

PENTECOSTAL ASSEMBLIES OF THE WEST INDIES INTERNATIONAL

CREDENTIAL RENEWAL FOR NON-PASTORAL MINISTERS

This form is to be used **only** by a credential holder who has submitted a Pentecostal Assemblies of the West Indies "APPLICATION FOR MINISTERIAL CREDENTIALS" and has been granted a credential with a member district. If you do not currently hold a Pentecostal Assemblies of the West Indies credential please complete and submit to the district office an 'Application For Ministerial Credentials'. Married workers must apply individually. Applicants for credentials should read carefully the qualifications in Bylaw 5.

After all questions have been fully considered and answered this application should be returned to the district secretary's office. This and any other requirements must be completed prior to an interview being scheduled with the district credentials committee.

Credential holders shall apply for renewal of credentials biennially and in accordance with the approved form. Failure to do so shall result in the lapse of the credentials. Ministers who have not renewed by December 31 of that year shall be recorded as lapsed and must make application for reinstatement and pay a \$50.00 reinstatement fee. Each district should submit an approved list of credential holders to the General Administrator by October 31st of each year (*Bylaw 5.5*).

This application should be accompanied by a credential fee of \$ 40.00 and one (1) passport size photograph. Credential holders who are sixty (60) years and over are not required to submit fees.

i). District in which renewal application is made _____

ii). District which endorsed previous renewal _____ Previous Renewal Period _____

FAMILY (Please print)

1. Name _____ Sex: _____

2. Mailing Address _____

Street _____ City _____ Country _____

3. Date of Birth / / Identification No _____
Day Month Year

4. Phone (____) _____ Fax (____) _____ Email _____

5. Marital Status _____ Name of Spouse _____

6. Spouse's date of birth / / Spouse's Work Phone (____) _____
Day Month Year

7. Does your spouse hold credentials? Yes No Type _____

8. Number of children living at home _____ Number of children not living at home? _____

MINISTRY

9. What credential do you now hold? (*Please tick one box*)

Ordination License to Minister Certificate of Recognition Lay Preacher's Certificate

10. Date you received it? / / How long have you held credentials in present district? _____
Day Month Year

11. Describe the type of ministry in which you are presently engaged? _____

12. Name of Home Church _____ Pastor's Name _____

13. Address of Church _____

Street _____ City _____ Country _____
14. Church Phone (____) _____ Fax (____) _____ Email _____

15. State classification of your assembly: Pioneer ____ Branch ____ Dependant ____ Autonomous ____

16. If staff member, state position _____

17. If your ministry is an affiliate ministry with the Pentecostal Assemblies of the West Indies, (Bylaw 9):

a) Name of Ministry _____

b) Have you submitted an audited financial statement for the past year to the International Office?

Yes No

c) If no, please explain _____

d) When did you last submit a financial statement? ____/____/____
Day Month Year

18. Do you have any financial accounts that are in a dissatisfactory status? Yes No If yes, please explain _____

WORKER SUPPORT

19. How are you supported? a) Church _____ b) Missions _____ c) District _____

d) WIST _____ e) International Office _____

20. Are you secularly employed? Yes No If so, where? _____

Hours per week worked? _____ Nature of occupation _____

21. To which ministerial support provisions listed below do you contribute? (*Indicate yes/no in each column*)

A. Item	By Self	By Church	By District	By Fellowship
1. Life Insurance	Yes 0 No 0			
2. Pension Fund	Yes 0 No 0			
3. Health & Dental Plan	Yes 0 No 0			
4. Superannuation	Yes 0 No 0			
5. Retirement Benefits	Yes 0 No 0			
6. National Insurance	Yes 0 No 0			

B. Give further information on any of points 1 – 6: _____

22. On separate sheet of paper, state your ministry goals and projections for the next two years.

FELLOWSHIP RELATIONS

23. 1. Have you financially supported your church, district and fellowship in accord with PAWI Constitution during the last year? (Article XI, # 2; Bylaws 5) a) **Tithes:** Yes No ; b) **Designated Missions** Yes No ; c) **Undesignated Missions** Yes No d) **West Indies School of Theology** Yes No

2. If no for any category, state why? _____

24. Have you attended the last two District Conferences? Yes No

25. Have you attended the last PAWI General Conference? Yes No

26. Are you willing to abide by the Constitution and Bylaws of the Pentecostal Assemblies of the West Indies? Yes No

27. Do you fully subscribe to the PAWI's Doctrinal Statement of Faith? (Constitution, Article V) Yes No

28. Do you publicly witness to and proclaim these Statements of Fundamental Doctrine in your ministry? Yes No

If your answer to question 27 or 28 is "No" please complete question 29.

29. i) If your present viewpoint DIFFERS from that of the General Conference in any of the following areas, please check: (Constitution, Article V)

- a. Inerrancy of the Word of God; Yes No
- b. Speaking in other tongues as the initial physical evidence of the baptism in the Holy Spirit; Yes No
- c. Water baptism by immersion in accordance with Matthew 28:19; Yes No
- d. Premillennial return of our Lord Jesus Christ; Yes No
- e. Divine healing; Yes No
- f. Eternal Security Yes No
- g. Regeneration Yes No

ii) If you differ from General Conference viewpoint in any of the above areas, or in any other area of Doctrinal belief, please define your viewpoint on a separate sheet of paper.

30. If 65 years or older, indicate your category: Senior-Active Senior-Semi retired Senior-Retired

Signature _____

Date _____



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

Exam Grade: \_\_\_\_\_ Date of Interview by District Credentials Committee \_\_\_\_\_

The \_\_\_\_\_ District approved  did not approve  this  
candidate on \_\_\_\_\_, 20\_\_ and is recommended  Not recommended   
for renewal of \_\_\_\_\_ Credential.

Signed: \_\_\_\_\_  
District Presiding Bishop DISTRICT STAMP

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**THIS SECTION IS TO BE COMPLETED BY GENERAL EXECUTIVE OFFICE ONLY**

I hereby endorse granting the credential \_\_\_\_\_ to the  
applicant as recommended by the District Conference and/or Executive of  
\_\_\_\_\_ District, and approved by the General Executive of the  
Pentecostal Assemblies of the West Indies on this \_\_\_\_\_ day of \_\_\_\_\_ 20

Signed: \_\_\_\_\_  
**General Bishop**

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