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# INDEPENDENT ASSEMBLIES

## Application for Ministerial Credentials

Revised DEC. 2007

For Office Use Only:

Exhorter  
 License  
 Ordination  
Date Accepted \_\_\_\_\_

New Applicant    Advancement    Transfer    Reinstatement  
Applying for:  Exhorter's License    Minister's License    Ordination

Our purpose for granting credentials (*pages 18 & 19, by-laws and policies*) is threefold:

1. So that we may know **them which labor among us** according to 1 Thessalonians 5:12.
2. To certify and confirm our confidence in the character and calling of **the ministers in our fellowship**.
3. To qualify **our ministers** in a legal sense to comply with the requirements of the law.

It is our policy not to grant any level of credential to any applicant, however qualified, if it seems obvious that the applicant wants credentials only, and has no intention of working in fellowship with the Independent Assemblies. In rare or unusual cases, exceptions are made and an "Exhorter License" or "Minister License" may be granted, but not "Ordination" status.

We do not extend ministerial credentials to anyone involved in the following: homosexuality, or any sexual activity outside of marriage; the use of intoxicating liquor, narcotics, hallucinogens or tobacco; any form of occult, any involvement in a militia group with intent to overthrow the government of the United States of America, or membership in any secret order such as the Masonic Lodge and its various branches including the Masons, Scottish Rites, Shriners, Eastern Star, Demolays and Rainbow Girls. It is our firm belief that the Bible teaches against these things and any participation constitutes unacceptable conduct.

**PLEASE PRINT LEGIBLY - INCOMPLETE APPLICATIONS WILL BE RETURNED**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

Telephones - Residence (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a citizen of the United States?  yes  no If not, what country? \_\_\_\_\_

Gender:  Male  Female E-mail Address: \_\_\_\_\_ Website \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Conversion \_\_\_\_\_ Place of Conversion \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced If Divorced, How many times? \_\_\_\_\_

How many times since conversion? \_\_\_\_\_ If married, has your companion been divorced?  yes  no

How many times has your companion been divorced since conversion? \_\_\_\_\_ Date of Marriage \_\_\_\_\_

How long were you or your spouse divorced before current marriage? You \_\_\_\_\_ Spouse \_\_\_\_\_

Have you held credentials with any other fellowship, organization or licensing body?  yes  no If yes, give its name and your reason for leaving \_\_\_\_\_

Do you now hold credentials with Independent Assemblies?  yes  no If yes, what is your current level of credential?  Exhorter  License  Ordination

Name of Church you currently attend: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What training have you had to qualify you for the ministry to which you have been called?

On Campus Bible School     Correspondence Bible School     Pastoral Instruction     Other

If "Other," explain: \_\_\_\_\_

- 
1. Do you agree with our Code of Conduct as presented on page 1?  yes  no
  2. Have you read the entire Bible?  yes  no
  3. Do you believe that all of the Bible is the true and inspired Word of God?  yes  no
  4. Have you read our By-laws and Policies Book?  yes  no
  5. Do you accept our doctrinal position on the Trinity of the Godhead?  yes  no
  6. Have all men sinned?  yes  no
  7. Can good works save a soul from hell?  yes  no
  8. Is faith in the shed blood of Jesus essential to salvation?  yes  no
  9. Do you believe that once saved, it is possible to be lost?  yes  no
  10. Do you teach and practice water baptism according to Matthew 28:19?  yes  no
  11. Is speaking with other tongues the initial, physical evidence of the Holy Ghost Baptism?  yes  no
  12. Have you received the Holy Ghost Baptism according to Acts 2:4 and 10:44-46?  yes  no
  13. Is divine healing in the atonement?  yes  no
  14. Will Jesus return to rapture (*catch away*) His church before the seven year tribulation?  yes  no
  15. Will you conduct your ministry and personal behavior according to the stated doctrinal positions and code of conduct of the Independent Assemblies?  yes  no
  17. Do you tithe faithfully?  yes  no
  18. Are you willing to help support our World Missions program?  yes  no
  19. Are you now carrying a full schedule of duties as pastor, evangelist, missionary, etc.?  yes  no
  20. What is your present ministerial position? \_\_\_\_\_
  21. How long have you derived your support from the ministry of the gospel? \_\_\_\_\_
  22. I declare that all the information given is true and complete, and having read all the requirements on this application, I will accept and abide by the same.

Applicant's Signature: \_\_\_\_\_

This applicant must be recommended by applicant's pastor or other **ordained** minister of Independent Assemblies and this application signed by same.

Recommended by (print or type) \_\_\_\_\_

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

Phone ( ) - - Fax ( ) - - E-mail Address \_\_\_\_\_

**Very Important:** If the applicant's recommending pastor is not an **ordained** minister with the Independent Assemblies, the application must be endorsed by a minister who is **ordained** with the Independent Assemblies, who is in good standing, and who will attest to the credibility and integrity of the recommending pastor.

## To Be Completed by Recommending Minister

\* \* \* \* \*

What is your relationship to the applicant? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

Have you had ample opportunity to observe the ministry of the applicant?  yes  no

If so, what is your evaluation? \_\_\_\_\_

Have you had opportunity to evaluate the sincerity of the applicant?  yes  no

If so, what is your evaluation? \_\_\_\_\_

Have you had opportunity to evaluate the integrity of the applicant?  yes  no

If so, what is your evaluation? \_\_\_\_\_

Do you know whether the applicant has a good working knowledge of the Bible?  yes  no

If yes, what is your evaluation? \_\_\_\_\_

Do you believe the applicant is honest when dealing with finances?  yes  no

Do you believe the applicant is truthful at all times?  yes  no

Does this applicant have a history of being in the midst of church confusion and turmoil?  yes  no

In your opinion, Will this applicant be a valuable minister in the Independent Assemblies?  yes  no

If there is anything else you would like to tell us about the applicant, write anything you wish on the following lines:

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*The answers and comments given above are true and complete to the best of my knowledge and I do offer my recommendation for approval of this application:*

Recommending Ministers Signature: \_\_\_\_\_

Date of Signing \_\_\_\_\_

**To be completed by Endorsing Independent Assemblies Minister when  
the Recommending Minister does not have credentials with the  
Independent Assemblies**

\* \* \* \* \*

Are you well acquainted with the Recommending Minister? .....  yes     no

How long (*approximately*) have you known him/her? \_\_\_\_\_ years    \_\_\_\_\_ months

Do you know him/her to be a minister of sincerity and integrity?.....  yes     no

Are you confident that he/she is completely truthful? .....  yes     no

Do you have complete confidence in the judgment of the  
Recommending Minister in regard to the qualifications of the applicant?.....  yes     no

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The answers and comments given above are true and complete to the best of my knowledge and I do offer my endorsement to the Recommending Minister.*

Endorsed by: (print or type) \_\_\_\_\_ Phone (    )    - \_\_\_\_\_

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

Signature of Endorsee: \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant: CREDENTIAL FEE & PHOTO MUST ACCOMPANY APPLICATION  
Exhorter \$50.00 – License \$65.00 – Ordination \$75.00 – Reinstatement \$10.00 Additional  
Important! Whenever possible, include a copy of current credential certificate or of last credential held.**

**Please Mail To:  
INDEPENDENT ASSEMBLIES  
P. O. Box 1546  
Ada, OK 74821**