Cornerstone Conference IPHC

MINISTERIAL CREDENTIALING APPLICATION CHECKLIST

1. APPLICATION & DOCUMENTS

- [ ] Complete the SOM Ministerial Credentialing Application and submit it via email to shiggins@ccrdc.org or by mailing it to P.O. Box 150, Browns Summit, NC 27214.
- [ ] Complete the Healthy, Growing, Multiplying Church assessment found at https://assess.neworchardsolutions.com/screening-questionnaire, using the code **HGMCHURCHES**.
- [ ] Be sure to include all of the necessary documents:
    - [ ] Photo - in the form of a headshot
    - [ ] Copy of your social security card
    - [ ] Copy of your driver's license
    - [ ] Tithing record(s) for the past year
    - [ ] Credit Report (Credit Karma, FreeCreditReport.com, etc.)
    - [ ] Pastoral Recommendation Letter; signed by the pastor and church secretary
    - [ ] Information Authorization and Release Form; signed and notarized
    - [ ] Transcripts from Biblical Studies and Courses (if applicable)
    - [ ] Divorce Decree (if applicable)

2. INITIAL INTERVIEW

- [ ] Once your application and all required documents are received, you will be contacted to schedule an initial interview. During this time you will have the opportunity to meet with Bishop Mike Ainsworth, Garry Yeatts, our credentialing director, and Pastor Darrell Greene to discuss your interest in the program and any questions you may have.

3. SCHOOL OF MINISTRY PAYMENT

- [ ] There is a flat fee of $225 for the Online Credentialing courses. Payments may be made via cash or check mailed to P.O. Box 150, Browns Summit, NC 27214 or by calling our office at 336-656-7936 x. 110. Payment is due priot to starting coursework.

4. COURSE MATERIALS & ACCESS

- [ ] Prior to the beginning of the Semester (Jan. 2nd for Spring/July 14th for Fall), you will receive a link via email to access your courses. Each course has required text(s) that can be purchased in bundles at ccrdc.org/som-resources, or individually from a retailer of your choosing.

*Updated 10/29/26

MINISTERIAL APPLICATION

The International Pentecostal Holiness Church, Inc.

CCSM CORNERSTONE SCHOOL OF MINISTRY

OUR MISSION:

To multiply believers and churches, discipling them in worship, fellowship and evangelism as we obey the Great Commission in Cooperation with the whole body of Christ.

This form is to be completed by all candidates applying for ministerial credentials for the first time. It is to be returned to the Conference office. All questions must be answered clearly and fully. PRINT WITH BLACK INK OR USE A TYPEWRITER. If sufficient room is not found on the form for a proper answer to any question, state your answer on a separate sheet of paper.

Conference Name: _____

APPLICATION FOR:

- ❑ Local Church Minister's Certificate
- ❑ Certificate of Ordination
- ❑ Minister of Discipleship Ministries License
- ❑ Transfer
- ❑ Minister of Music License
- ❑ Reinstatement
- ❑ Minister's License

Attach a recent, high resolution photograph of yourself here.

APPLICANT:

1. Full Name _____
2. Address _____

   City _____ State _____ Zip _____
3. Phone: Home (____) _____ Office (____) _____ Cell Phone (____) _____
4. Email Address: _____
5. Social Security Number: _____ - _____ - _____
6. Date of Birth: _____/_____/_____
7. Place of Birth: _____
8. Nationality: _____
9. Gender: ❑ Male ❑ Female
10. Marital Status: ❑ Single ❑ Married ❑ Divorced* ❑ Widow/er
11. Spouse's Full Name: _____
12. Spouse's Date of Birth _____/_____/_____
13. Anniversary Date _____/_____/_____
14. Have you or your spouse been previously married? ❑ Yes ❑ No
15. If yes, how was the marriage(s) terminated? ❑ Divorce ❑ Widowed ❑ Annulment

    *Please include a copy of the divorce decree and give details of divorce along with circumstances; please use a separate sheet of paper.
16. Names of Children and respective ages: _____

_____

17. Give three references. Include (1) *pastor; (2) businessman; and, (3) one other person not related.

A reference letter from the senior pastor (signed by the pastor and the church secretary) should accompany this application.

NAME ADDRESS CITY/STATE/ZIP PHONE

(1) _____

(2) _____

(3) _____

18. Present Occupation: _____

19. Have you ever been convicted of a felony or misdemeanor (excluding minor traffic offenses)?

❑ Yes ❑ No If yes, please explain _____

20. Do you agree to submit to a criminal/credit background check? ❑ Yes ❑ No

21. Are you a member of any secret society such as the Masonic Lodge or the Scottish Rite? ❑ Yes ❑ No

EDUCATION	Name and Location	No. of Years Attended	Date Completed	Degree Earned
High School				
College				
Graduate School				
Additional				

Have you completed the International Pentecostal Holiness Church's (IPHC) ministerial training course?

❑ First Year ❑ Second Year ❑ Third Year ❑ Equivalent Training

(Give details) _____

_____

_____

Will you take advantage of the opportunities made available for training, instruction, information, and inspiration (i.e. continuing educational programs for ministers) to make you a better leader? ❑ Yes ❑ No

EMPLOYMENT HISTORY:

Company Name	Supervisor (Name & Phone No.)	Position Held	DATES (From mm/yy – To mm/yy)

CHURCH EXPERIENCE:

1. When did you accept Jesus Christ as your personal Savior? _____
2. Have you been baptized with the Holy Spirit with the initial evidence of speaking with other tongues (Acts 2:4)? ❑ Yes ❑ No

   Is this and/or other evidences/gifts of the Holy Spirit regularly manifested in your life? ❑ Yes ❑ No
3. Have you been baptized in water according to Matthew 28:19? ❑ Yes ❑ No
4. Have you been sanctified and are you being sanctified? ❑ Yes ❑ No

   Please give a brief explanation

   _____

   _____
5. Have you read the Holy Bible through at least once? ❑ Yes ❑ No
6. Do you believe the Holy Bible to be the inerrant Word of God? ❑ Yes ❑ No
7. How long have you been a member of the IPHC? _____

   Other denominations? _____ _
8. If you are transferring, from what denomination/fellowship are you transferring?

   _____
9. Place of local IPHC church membership _____
10. Have you previously held credentials with the IPHC or another denomination? ❑ Yes ❑ No
11. If yes, when? _____ with whom? _____

    Please list previously held credentials. _____

    _____
12. Does your spouse hold credentials in the IPHC? ❑ Yes ❑ No
13. Have you read the *IPHC 2022-2026 Manual*? ❑ Yes ❑ No
14. Are you in agreement with the Articles of Faith of the IPHC? ❑ Yes ❑ No
15. Are you in agreement with the Covenant of Commitment of the IPHC? ❑ Yes ❑ No
16. Do you know without a doubt that you are called of God into Christian ministry? ❑ Yes ❑ No
17. What is your ministry calling? ❑ Pastor ❑ Evangelist ❑ Other
18. Type of ministry in which you are currently engaged _____
19. Supervisor (if applicable) _____

    Name Address

    _____

    City/State/Zip Phone

CHURCH LEADERSHIP

Position Held	Brief Summary of Experience in Church Leadership	DATES (From mm/yy – To mm/yy)

21. If you are applying for a license other than a local church minister's license, do you understand you are amenable to the Conference and the Conference Executive Council? ❑ Yes ❑ No

22. Realizing that as ministers/leaders we are stewards of His resources and conscious of Him in the management of that trust, will you faithfully return a tenth (full tithe) of all income into the "storehouse"? The "storehouse" for the minister is the Conference treasury; for the local church minister not under pastoral appointment, it is the local church treasury. ❑ Yes ❑ No

23. Do you understand that failure to comply with the tithing rule could mean a forfeiture of your credentials? ❑ Yes ❑ No

24. Will you cooperate with the denominational programs at the local, Conference, and General levels and lead your people by example? (This includes reporting systematically and consistently on forms provided.) ❑ Yes ❑ No

25. Have you ever, for any reason, been dismissed from another organization or had your credentials revoked? ❑ Yes ❑ No

    If *Yes*, explain, giving the name of the organization and reason for dismissal on a separate sheet of paper.

26. If you reach a place where you are out of harmony with the ministry vision of the IPHC, will you surrender your license/ordination certificate to your Conference Superintendent? ❑ Yes ❑ No

Signed: _____ Date: _____/_____/_____

INFORMATION AUTHORIZATION AND RELEASE

I, the undersigned, having filed an application for credentials with the _____ Conference (herein referred to as the "Conference") of the International Pentecostal Holiness Church, 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 Conference. 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 Conference of the International Pentecostal Holiness Church 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 Conference or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the Conference of the International Pentecostal Holiness Church, 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 Conference. The Conference of the International Pentecostal Holiness Church 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

STATE OF _____ COUNTY OF_____

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

_____
Notary Public

My commission expires: _____

CONFERENCE OFFICE USE ONLY

Date received in Conference office _____

Approved _____ Deferred _____ Denied _____

❑ Local Church Minister's Certificate ❑ Minister's License ❑ Certificate of Ordination ❑ Reinstatement

Date applicant notified ____/____/_____ Certificate/Card – mailed/awarded ____/____/_____

Superintendent's Signature _____

If applicant is a ministerial transfer (from another denomination) complete and forward this form to the General Superintendent's Office.

I ❑ do ❑ do not approve this transfer. Completed on this _____ day of _____, 20____.

General Superintendent's Signature _____

(Original will be returned to Conference and a copy will be retained by the General Superintendent.)