

# EXHORTER | CAMS APPLICATION

- Application must be completed in its entirety.
- All signatures must be secured (applicant, pastor, district overseer).
- Your pastor is to complete PART II: Pastor's Recommendation.
- Two recommendation letters are required:
  - The letters should come from a current or past employer and/or someone that you have known for at least 3 years.
  - A letter from your pastor does not fulfill this recommendation.
  - Letters must include a statement indicating the length of time that the individual has known the applicant.
- Our office must receive \$50.00 for a background check in order for the application to be processed. This can be paid by check with the application or online at [www.vacog.org/resources](http://www.vacog.org/resources).
- Background Check Questions - If you answer "yes" to any question, indicate the following on a separate sheet of paper: the question number, relevant information regarding the response, and the resolution of the issue, if any.
- We recommend that you make a copy of the completed application for your records.
- Please mail the original copy to the address listed below.

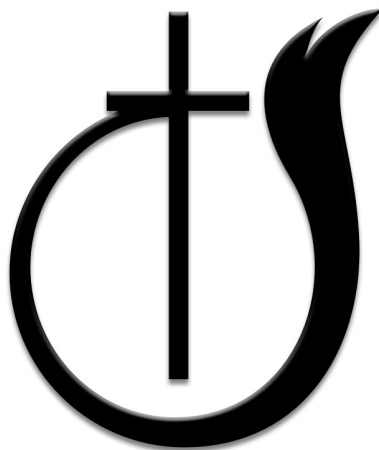
Please contact Wanda Cary with questions.

VA CHURCH OF GOD STATE OFFICE

ATTN: WANDA CARY

PO BOX 7547 | ROANOKE VA 24019

(P) 540/362-1549 X 5 (F) 540/362-3145



**Church of God**

**Ministerial Licensure Application**

**NEW MINISTER, CALLING AND MINISTRY  
STUDIES (CAMS), EXHORTER,  
MINISTER OF MUSIC, AND  
MINISTER OF CHRISTIAN EDUCATION**

**NAME OF APPLICANT:**

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**STATE/REGION:**

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

July 2015



# Church of God

## NEW MINISTER, CAMS, EXHORTER, MINISTER OF MUSIC, AND MINISTER OF CHRISTIAN EDUCATION APPLICATION FORM

**Instructions:** *This form is the first part of the application process for licensure in the Church of God, and will become a part of each applicant's file. The applicant should complete Part I of this form and present it to the pastor with two letters of recommendation. The pastor should complete Part II, sign the application in the appropriate locations, and forward the form and the two recommendation letters to the district overseer. The district overseer should sign the form and forward the form and the two recommendation letters to the administrative bishop.*

In preparing to enter the ministry in the Church of God, read these Scriptures, which are important in preparing for endorsement as an Exhorter: Matthew 10:16; Romans 15:1-6, 16-17; 1 Corinthians 1:1-2; 2 Corinthians 13:11; Ephesians 4:31, 32; 5:1, 2; Philippians 1:27; 2:1-3; 1 Thessalonians 5:12-15; 1 Timothy 3:1-16; 4:12; 2 Timothy 2:23-26; 3:10-17; Titus 1:5-9; 2:7-8; 3:9; Hebrews 13:5, 7, 9, 17; James 1:5; 3:13, 17; 1 Peter 5:1-10.

Please indicate which credential:     Exhorter     Minister of Christian Education     Minister of Music

### PART I: APPLICANT INFORMATION

#### GENERAL INFORMATION

Applicant's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ 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

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_  Male     Female

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S.A. Citizen?     Yes     No

If married, name of spouse \_\_\_\_\_

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

#### SPIRITUAL EXPERIENCE

##### APPLICANT

1. Age at conversion \_\_\_\_\_
2. Date of conversion \_\_\_\_\_
3. Age when sanctified \_\_\_\_\_
4. Have you received the baptism with the Holy Spirit with the evidence of speaking in tongues?     Yes     No
5. Age when baptized with the Holy Spirit \_\_\_\_\_
6. Have you been baptized in the name of the Father, the Son, and the Holy Spirit?     Yes     No
7. Date of water baptism \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Have you backslidden since your initial water baptism?     Yes     No
9. If yes, have you subsequently been baptized?     Yes     No    If yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Do you have regular family devotions?     Yes     No

##### SPOUSE

1. Age at conversion \_\_\_\_\_
2. Date of conversion \_\_\_\_\_
3. Age when sanctified \_\_\_\_\_
4. Has the applicant's spouse received the baptism with the Holy Spirit with the evidence of speaking in tongues?     Yes     No
5. Age when baptized with the Holy Spirit \_\_\_\_\_
6. Has the applicant's spouse been baptized in the name of the Father, the Son, and the Holy Spirit?     Yes     No
7. Date of water baptism \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Has the applicant's spouse backslidden since the initial water baptism?     Yes     No
9. If yes, has the applicant's spouse subsequently been baptized?     Yes     No    If yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

# CALL TO MINISTRY

## APPLICANT

1. Age when you became aware of your call to ministry \_\_\_\_\_
2. Describe your call to ministry (use additional paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPOUSE

Please describe how your spouse relates to your calling (select one):

- |  |  |
|--|--|
| <input type="checkbox"/> Concurs enthusiastically    | <input type="checkbox"/> Unconvinced of your calling |
| <input type="checkbox"/> Concurs, but unenthusiastic | <input type="checkbox"/> Resigned, but resentful     |
| <input type="checkbox"/> Does not concur             | <input type="checkbox"/> Opposed                     |

## CHILDREN

Please describe how your child(ren) relate(s) to your calling (select one):

- |  |  |
|--|--|
| <input type="checkbox"/> Concurs enthusiastically    | <input type="checkbox"/> Unconvinced of your calling |
| <input type="checkbox"/> Concurs, but unenthusiastic | <input type="checkbox"/> Resigned, but resentful     |
| <input type="checkbox"/> Does not concur             | <input type="checkbox"/> Opposed                     |

## MINISTRY-RELATED QUESTIONS

1. Are you a member of the Church of God?  Yes  No If yes, where? \_\_\_\_\_  
Date united with the Church of God \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Is your spouse a member of the Church of God?  Yes  No If yes, where? \_\_\_\_\_  
If spouse is not a member of the Church of God, is he/she a Christian?  Yes  No  
If yes, identify the church preference \_\_\_\_\_ Member?  Yes  No
3. Are you consistent in church attendance?  Yes  No
4. Are you consistent in tithing to the church tithing fund?  Yes  No
5. Are you consistent in giving offerings?  Yes  No
6. How many sermons have you preached? \_\_\_\_\_
7. Among the following activities, check the ones in which you are regularly involved:

<input type="checkbox"/> Administration	<input type="checkbox"/> Lay ministry	<input type="checkbox"/> Prison ministry
<input type="checkbox"/> Bible teaching	<input type="checkbox"/> Music ministry	<input type="checkbox"/> Senior adult ministry
<input type="checkbox"/> Chaplaincy	<input type="checkbox"/> Outreach ministry	<input type="checkbox"/> Youth ministry
<input type="checkbox"/> Children's ministry	<input type="checkbox"/> Prayer ministry	<input type="checkbox"/> Other ministry _____
<input type="checkbox"/> Discipleship	<input type="checkbox"/> Preaching ministry	

Please describe any other ministerial involvement: \_\_\_\_\_  
\_\_\_\_\_

List the most significant ministerial experiences you have had in the past six months:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State briefly why you wish to become a minister in the Church of God: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List areas of the ministry in which you feel most effective. \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been certified by a local church as a lay minister?  Yes  No  
If yes, where? \_\_\_\_\_
10. Have you been licensed for ministry by another denomination?  Yes  No If yes, give name and address of  
organization: \_\_\_\_\_  
\_\_\_\_\_
11. Do you presently hold license with that group?  Yes  No  
If no, how was license terminated?  Voluntarily surrendered  Revoked  
Please explain the reason for surrender or revocation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Give the name and address of the official to whom you were responsible:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
13. Have you been licensed previously by the Church of God?  Yes  No  
 If yes, how was license terminated?  Voluntarily surrendered  Revoked  
 Please explain the reason for surrender or revocation: \_\_\_\_\_  
 \_\_\_\_\_
14. Have you read the entire Bible?  Yes  No How many times? \_\_\_\_\_  
**(Reading the entire Bible before submitting the New Minister, CAMS, and Exhorter application is a requirement.)**  
 Are you presently engaged in a systematic program of Bible study?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
15. As a part of this application process, obtain two letters of recommendation (one from your most recent pastor and one from an employer). Have these been obtained and included with this application request form?  Yes  No  
**[This application cannot be processed without these two letters of recommendation.]**

## MARITAL HISTORY

### 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    |

If you are married, answer these questions concerning your spouse:  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Date you were married \_\_\_\_\_ Has your spouse been previously married?  Yes  No  
 If married, describe your marriage relationship in terms of its stability, closeness, communication, togetherness, satisfaction, etc: \_\_\_\_\_  
 \_\_\_\_\_

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

How many prior marriages? \_\_\_\_\_ How was (were) the marriage(s) terminated?  
 1st Marriage:  Death of Spouse  Divorce  Annulment  
 2nd Marriage:  Death of Spouse  Divorce  Annulment  
 Additional marriage history: \_\_\_\_\_  
 \_\_\_\_\_

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

How many prior marriages? \_\_\_\_\_ How was (were) the marriage(s) terminated?  
 1st Marriage:  Death of Spouse  Divorce  Annulment  
 2nd Marriage:  Death of Spouse  Divorce  Annulment  
 Additional marriage history: \_\_\_\_\_  
 \_\_\_\_\_

**POLICY STATEMENTS ON DIVORCE AND REMARRIAGE**  
**Ruling as of August 2002**

No applicant whose former spouse is living, or whose spouse's former spouse is living, shall be considered eligible for ministerial credentials except in cases where the divorce occurred because of the infidelity of the former spouse (Matthew 19:9), or the divorce occurred prior to initial conversion (2 Corinthians 5:17) or due to abandonment by an unbelieving spouse (1 Corinthians 7:15). **Conversion is interpreted as that point in time when one makes a public commitment to Christ, followed by a consistent Christian lifestyle.** In no case shall this provision apply to one who once walked with Christ, but who later divorced and/or remarried while living in a backslidden condition.

Whenever the applicant and/or spouse has a prior marriage, the applicant is asked to complete a set of forms concerning divorce and remarriage for each prior marriage. The applicant and spouse will be interviewed by the administrative bishop at a time and location set by the administrative bishop. With the recommendation of the administrative bishop and State Council, the marital forms are to be submitted to the International Executive Committee for consideration. When an applicant has been approved by the International Executive Committee, and has been given clearance from a national criminal background check, the applicant may be given the materials to begin the licensing process.

**LIFE HISTORY QUESTIONS**

1. **Educational Background:** (List location and degree received.)

- Certificate In Ministerial Studies (CIMS) Certificate \_\_\_\_\_
- GED Diploma \_\_\_\_\_
- High School Diploma \_\_\_\_\_
- Hispanic Bible Institute Certificate \_\_\_\_\_
- Other Institute Certificate \_\_\_\_\_
- Technical School Certificate \_\_\_\_\_
- Associate Degree \_\_\_\_\_
- Lee University Undergraduate Degree \_\_\_\_\_
- Patten University Undergraduate Degree \_\_\_\_\_
- Other Undergraduate Degree \_\_\_\_\_
- Pentecostal Theological Seminary Graduate Degree \_\_\_\_\_
- Lee University Graduate Degree \_\_\_\_\_
- Other Graduate Degree \_\_\_\_\_
- I have not yet received a college degree, but I have completed \_\_\_\_\_ hours of college work.

2. **Employment:** Start with current or most recent employer. Give an accurate and complete full-time and part-time employment record.

**Current or most recent employer** [Attach additional page(s) for previous employer(s)]

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title(s) \_\_\_\_\_

**I am no longer employed there because:**  I was laid off.  I quit.  I was terminated by the company.

I quit because I was going to be terminated by the company.

3. Have you ever initiated a lawsuit or been a defendant in a lawsuit?  Yes  No

If the answer is yes, please provide the following information for each such lawsuit:

Were you the plaintiff or defendant? \_\_\_\_\_

In what court was the lawsuit brought? \_\_\_\_\_

What were the claims brought? \_\_\_\_\_

What did you do to try to resolve the situation without a lawsuit? \_\_\_\_\_

Please describe the outcome of the lawsuit. \_\_\_\_\_

4. Have you ever served in the military, National Guard, or the reserves?  Yes  No

If yes, did you receive an honorable discharge?  Yes  No If no, please explain: \_\_\_\_\_

5. Have you ever declared bankruptcy?  Yes  No If yes, please explain: \_\_\_\_\_
6. Do you have any ongoing problems with personal/family financial management, including credit card foreclosures, problems with debt collectors?  Yes  No If yes, please explain: \_\_\_\_\_

## NATIONAL CRIMINAL BACKGROUND CHECK QUESTIONS

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

*Please check either "yes" or "no" for each question. If the answer to any of the following 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?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have there been written complaints against you that did <u>not</u> result in discipline?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Are there any complaints pending against you before any of the above-named bodies?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Have you ever been subjected to ecclesiastical disciplinary proceedings?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Have you ever been asked to resign or been terminated by a training program or employer?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Have you ever had a civil suit brought against you relative to your professional work, or is any such suit pending?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had professional malpractice insurance suspended or revoked for any reason?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Have you ever been charged <sup>1</sup> with any ethics violation, or are any such actions pending against you?   | <input type="checkbox"/> No | <input type="checkbox"/> 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)? | <input type="checkbox"/> No | <input type="checkbox"/> 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?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Have you ever been charged with the production, sale, or distribution of pornographic materials?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Have you ever been charged or adjudicated with sexual misconduct, including the following:  |                             |                              |
| Abuse of power or role for sexual purposes?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Sexual contact with a minor or an adult incompetent to give consent?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Sexual assault (e.g., rape)?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Solicitation for sexual purposes (e.g., prostitution)?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| An offense related to pornography or public indecency (e.g., indecent exposure)?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Have you ever been charged with an offense related to sexual harassment, including the following:  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Unwelcome sexual advances?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Requests for sexual favors?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Sexually motivated physical contact?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Verbal or physical domination of a sexual nature?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 11. Do you have a history of alcohol abuse?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over-the-counter, or illicit?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 13. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been charged with traffic violations?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has your driver's license ever been revoked or suspended?  | <input type="checkbox"/> No | <input type="checkbox"/> 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?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had your parental rights restricted, suspended or terminated, or have any of your children been put into foster care?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

<sup>1</sup>Throughout this document, "charged" indicates allegations made in writing and known to you.

15. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity?  No  Yes  
 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

**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 New Minister, CAMS, Exhorter, Minister of Music, and Minister of Christian Education Application Form 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 \_\_\_\_\_

**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 this 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 enroll in Calling And Ministry Studies (CAMS).



## PART II: PASTOR'S RECOMMENDATION

This portion of the application must be completed by the applicant's local pastor.  
If the applicant is currently pastoring a church, this form must be completed by the district overseer.

### MINISTERIAL ACTIVITY

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

1. Do you feel that you know the applicant well enough to evaluate his/her eligibility for the exhorter credential?  
 Yes  No
2. Do you know of any reason why the applicant is not qualified for licensure in the Church of God?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Are you aware of the marital history of the applicant?  Yes  No  
[If you answered no, it is essential that you interview the applicant and gain this information before proceeding.]
4. In what ministerial position(s) within the local church is the applicant presently serving? \_\_\_\_\_  
\_\_\_\_\_
5. Has the applicant been baptized in the Holy Spirit with the evidence of speaking in other tongues?  Yes  No
6. Please describe the applicant's participation in church ministries:  
 Faithful  Unenthusiastic  Effective  Participates, but ineffective
7. Please describe the applicant's knowledge of the Word of God:  Excellent  Above Average  Below Average
8. List any area(s) of the ministry or personal conduct where you believe that the applicant's performance is unsatisfactory:  
\_\_\_\_\_  
\_\_\_\_\_
9. List any area(s) where the applicant excels in ministerial knowledge and skills: \_\_\_\_\_  
\_\_\_\_\_
10. In what area(s) of ministerial knowledge and skills does the applicant need the most improvement? \_\_\_\_\_  
\_\_\_\_\_
11. Please describe how often the applicant is involved in preaching activities:  
 Frequent  Infrequent  Strong initiative in seeking opportunities  Lacks initiative in seeking opportunities
12. How long have you known the applicant? \_\_\_\_\_ In what relationship? \_\_\_\_\_
13. How long has the applicant been a member of your local church? \_\_\_\_\_
14. Is the applicant faithful in tithing?  Yes  No In offerings?  Yes  No In attendance?  Yes  No
15. Is the applicant's spouse a member of your church?  Yes  No If no, please explain why not: \_\_\_\_\_  
\_\_\_\_\_
16. Is the applicant and spouse consistent in church attendance?  Yes  No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Do you believe the applicant is called to a ministry that requires credentials?  Yes  No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
18. Describe the applicant's present ministerial activities: \_\_\_\_\_  
\_\_\_\_\_
19. List any ministerial and/or personal strengths you see in the applicant: \_\_\_\_\_  
\_\_\_\_\_
20. List any ministerial and/or personal weaknesses you see in the applicant: \_\_\_\_\_  
\_\_\_\_\_
21. Describe the spouse's attitude toward the applicant's ministerial calling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL RELATIONSHIPS

22. Does the applicant have a history of good interpersonal relationships in the local church ministry?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

23. 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, please explain: \_\_\_\_\_
24. Does the applicant have the trust and respect of fellow Christians?  Yes  No  
 If no, please explain: \_\_\_\_\_
25. Does the applicant demonstrate all of the following:
- |                     |  |                         |  |
|---------------------|--|-------------------------|--|
| accountability      | <input type="checkbox"/> Yes <input type="checkbox"/> No | positive attitude       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| commitment          | <input type="checkbox"/> Yes <input type="checkbox"/> No | sincere love for people | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| emotional stability | <input type="checkbox"/> Yes <input type="checkbox"/> No | spiritual maturity      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If no to any of the above, please explain: \_\_\_\_\_
26. If the applicant is married, how would you describe his/her marital situation? \_\_\_\_\_
27. Do you feel confident that the applicant can control his/her temper?  Yes  No  Not Sure  
 Do you feel confident that the applicant can handle high stress situations?  Yes  No  Not Sure  
 If no or not sure to either of the above, please explain: \_\_\_\_\_

Signature of Pastor \_\_\_\_\_

Name of Local Church \_\_\_\_\_

Date \_\_\_\_\_

**Recommendation of Pastor**

I recommend the applicant for the exhorter 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 exhorter 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 exhorter credential.

Yes  Yes, with reservations  No

If yes with reservations, please write an explanation \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The recommendation of the State Ministerial Examining Board is made after the applicant completes Calling And Ministry Studies (CAMS).**

*[To be completed by the State Ministerial Examining Board]*

**Recommendation of State Ministerial Examining Board**

After reviewing the application form and interviewing the applicant and spouse, does the State Ministerial Examining Board recommend the applicant for licensure?  Yes  No

Give reasons:

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**Signature of Board Members:**

Date Interviewed: \_\_\_\_\_

Chairman: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

**MAJOR STEPS IN THE MINISTERIAL CREDENTIALING PROCESS**

1. Submit the New Minister, CAMS, Exhorter, Minister of Music, and Minister of Christian Education Application.
2. Complete the Calling And Ministry Studies (CAMS) program.
3. Pass the Exhorter Exam.
4. Submit the Ordained Minister and Ministerial Internship Program (MIP) Application.
5. Complete the MIP.
6. Pass the Ordained Minister Exam.
7. Submit the Ordained Bishop Application.
8. Pass the Ordained Bishop Exam.

**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 exhorter.

Date of Examination \_\_\_\_\_ Grade \_\_\_\_\_  
*Administrative Bishop, please fill in all the above blanks.*

**Signatures of the Administrative Bishop and the State Ministerial Examining Board**

\_\_\_\_\_  
Administrative Bishop

\_\_\_\_\_  
Ordained Bishop

\_\_\_\_\_  
Ordained Bishop

\_\_\_\_\_  
Ordained Bishop

**FOR INTERNATIONAL OFFICE USE ONLY**

Credential File Number: \_\_\_\_\_

**RANK OF MINISTRY:**  Exhorter  Minister of Christian Education  Minister of Music  
**STATUS:**  New  Reinstated

Name \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Approved By \_\_\_\_\_  
(Presiding Bishop)

Date Approved \_\_\_\_\_

Credentials issued, on: \_\_\_\_\_

Credentials delivered to: \_\_\_\_\_

Administrative Bishop of: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_