



Church of God

Ministerial Licensure Application

**ORDAINED MINISTER AND
MINISTERIAL INTERNSHIP PROGRAM (MIP)**

NAME OF APPLICANT:

MINISTERIAL FILE NUMBER:

STATE/REGION:

CHURCH OF GOD INTERNATIONAL OFFICES
Cleveland, Tennessee, U.S.A.

July 2015



Church of God
Ministerial Licensure Application
ORDAINED MINISTER AND MIP

These questions are designed to assist you in personal evaluation of progress in ministry since you received licensure as an exhorter and to assist the church in the assessment of your progress. In consideration of this application, the officials of the church will review the effectiveness of your ministry since you were initially endorsed as an exhorter and will determine your readiness for advancement. (NOTE: If the applicant is transferring into the Church of God, the applicant must complete a *New Minister, CAMS, and Exhorter Application* so that the applicant's file will be complete.)

PART I: APPLICANT INFORMATION

GENERAL INFORMATION

Name _____ Telephone _____ Cell Phone _____
 Address _____ Nationality _____

Please indicate nationality: African Haitian
 African-American Hispanic or Latino
 American Indian, Eskimo or Aleut Jamaican
 Asian or Pacific Islander Native Hawaiian or other Pacific Islander
 Caucasian Other _____
 East Indian or West Indian

City _____ State _____ Zip _____

Social Security Number _____ Email _____

Male Female Place of Birth _____ Date of Birth _____

Ministerial credential number _____ Place of local church membership _____

Date you were licensed as an exhorter _____

Describe the frequency and content of your personal devotions. _____

What significant spiritual experiences have you had since you became an exhorter? _____

How many times have you read the Bible through since you became an exhorter? _____ Are you presently engaged in a program of regular Bible study? Yes No Describe that study: _____

Are you consistent in tithing to the church tithing fund? Yes No

MINISTERIAL ACTIVITY

(Use additional paper if necessary.)

Have you completed the Ministerial Internship Program (MIP)? Yes No

What is your present ministerial assignment? _____

Is this a full-time assignment? Yes No Are you involved in other income-producing work? Yes No

If yes, describe the work. _____

Describe how your concept of ministry has changed since you became an exhorter. _____

Evaluate your growth as a minister since becoming an exhorter. _____

Briefly outline your ministerial activities since becoming an exhorter. _____

Since you became an exhorter, in which educational programs have you participated? _____

Why do you believe you are ready to advance to the rank of ordained minister in the Church of God? _____

FAMILY INFORMATION

If married, name of spouse: _____ Spouse's email address: _____

If married, does your spouse support your call to ministry? Yes No Describe your spouse's participation in ministry. _____

If you have children, list the name, age, and gender of all your children: _____

If there are children at home, describe their participation in church activities. _____

If there are children at home, describe their response to your parental leadership. _____

Describe the frequency and content of family devotions. _____

INFORMATION CONCERNING APPLICANT'S MARITAL STATUS:

- | | |
|---|---|
| <input type="checkbox"/> Single, never married | <input type="checkbox"/> Married with no prior marriage |
| <input type="checkbox"/> Single, divorced | <input type="checkbox"/> Married but separated |
| <input type="checkbox"/> Single, widow or widower | <input type="checkbox"/> Married with prior marriage |

Has there been any change in your marital status since you became licensed as an exhorter? Yes No

If the answer is yes, describe the change: _____

INFORMATION CONCERNING APPLICANT'S PRIOR MARRIAGE(S), IF ANY:

How many prior marriages? _____ How was (were) the marriage(s) terminated?

- | | | | |
|---------------|--|----------------------------------|------------------------------------|
| 1st Marriage: | <input type="checkbox"/> Death of Spouse | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |
| 2nd Marriage: | <input type="checkbox"/> Death of Spouse | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |

INFORMATION CONCERNING SPOUSE'S PRIOR MARRIAGE(S), IF ANY:

How many prior marriages? _____ How was (were) the marriage(s) terminated?

- | | | | |
|---------------|--|----------------------------------|------------------------------------|
| 1st Marriage: | <input type="checkbox"/> Death of Spouse | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |
| 2nd Marriage: | <input type="checkbox"/> Death of Spouse | <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment |

NATIONAL CRIMINAL BACKGROUND CHECK QUESTIONS

(If approved by the administrative bishop to continue with the credentialing process, these questions may be asked again by the Oxford Document Management Company.)

Except for number 7, these questions apply only to the past five (5) years, or since you became an exhorter, whichever is longer. Check either “yes,” or “no” for each question. If the answer to any of the questions is “yes,” please indicate the question number, provide relevant information regarding your response, and indicate resolution of the issues, if any. Use additional paper if necessary.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational/training institution? No Yes
Have there been written complaints against you that did not result in discipline? No Yes
Are there any complaints pending against you before any of the above-named bodies? No Yes
2. Have you ever been subjected to ecclesiastical disciplinary proceedings? No Yes
3. Have you ever been asked to resign or been terminated by a training program or employer? No Yes
4. Have you ever had a civil suit brought against you relative to your professional work, or is any such suit pending? No Yes
Have you ever had professional malpractice insurance suspended or revoked for any reason? No Yes
5. Have you ever been charged¹ with any ethics violation, or are any such actions pending against you? No Yes
6. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals you were seeing in a professional context (e.g., a parishioner, a patient, an employee, a subordinate, a student)? No Yes
7. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals under the age of 18 years of age? No Yes
8. Have you ever been charged with the production, sale, or distribution of pornographic materials? No Yes
9. Have you ever been charged or adjudicated with sexual misconduct, including the following:
Abuse of power or role for sexual purposes? No Yes
Sexual contact with a minor or an adult incompetent to give consent? No Yes
Sexual assault (e.g., rape)? No Yes
Solicitation for sexual purposes (e.g., prostitution)? No Yes
An offense related to pornography or public indecency (e.g., indecent exposure)? No Yes
10. Have you ever been charged with an offense related to sexual harassment, including the following:
Unwelcome sexual advances? No Yes
Requests for sexual favors? No Yes
Sexually motivated physical contact? No Yes
Verbal or physical domination of a sexual nature? No Yes
11. Do you have a history of alcohol abuse? No Yes
12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over-the-counter, or illicit? No Yes
13. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?
Have you ever been charged with traffic violations? No Yes
Has your driver’s license ever been revoked or suspended? No Yes
14. Have you ever had a restraining order, injunction, order for protection, or the like issued against you as a result of allegations of domestic violence, abuse, or so forth?
Have you ever had your parental rights restricted, suspended or terminated, or have any of your children been put into foster care? No Yes
15. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity?
Have you ever been charged or convicted of writing “bad checks”? No Yes
Have you ever been convicted criminally for income tax violations? No Yes
16. Is there anything regarding your personal and private life, such as immorality, pornography problems, or other problems, which you knowingly should divulge to those examining you for ministry? No Yes

¹Throughout this document, “charged” indicates allegations made in writing and known to you.

PERSONAL COMMITMENT TO THE CHURCH OF GOD

In applying for ministerial credentials with the Church of God, I affirm my personal belief in the doctrine contained in the Declaration of Faith and elsewhere in the current Church of God Book of Discipline, Church Order, and Governance of the *Minutes* of the International General Assembly of the Church of God. I believe that the Practical Commitments of the Church of God are biblical exhortations for the life of holiness. I affirm my personal belief in, and practice of, the tithing system as recommended by the International General Assembly. I have prayerfully considered the above questions and statements, and I have answered them honestly and conscientiously to the best of my understanding and ability. I hereby pledge allegiance to the Church of God and dedicate my ministry to the gospel of Jesus Christ.

Applicant's Signature _____ Date _____

PERSONAL CONSENT AND PERMISSION FORM FOR BACKGROUND CHECK

Your response to the above questions in this application will be helpful to your pastor in completing Part II of this form. It will also assist the administrative bishop and State Ministerial Examining Board to better evaluate you for licensure. By signing below, you are granting permission for this application to be released by the administrative bishop to those he deems necessary in processing your licensure application.

“I certify to the best of my knowledge and ability, the information provided in this Ordained Minister and MIP Application is true, correct, and complete. I authorize investigation of all statements contained in this application, including the conducting of a national criminal background check. I further authorize all references, supervisors, and organizations listed in this application to give to the Church of God any and all information concerning my previous employment and any other pertinent information, personal or otherwise, that they may have concerning my character or fitness to serve as a minister. I release any and all parties from any and all liability for any damage that may result from furnishing such information to the Church of God.”

Applicant's Signature _____ Date _____

PART II: PASTORAL RECOMMENDATION

(If the applicant is a pastor, the district overseer will complete this pastoral recommendation section.)

MINISTERIAL ACTIVITY

(It may be necessary for you to interview the applicant and his/her family prior to completing this recommendation.)

How long have you known the applicant? _____ In what relationships? _____

Please explain why you feel that you know the applicant well enough to evaluate his/her eligibility for the rank of ordained minister?

Do you know of any reason why the applicant is not qualified for advancement to the rank of ordained minister? Yes No

If yes, explain: _____

Are you aware of the marital history of the applicant? Yes No (It is essential that you be able to respond yes. If you cannot respond yes, then you should interview the applicant and gain this information before proceeding.)

In what ministerial position is the applicant serving? _____

Is the applicant fully involved in the ministry? Yes No If no, explain: _____

Has the applicant engaged in continuing education and training? Yes No If yes, what is the nature of the training?

If no, why not? _____

In what areas of ministry is the applicant most active? _____

In what areas of ministry have you seen the most improvement? _____

List any area(s) of the ministry or personal conduct where you believe that the applicant's performance is unsatisfactory:

List any area(s) where the applicant excels in ministerial knowledge and skills: _____

In what area(s) of ministerial knowledge and skills does the applicant need the most improvement? _____

PERSONAL RELATIONSHIPS

Does the applicant have a history of good interpersonal relationship in local ministry? Yes No

If no, explain: _____

Does the applicant have a good record of personal and financial integrity in the church and community? Yes No

Not sure If no, or not sure, explain: _____

Does the applicant have the trust and respect of fellow ministers? Yes No If no, explain: _____

Does the applicant demonstrate all of the following: a positive attitude, a sincere love for people, emotional stability, spiritual maturity and commitment? Yes No If no to any of these, explain: _____

Does the applicant demonstrate a respectful and cooperative attitude toward those over him/her in the ministry? Yes No
If no, explain: _____

Signature of Pastor _____

Name of Local Church _____

Date _____

Recommendation of Pastor

I recommend the applicant for the ordained minister credential.

Yes Yes, with reservations No

If yes with reservations, please write an explanation _____

Signature: _____ Date: _____

Recommendation of District Overseer

I recommend the applicant for the ordained minister credential.

Yes Yes, with reservations No

If yes with reservations, please write an explanation _____

Signature: _____ Date: _____

Recommendation of Administrative Bishop

I recommend the applicant for the ordained minister credential.

Yes Yes, with reservations No

If yes with reservations, please write an explanation _____

Signature: _____ Date: _____

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

As administrative bishop of the Church of God in the state/region of _____, I do hereby authorize the Church of God Division of Education (DOE), Office of Ministerial Development, or an agency approved by the International Executive Committee, to initiate the national criminal background check as authorized by the *Minutes* (S21, IV, Item 6).

Signature _____ Date _____

Instructions: After the administrative bishop has reviewed and approved the *Ordained Minister Application*, a copy of this signed form is to be mailed to the COG Division of Education, Office of Ministerial Development, or an agency approved by the International Executive Committee, to initiate a national criminal background check as authorized by the International General Assembly *Minutes*. After the applicant has been given clearance from the background check, the applicant and spouse will enroll in the *Ministerial Internship Program* (MIP). After the applicant and spouse complete MIP or its equivalence (see *Minutes*, S21, II, Item 4), the *Local Church Endorsement* form is mailed to the local church.

FOR STATE OFFICE USE ONLY

To: Presiding Bishop _____
(Name)

This is to certify that _____
(Name)

has been duly examined on the doctrine and government of the Church of God by the State Examining Board of _____ and is hereby recommended for the rank of ordained minister.

Date of Examination _____ Grade _____
Administrative Bishop, please fill in all the above blanks.

Signatures of the Administrative Bishop and State Ministerial Examining Board

_____	_____
Administrative Bishop	Ordained Bishop
_____	_____
Ordained Bishop	Ordained Bishop

FOR INTERNATIONAL OFFICE USE ONLY

Credential File Number: _____

RANK OF MINISTRY: ORDAINED MINISTER
 New Reinstated Promoted

Name _____

Male Female Date of Birth _____ Nationality _____

Approved By _____
(Presiding Bishop)

Date Approved _____

Credentials Issued, Date _____

Delivered to _____

Administrative Bishop of _____ Date _____

Remarks _____
