

## PENTECOSTAL ASSEMBLIES OF THE WEST INDIES INTERNATIONAL APPLICATION FOR UPGRADE OF CREDENTIALS

This form is to be used only by the applicant who currently holds a credential with the Pentecostal Assemblies of the West Indies and now desires a higher Level credential. 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. 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 FOR WHICH YOU ARE MAKING APPLICATION:

- Ordination
- License to Minister
- Certificate of Recognition

**PLEASE ATTACH  
PHOTO**

### Ministry Focus (tick appropriate boxes):

- |  |  |
|--|--|
| <input type="checkbox"/> Christian Education           | <input type="checkbox"/> Minister's Spouse     |
| <input type="checkbox"/> Youth Ministry                | <input type="checkbox"/> Church Administration |
| <input type="checkbox"/> Music & Worship               | <input type="checkbox"/> Women's Ministry      |
| <input type="checkbox"/> Pentecostal Crusaders         | <input type="checkbox"/> Men's Ministry        |
| <input type="checkbox"/> Other - please specify: _____ |  |

To be used in your  
Permanent records

**This application should be accompanied by a credential fee of \$ 40.00 and two (2) passport size photographs.**

Please print

1. Full name \_\_\_\_\_ Male  Female
2. Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Married  Single   
Day Month Year
3. Full name of spouse (if married) \_\_\_\_\_
4. Date of marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's place of birth \_\_\_\_\_  
Day Month Year
5. Spouse's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Work Phone (\_\_\_\_) \_\_\_\_\_  
Day Month Year
6. Does your spouse hold credentials? Yes  No  Type \_\_\_\_\_
7. Names and birth dates (d/m/y) of children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you experienced any marital status change since your previous application for credentials?  
 Yes  No  If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_
9. a. What credential do you presently hold?  Ordination  License to Minister  Certificate of Recognition

b. Date you received this credential \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Endorsing District \_\_\_\_\_  
Day Month Year

c. Date original credential was issued \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Endorsing District \_\_\_\_\_  
Day Month Year

10. What is your ministry position? \_\_\_\_\_  
Where? \_\_\_\_\_

Name of ministry \_\_\_\_\_ Address \_\_\_\_\_

11. What other ministry have you engaged in since you were granted your present credential? \_\_\_\_\_  
\_\_\_\_\_

12. How many times this past year did you preach? \_\_\_\_\_

13. List all college, WIST or correspondence courses you have taken since receiving your present credential.  
**(Attach all transcripts to this application.)** \_\_\_\_\_

14. List other seminars or conferences you have attended which were for the purpose of enhancing your ministry. \_\_\_\_\_

15. Have you fulfilled General Conference financial support requirements during the last term, (Const., Article XI, #2; Bylaw 5.2.1.1, #5)? Yes  No  If no, state why and what is your indebtedness? \_\_\_\_\_

16. Do you fully subscribe to the Statement of Fundamental Truths (Constitution, Article V)? Yes  No

17. Do you publicly proclaim these statements of fundamental doctrine from the pulpit? Yes  No

18. Do you voluntarily consent to a General Executive mandated background check?  Yes  No  
*If your answer is no, your application will not be processed.*

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

## REFERENCES

Give as references the names and addresses of three ordained ministers (preferably Pentecostal Assemblies of the West Indies). 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 \_\_\_\_\_

2. Name \_\_\_\_\_ Church \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ Church \_\_\_\_\_  
Address \_\_\_\_\_

**FRIENDS**

4. Name \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

5. Name \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

6. Name \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

**EMPLOYERS**

7. Name \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

8. Name \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

**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  to the General Executive  
for \_\_\_\_\_ Credential.

Signed: \_\_\_\_\_

**District Presiding Bishop**

**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**