



RENEWAL / UPGRADE APPLICATION FOR CREDENTIALS

INTERNATIONAL FELLOWSHIP OF MINISTERS

5900 Old Branch Avenue,
Temple Hills, MD 20748
Tel: (301) 899-5940 FAX: (301) 899-0694

**Please complete and return application with your \$100 renewal fee.*

<input type="checkbox"/> Existing Credential	<input type="checkbox"/> Certificate of Recognition (COR)	Date: ___/___/___ mm/dd/yy
<input type="checkbox"/> Upgrade to Existing Credential	<input type="checkbox"/> License to Minister (LTM)	
	<input type="checkbox"/> Ordination (ORD)	

APPLICANT'S INFORMATION

Full Name: _____ Male Female

Address: _____ Phone: _____

_____ Email: _____

Church/Organization: _____ Local Church/Organization Size: _____

Social Security: _____ Birth Date: ___/___/___ Birth Place: _____
mm/dd/yy

Marital Status: _____ Date of Marriage: ___/___/___
mm/dd/yy

Spouse's Name: _____ Birth Date: ___/___/___ Birth Place: _____

First Credential / minister's license was issued by the International Fellowship of Ministers on ___/___/___

EDUCATION

Are you currently involved in any Course of Study? Yes No

Organization / School	Course Name	Anticipated Completion Date	Degree	Major / Minor

RELIGIOUS EXPERIENCE

1. Describe your call into the ministry:

2. Describe your conversion:

INTERNATIONAL FELLOWSHIP OF MINISTERS RELATIONS

3. Record OF Church Membership (last five years)

YEAR	CHURCH	SERVED AS *

*Sunday School Superintendent, Church Board Member, Minister of Music, etc.

4. Have you ever been / or are you currently licensed or ordained by another organization? Yes No
If yes, list the most recent organization which granted you credentials along with the date it was granted or the year of ordination.

Organization: _____

Date: ___/___/___
mm/dd/yy

First Credential/License was issued by the _____

Date: ___/___/___
mm/dd/yy

5. Record of Licensed Ministry

YEAR	LICENSED BY DISTRICT	SERVED AS*	PLACE

6. Will you wholeheartedly support the International Fellowship of Ministers and its institutions? Yes No

International Fellowship of Ministers Contribution Requirement

7. Are you currently in compliance with the International Fellowship of Ministers' requirements to pay an equivalent of 10% of your tithe to the organization, for the year? Yes No

If no, please explain:

*Note: Payments may be made online at www.eagcs.org . Once you have entered the site, click on "Online Donations". Follow the instructions and create your account. Please designate the amount of funds, and what you want the funds to be applied to, in the comment area. Once you have completed the payment process, designate

where you would like your receipt to be emailed. You could also mail your contributions to: S.T.E.P. USA, International Fellowship of Ministers, 5900 Old Branch Avenue, Temple Hills, MD 20748.

PERSONAL INFORMATION

8. Are you in good health? Yes No If no, state particulars: _____

9. Does your spouse support you in your commitment to fulfill your calling? Yes No
If no, please explain: _____

10. Have you been divorced? Yes No

11. Has your spouse been divorced? Yes No

12. If married, are you now living with your spouse? Yes No
If no, what are your reasons? _____

13. Have you ever been arrested, convicted or plead "no contest" at any time? Yes No
Have you ever been accused of child molestation, exploitation or abuse? Yes No
If yes to either of the above questions, please explain: _____

Applicant's Signature: _____ **Date:** ___/___/___
mm/dd/yy

Instructions: This application should be provided to the IFM office by the required date, along with your \$100 renewal application fee. The IFM Board of Governors Credentials Board will use it to consider your request for renewal of your application.