



South Carolina District Council Assemblies of God Preliminary Application for Credentials

Steps to complete:

Once the educational course requirements are satisfied, a first time applicant must apprise his or her Assemblies of God pastor of the desire to be credentialed with the South Carolina District Council.

Payment of a non-refundable fee of **\$90** is required to process the **Preliminary Application** to pay for all related fees and other costs for a thorough background and credit check. The Official Application requires an additional fee of \$100 if the Preliminary Application is approved for processing.

Please be aware that a criminal background check and a credit check are done for every candidate upon receiving the *Preliminary Application*. Credit issues are best resolved before the official application process begins. Outstanding credit issues must be resolved before processing may continue.

If a potential applicant or spouse has a previous marriage ending in divorce, please refer to the General Council's Bylaws for qualifications for credentials before initiating the process through a preliminary application.

After this is done, he or she should do the following:

1. Complete the **Preliminary Application Form** (leave no required blank spaces empty)
2. Complete each of the **Authorization Forms** and have notarized.
3. Obtain your pastor's signature for the Preliminary Application Form
4. Call your Sectional Presbyter and schedule an interview
5. Take your signed pre-application and authorization forms with you to meet with your presbyter
6. Upon completion of the interview, your presbyter will forward your Preliminary Application and Authorization Forms to the District Council office for review along with your non-refundable *preliminary application fee* of \$90 to cover expenses and related processing fees (*make check payable to South Carolina District Council of the Assemblies of God, or SCDAG*)
7. Upon approval of the Preliminary Application, the Official Application Packet will be mailed to you from the District Council office.

South Carolina District Council
101 Medical Circle, Suite B, West Columbia, SC 29169



PRELIMINARY APPLICATION FOR CREDENTIALS
SOUTH CAROLINA DISTRICT ASSEMBLIES OF GOD

Name: _____

Mailing Address: _____ Home Phone: _____ Mobile Phone: _____

City, State, Zip: _____ Email: _____

Date of Birth: _____ Male: _____ Female: _____ Social Security Number: _____
Or attached copy of Green Card to affirm legal status

Marital status: Single _____ Married _____ Divorced _____ Widowed _____ Remarried _____

Spouse's name: _____

Credential for which you are making application: [] Certificate of Ministry [] License to Preach

1. Have you in the past or do you presently hold a ministerial credential with another denomination or ministerial credentialing body? [] Yes [] No

2. If your answer above is "yes," please complete the following:

- a. The name of the denomination or ministerial credentialing body _____
b. The type of credential held _____
c. The period of time during which the credential was active _____
d. If approved for credentials, are you willing to provide evidence of the termination of the prior credentials? [] Yes [] No

3. Have you been born again according to John 3:5? [] Yes [] No When? _____

4. Have you been baptized by immersion in water in the name of the Father, the Son, and the Holy Spirit according to Matthew 28:19? [] Yes [] No When? _____

5. Have you received the baptism in the Holy Spirit with the initial physical evidence of speaking in tongues according to Acts 2:4? [] Yes [] No When? _____

6. Of what AG church are you an official member? _____

7. Describe why you believe that God has called you into the ministry.

8. Do you fully subscribe to the Statement of Fundamental Truths as contained in the General Council Constitution Article 5? [] Yes [] No

9. Do you also publicly proclaim the doctrines set forth in the Statement of Fundamental Truths? [] Yes [] No

10. Do you have a former spouse still living? [] Yes [] No Does your spouse have a former spouse still living? [] Yes [] No

- If you answered 'yes' to either - please discuss with your presbyter and indicate the appropriate application needed
[] Recognition of Divorce Due to Either Spousal Infidelity or Abandonment of the Believer by the Unbeliever
[] Recognition of a Pre-Conversion Divorce
[] Annulment or Dissolution of a Former Marriage

11. Why do you desire to receive ministerial credentials with the Assemblies of God?

12. Have you ever been convicted of a felony? Yes No

13. If the answer to question 12 is yes, please provide an explanation on a separate sheet of paper. Include any relevant court documents.

14. Have you fulfilled the study preparation requirements as specified by The General Council of the Assemblies of God? (Please refer to the requirements listed at the end of this document) Yes No Partial Completion

15. List your formal higher education

College _____ Years _____
Graduate School _____ Years _____

16. What Bible or ministry training have you completed?

Note: You must submit with this application a transcript for all completed courses.

Failure to do so will delay processing your credential application.

- a. Bible college Yes No
Major _____ Degree _____
Name of college / Bible college _____ Semesters completed _____
- b. Seminary Yes No
Major _____ Degree _____
Name of Seminary _____ Semesters completed _____
- c. Correspondence courses? Yes No
Name of school _____ Number of courses completed _____
- d. Other training? _____

17. If you did not attend an Assemblies of God school of higher education, have you completed the following courses?

Assemblies of God History, Missions, and Governance Yes No

A Spirit-Empowered Church: An Acts 2 Ministry Model Yes No

18. Do you have any outstanding liabilities? Yes No

19. Are you current on these payments? Yes No

- *Please include a copy of your driver's license for the purpose of ordering the background report.*

Applicant's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

Presbyter's Signature: _____ Date: _____

GLOBAL/BEREAN CORRESPONDENCE REQUIREMENTS

CERTIFIED MINISTER

BIB 114	Christ in the Synoptic Gospels (BIB112 Synoptic Gospels satisfies this course requirement)
THE 114	Introduction to Pentecostal Doctrine
BIB 115	Acts: The Holy Spirit at Work in Believers
BIB 117	Prison Epistles: Ephesians, Colossians, Philippians, and Philemon
BIB 121	Introduction to Hermeneutics: How to Interpret the Bible
MIN 123	The Local Church in Evangelism
MIN 171	A Spirit-Empowered Church: An Acts 2 Ministry Model
THE 142	Assemblies of God History, Missions, and Governance*
MIN 181	Relationships and Ethics in Ministry
MIN 191	Beginning Ministerial Internship

LICENSED MINISTER

THE 211	Introduction to Theology: A Pentecostal Perspective
BIB 212	New Testament Survey
BIB 214	Old Testament Survey
BIB 215	Romans: Justification by Faith
MIN 223	Introduction to Homiletics
THE 245	Eschatology: A Study of Things to Come
MIN 251	Effective Leadership
MIN 261	Introduction to Assemblies of God Missions
MIN 281	Conflict Management for Church Leaders
MIN 291	Intermediate Ministerial Internship

ORDAINED MINISTER

THE 311	Prayer and Worship
BIB 313	The Corinthian Correspondence
BIB 318	The Pentateuch
BIB 322	The Poetic Books
MIN 325	Preaching in the Contemporary World
MIN 327	Church Administration, Finance, and Law
MIN 381	Pastoral Ministry
MIN 391	Advanced Ministerial Internship

The education requirements can be met through the South Carolina District School of Ministry (DSOM) www.ag4sc.com or through Global/Berean University visit www.globaluniversity.edu.

INFORMATION AUTHORIZATION AND RELEASE

Sign in the presence of a notary, and return to the district office.

I, (Name) _____, of City, State) _____ having filed an application for credentials with the **South Carolina** District of the Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the above-named district. I agree to give any further information, which may be required in reference to my past history.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the **South Carolina** District of the Assemblies of God any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the above-named district or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all rights I may have to inspect or review any information provided to this district, its agents or representatives by any person or organization.

I hereby release, discharge, and exonerate the **South Carolina** District of the Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named district. The **South Carolina** District of the Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete. I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature _____ Date _____

STATE OF _____
COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public

My commission expires: _____

INFORMATION AUTHORIZATION AND RELEASE FOR SPOUSE

Sign in the presence of a notary, and return to the district office.

I, (Name) _____, spouse of (Applicant's name) _____ having filed an application for credentials with the **South Carolina** District of the Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the above-named district. I agree to give any further information, which may be required in reference to my past history.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the **South Carolina** District of the Assemblies of God any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the above-named district or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all rights I may have to inspect or review any information provided to this district, its agents or representatives by any person or organization.

I hereby release, discharge, and exonerate the **South Carolina** District of the Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the above-named district. The **South Carolina** District of the Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature _____ Date _____

STATE OF _____
COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public

My commission expires: _____

BACKGROUND CHECK DISCLOSURE

The General Council of the Assemblies of God

I, _____, hereby authorize The General Council of the Assemblies of God and/or the **South Carolina** District to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for credentialing now and, if applicable, during the tenure of my credentials with the Assemblies of God.

I release the Assemblies of God and/or the **South Carolina** District and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Legal Name (Printed or typed)

Name as it appears on your driver's license (Printed or typed)

Maiden Name or Other Names Used (Printed or typed)

*Date of Birth

Social Security Number

Signature

Date

**NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for credentialing.*

If you would like to receive a copy of your background report, please contact the LexisNexis Consumer Center at 800.845.6004.