



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 (collection accounts, liens) 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 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



SOUTH CAROLINA ASSEMBLIES OF GOD Preliminary Application for Ministerial Credential

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

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

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

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

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

13. Do you 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

14. 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

15. 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 *Attach transcript*

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: _____

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.

Course requirements are subject to change at the discretion of the General Council

Revised 8/2020

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: _____

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.