



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 credentialled 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 tithe 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 Presbyter'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 Presbyter: _____ Date: _____

PRESIDING BISHOP'S OFFICE

Date Received: _____ License Number: _____

Signature of Presiding Bishop: _____ Date Issued: _____