Rhema Studies of Theology Association

Clergy Credential Application Form

***Position Applied For*** Ordained Minister: Licensed Minister:

***Personal Information***

**First Name:** Click here to enter text. Male Female

**Last Name:** Click here to enter text.

**Address:** Click here to enter text. **City:** Click here to enter text.

**Postal Code:** Click here to enter text. **Province:** Click here to enter text.

**Phone:** Click here to enter text. **Email:** Click here to enter text.

**Birthday:** Click here to enter text.

Married:  Single:  Widow/Widower:  Divorced:

Spouse Name: Click here to enter text.

***Ministry Information***

**Church Name:** Click here to enter text. **Phone:** Click here to enter text.

**Pastor’s Name:** Click here to enter text.

**Church Address:** Click here to enter text.

***Current Ministerial Status*** *(Check all that apply)*

Pastor:  Assistant Pastor:  Missionary:  Evangelist:  Other:

***Current and Recent Ministerial Activity***

**Organization:** Click here to enter text. **Date:** Click here to enter a date.

**Field (s) of Labour:** Click here to enter text.

**Organization:** Click here to enter text. **Date:** Click here to enter a date.

**Field (s) of Labour**: Click here to enter text.

***Educational Information***

**High School**: Click here to enter text.

**College (s)**: Click here to enter text.

**University:** Click here to enter text.

***Three Character References, Mailing Address and Phone***

**Name:** Click here to enter text. Phone: Click here to enter text.

**Address:** Click here to enter text.

**Name:** Click here to enter text. Phone: Click here to enter text.

**Address:** Click here to enter text.

**Name:** Click here to enter text. Phone: Click here to enter text.

**Address**: Click here to enter text.

***Employment Status***

Self-Employed:  Unemployed:  Full Time:  Part Time: Retired:

**Please provide a statement regarding your call to the ministry: (Separate Paper)**

**Please Describe your Conversion: (Separate Paper)**

**Please provide three Reference letters, one from your Senior Pastor, and two from other Ordained Ministers.**

**Have you ever been denied credentials by any organizations or had your credentials revoked or suspended? If yes, please give details:** Click here to enter text.

**Signature:** Click here to enter text. **Date**: Click here to enter a date.

***For Office Use Only***

***Approved By:***

***Signature***:

**Date:**

**Please use this email dr.lewis@rsota.org to submit the completed application form and to e-transfer the application fee of 100.00, and Yearly Fee of 75.00. Please note, the application fee is non-refundable**