

APPLICATION FOR UPGRADE OF CREDENTIALS

This form is to be used only by the applicant who currently holds a credential with the Assemblies of God and now desires a higher level credential. If you do not currently hold an Assemblies of God credential, please complete and submit to the district office an application for ministerial credentials. Applicants for credentials should read carefully the qualifications in the General Council and the district council bylaws. After all questions have been fully considered and answered, this application should be returned to the district secretary's office. This and any other required application forms must be completed prior to an interview being scheduled with the district credentials committee. A signed and notarized authorization and release form for you (and your spouse) must be submitted with your application. If a copy of your Social Security card is not on file with your district, please provide one.

CREDENTIAL FOR WHICH YOU ARE MAKING APPLICATION:

Ordination

License

This application should be accompanied by a credential fee of \$ _____

Please print

Account number _____
(from Fellowship Card)

1. Full name _____

2. Address _____

City, State, Zip _____

E-mail _____ Home Phone _____ Cell Phone _____

3. Date of birth _____ Social Security No _____

Gender at birth Male Female Spouse gender at birth (if married) Male Female

Present marital status: Single Married Divorced Widowed

4. U.S. Citizen? yes no If you are not a U.S. Citizen, do you have the right to work in the U.S.?

Attach a copy of documentation affirming U.S. legal status. Permanently yes no Temporarily yes no

5. Full name of spouse (if married) _____

6. Spouse's date of birth _____ Spouse's place of birth _____

7. Date of marriage _____ Has your spouse ever been divorced? yes no

8. Does your spouse hold credentials? yes no Type _____

9. Names and birth dates (m/d/y) of children: _____

10. Have you experienced any marital status change since your first application for credentials? yes no

If yes, please explain. _____

11. a. What credential do you presently hold? Certified Minister License

b. Date you received this credential _____

c. Name of district in which your credential was issued _____

12. What is your ministry position? _____

Where? _____

13. What other ministry have you engaged in since you were granted your present credential? _____

14. List all college or correspondence courses you have taken since receiving your present credential. **(Attach all transcripts to this application.)** _____

15. List other seminars or conferences you have attended which were for the purpose of enhancing your ministry. _____

16. Do you voluntarily consent to a General Council mandated background check including credit history? yes no
If your answer is no, your application will not be processed.

Your signature: _____ Date: _____

Please make sure you complete the back side of this form.

**PLEASE ATTACH
PHOTO**

**To be used in your
permanent records**

REFERENCES:

Give as references the names and addresses of three ordained ministers (preferably Assemblies of God). If the applicant is not a senior pastor, one of the ministers listed as a reference should be the applicant's senior pastor. In addition, please give the names of three friends, at least one of whom is beyond your church acquaintance, and two former employers. It is important that the people listed as references know you well enough to answer such questions as "How would you describe the applicant's spiritual maturity?" and "Was the applicant prompt and regular in work attendance?"

MINISTERS

- 1. Name _____ Church _____
 Address _____
Street City State Zip
 Daytime phone: _____ Email _____
- 2. Name _____ Church _____
 Address _____
Street City State Zip
 Daytime phone: _____ Email _____
- 3. Name _____ Church _____
 Address _____
Street City State Zip
 Daytime phone: _____ Email _____

FRIENDS

- 4. Name _____ Daytime phone: _____
 Address _____ Email _____
Street City State Zip
- 5. Name _____ Daytime phone: _____
 Address _____ Email _____
Street City State Zip
- 6. Name _____ Daytime phone: _____
 Address _____ Email _____
Street City State Zip

EMPLOYERS

- 7. Name _____ Daytime phone: _____
 Address _____ Email _____
Street City State Zip
- 8. Name _____ Daytime phone: _____
 Address _____ Email _____
Street City State Zip

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**THIS SECTION TO BE COMPLETED BY DISTRICT OFFICE ONLY**

**OFFICIAL ENDORSEMENT:**

All references were reviewed, and none contained information suggesting that the applicant is unfit for ministry.

Exam Grade: \_\_\_\_\_ Date of interview by district credentials committee: \_\_\_\_\_

The \_\_\_\_\_ District Council  approved  did not approve this candidate

On \_\_\_\_\_, 20\_\_ for recommendation to the General Council for \_\_\_\_\_,

and applicant will be publicly ordained/recognized on \_\_\_\_\_, 20\_\_.

Certificate should be dated: \_\_\_\_\_.

Signed: \_\_\_\_\_  
District Secretary or District Superintendent