



SOUTH CAROLINA ASSEMBLIES OF GOD

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 where needed
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 SC DAG*)
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

GLOBAL UNIVERSITY'S BEREAN SCHOOL OF MINISTRY

CORRESPONDENCE COURSE REQUIREMENTS

CERTIFIED MINISTER

BIB 114	Christ in the Synoptic Gospels (BIB112 Synoptic Gospels satisfies this course requirement)
BIB 121	Introduction to Hermeneutics: How to Interpret the Bible
BIB 212	New Testament Survey
BIB 214	Old Testament Survey
MIN171	A Spirit-Empowered Church: an Acts 2 Ministry Model*
MIN 181	Relationships and Ethics in Ministry
MIN 191	Beginning Ministerial Internship
THE 114	Introduction to Pentecostal Doctrine
THE 142	Assemblies of God History, Missions, and Governance*
THE 211	Introduction to Theology: A Pentecostal Perspective

LICENSED MINISTER

BIB 115	Acts: The Holy Spirit at Work in Believers
BIB 117	Prison Epistles: Ephesians, Colossians, Philippians, and Philemon
BIB 215	Romans: Justification by Faith
MIN 123	The Local Church in Evangelism
MIN 223	Introduction to Homiletics
MIN 251	Effective Leadership
MIN 261	Introduction to Assemblies of God Missions
MIN 281	Conflict Management for Church Leaders
MIN 291	Intermediate Ministerial Internship
THE 245	Eschatology: A Study of Things to Come

ORDAINED MINISTER

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 311	Prayer and Worship

Upon completion of the Ministerial Studies Diploma (including all three levels of study), the student will have met the minimum academic requirements to apply for the ordination process with the General Council of the Assemblies of God in the United States.

Successful completion of the Ministerial Studies Program should prepare the student for credentialing interviews and tests. The student will have mastered the basic Bible content (Old and New Testaments), theological principles, and practical ministry skills for service in a church leadership position.

For information on Global/Berean University visit www.globaluniversity.edu.

Please note: Regardless of where you receive your education, you must complete the Berean courses Assemblies of God History, Missions, and Governance and A Spirit Empowered Church: an Acts 2 Ministry Model.

Revised 8/2020



Name: _____
First Middle Last

Mailing Address: _____ City, Zip: _____

Phone: _____ 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 Abandonment of the Believer by the Unbeliever
- ☐ Recognition of Divorce Due to Domestic Violence
- ☐ Recognition of Divorce Due to Ecclesiastical Annulment
- ☐ Recognition of a Pre-Conversion Divorce
- ☐ Recognition of Divorce Due to Spousal Infidelity

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 course 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 _____

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: _____

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
(a copy of your SS card is required)

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.

INFORMATION AUTHORIZATION AND RELEASE

The form must be hand signed and dated in the presence of a notary. Return to the district office.

I, _____ (name of applicant) , 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 of applicant's spouse), the spouse of _____ (name of applicant) _____ who has 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: _____

PERSONAL TESTIMONY

Name _____

Using only this space, please share your testimony of salvation and receiving the baptism in the Holy Spirit.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CALL TO THE MINISTRY

Name _____

Using only the space provided on this sheet, please provide a brief description of your call to the ministry as you have experienced it.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PERSONAL/MINISTRY INVENTORY

Name _____

Rate the quality and/or effectiveness of the following aspects of your life as a minister or your preparation for ministry. Mark the most appropriate number using the scale below. Mark N/A for any item not applicable to your present level of ministry.

1 = Poor	2 = Fair	3 = Good	4 = Excellent
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My Personal Life

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 1. Personal prayer life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 2. Devotional Bible reading | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 3. Alignment of my beliefs/core values with my behaviors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 4. Attention to personal health and wellbeing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 5. Attention to personal hygiene and neatness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 6. Avoidance of impropriety with the opposite sex | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 7. Avoidance of all forms of pornography | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 8. Telling the truth and keepings one's word in all relationships | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 9. Tithing/financial support of both the district and General Council | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 10. Management of personal finances and payment of bills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 11. Self-motivated to start and complete projects and tasks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 12. Coping with disappointment and criticism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 13. Initiating/being proactive in pursuing/establishing relationships | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 14. Resolving interpersonal conflicts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 15. Being optimistic and faith-filled | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

My Family Life (for Ministers with Spouses and/or Children)

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 16. Leadership in the spiritual care of family | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 17. Care for the needs of my spouse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 18. Spouse's support for my ministry | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 19. Care for the needs of my children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 20. Making quality time for family activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

My Ministry and Leadership Practices

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 21. Maintenance of ample ministry study/preparation time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 22. Utilization of resources for ministry and personal development
(i.e., Internet, libraries, books, magazines, journals, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 23. Developing and tracking personal ministry goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 24. Continuing education/lifelong learning | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 25. Feedback from others on my personal ministry practices | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 26. Practice of personal evangelism in daily life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 27. Leading the congregation by modeling spiritual disciplines
(e.g., prayer, fasting, submission, solitude) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 28. Developing my leadership skills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 29. Equipping others for effective ministry | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

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|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 30. Support for missions, personally and organizationally | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 31. Relating to authority | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 32. Developing as a communicator | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 33. Relating to a diversity of people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 34. Striving for excellence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 35. Taking steps of faith | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

My Relationships With

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| 36. Community leaders, organizations, events | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 37. Local church board, leadership, and staff | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 38. Accountability partner, mentor, or coach | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 39. Fellow ministers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |
| 40. Sectional, district/network and General Council leadership | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> N/A |

My Lifeline

- | | | |
|---|------------------------------|-----------------------------|
| 41. Have you read the entire Bible through at least once? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|