced* ☐ Divorced/Remarried*

* If you or your spouse have ever been divorced or divorced/remarried, please explain in a separate writing.

⑦ Name of Spouse _____ Number of Children _____

⑧ Signature of spouse indicating full support of applicant's call to ministry _____

(Spouse's Signature)

⑨ Date converted _____

⑩ Have you experienced sanctification as a second definite work of grace? Yes ☐ No ☐

⑪ Have you been baptized with the Holy Ghost, evidenced by speaking in tongues? Yes ☐ No ☐

⑫ Have you been baptized in water by immersion? Yes ☐ No ☐

⑬ How long have you been a member of the Church of God of Prophecy? _____

⑭ At which local church are you currently a member? _____

⑮ Have you served as a lay minister for at least one year? Yes ☐ No ☐

⑯ How long have you known that you were called into the ministry? _____

⑰ Is it your understanding that your calling includes a preaching (pulpit) ministry? Yes ☐ No ☐

⑱ Would you be willing to dedicate yourself to the ministry as your first vocation? Yes ☐ No ☐

⑲ Do you give priority to daily personal development and spiritual formation? Yes ☐ No ☐

⑳ Are you committed to lifelong learning and spiritual formation? Yes ☐ No ☐

㉑ Did you complete the *Foundations Course* (*no longer offered*)? Yes ☐ No ☐ Certificate Number: _____

㉒ Have you completed the *Minister's Development Program (MDP)*? Yes ☐ No ☐ Certificate Number: _____

If yes, please submit a copy of your MDP certificate of achievement along with this application. *Required*

㉓ Please list any academic or professional degrees you have been awarded and their corresponding dates:

㉔ Have you previously been licensed by this or any other church or religious organization(s)? Yes ☐ No ☐

㉕ If yes, please indicate which organization(s) and disclose if you voluntarily surrendered your credentials or if they were revoked: _____

PLEASE CIRCLE WHERE NECESSARY

- (26) Are you currently credentialed with any other church or religious organization(s)?..... Yes ☐ No ☐
- (27) If yes, please indicate which organization(s) and if you are willing to resign your credentials with the organization(s): _____
- (28) Are you faithful in tithing and giving as approved by the International Assembly? Yes ☐ No ☐
- (29) Will you commit to reporting monthly to your national/regional/state office? Yes ☐ No ☐
- (30) Will you commit to tithing your ministry income to your national/regional/state office? Yes ☐ No ☐
- (31) Do you commit to putting off the very appearance of evil and living a life of ministerial ethics and integrity: abstaining from alcohol and strong drinks, smoking, tobacco, pornography, illegal or recreational drug use, unwholesome speech, and any sinful behavior prohibited by scripture? Yes ☐ No ☐
- (32) Have you ever been charged or convicted of any sexually related offenses? Yes ☐ No ☐
**If yes, please explain in detail in a separate writing.*
- (33) Have you ever been charged or convicted of any financially related offenses? Yes ☐ No ☐
**If yes, please explain in detail in a separate writing.*
- (34) Are you willing to submit to those over you in the Lord? Yes ☐ No ☐
- (35) Are you willing to go wherever God's will dictates in order to fulfill His ministry through you? Yes ☐ No ☐
- (36) Are you committed to making an effort to participate in and support functions produced and hosted by the Church of God of Prophecy at your local, district, national/regional/state, and international levels? Yes ☐ No ☐
- (37) Upon being approved as a licensed minister/bishop in the Church of God of Prophecy, are you willing to make a personal commitment to the doctrine, polity, and governance of the Church of God of Prophecy as illustrated in the *Ministry Policy Manual* and *Assembly Journals*? (If yes, sign below.)

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

DIGITAL PHOTO REQUIRED.

Please submit a digital copy of a recent photo of yourself with a solid background along with this application.

The digital photo must be a JPG file titled as your "Last Name, First Name."

The photo will be printed onto a Ministerial Identification Card for the applicant.

Please submit all necessary documents listed below. Applicants without all required documents will NOT be processed.

- | | |
|--|--|
| <input type="checkbox"/> (1) Ministerial License Application | <input type="checkbox"/> (4) JPG Photo of Applicant |
| <input type="checkbox"/> (2) Church/Pastor Endorsement Form | <input type="checkbox"/> (5) Potential Responses to Questions #6, #32, and/or #33 |
| <input type="checkbox"/> (3) Copy of MDP Certificate of Achievement
<i>(or Foundations Course Certificate issued prior to 1/1/2023)</i> | <input type="checkbox"/> (6) Any Additional Documents Required by Applicant's
National/Regional/State or General Presbyterian's Office(s) |

FOR OFFICE USE ONLY

NATIONAL/REGIONAL/STATE OFFICE

Foundations or MDP Certificate Number: _____ Date Certificate Issued: _____

Date of Ministerial Review Board Meeting: _____ Was the applicant approved? _____

Signature of National/Regional/State Bishop: _____ Date: _____

National/Regional/State Bishop of: _____

GENERAL PRESBYTER'S AREA OFFICE

Date Received: _____ Date Sent to Presiding Bishop's Office: _____

Signature of General Presbyterian: _____ Date: _____

PRESIDING BISHOP'S OFFICE

Date Received: _____ License Number: _____

Signature of Presiding Bishop: _____ Date Issued: _____