



**Church of God**

**Ministerial Licensure Application**

**ORDAINED BISHOP**

**NAME OF APPLICANT:**

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**MINISTERIAL FILE NUMBER:**

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**STATE/REGION:**

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**CHURCH OF GOD INTERNATIONAL OFFICES**  
Cleveland, Tennessee, U.S.A.

August 2020



**Church of God**  
**Ministerial Licensure Application**  
**ORDAINED BISHOP**

In consideration of your application for the rank of ordained bishop, a careful evaluation of your ministerial progress will be made. It is essential that all personal and professional data be current. Consequently, this application will repeat requests for information provided in earlier applications. To qualify for the rank of ordained bishop, you must be presently engaged in full-time ministry. The record of your ministry and your present activities in ministry will determine your eligibility for advancement to the highest rank of ministry. (NOTE: If you are transferring into the Church of God, you must complete a *New Minister, CAMS, and Exhorter Application* to accompany this application.)

**PART I: APPLICANT INFORMATION**

**GENERAL INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Nationality \_\_\_\_\_

Please indicate ethnicity:  African  Haitian  
 African-American  Hispanic or Latino  
 American Indian, Eskimo or Aleut  Jamaican  
 Asian or Pacific Islander  Native Hawaiian or other Pacific Islander  
 Caucasian  Other \_\_\_\_\_  
 East Indian or West Indian

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Ministerial credential number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of local church membership \_\_\_\_\_

Date you were licensed as an exhorter \_\_\_\_\_ Date you were licensed as an ordained minister \_\_\_\_\_

Describe the frequency and content of your personal devotions. \_\_\_\_\_

\_\_\_\_\_

What significant spiritual experiences have you had since you became an ordained minister? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many times have you read the Bible through since you became an ordained minister? \_\_\_\_\_ Are you presently engaged in a

program of regular Bible study?  Yes  No Describe that study: \_\_\_\_\_

\_\_\_\_\_

Are you consistent in tithing to the church tithing fund?  Yes  No

**MINISTERIAL ACTIVITY**

*(Use additional paper if necessary.)*

What is your present ministerial assignment? \_\_\_\_\_

\_\_\_\_\_

Is this a full-time assignment?  Yes  No Are you involved in other income-producing work?  Yes  No

If yes, describe the work. \_\_\_\_\_

Describe how your concept of ministry has changed since you became an ordained minister. \_\_\_\_\_

\_\_\_\_\_

Evaluate your growth as a minister since becoming an ordained minister. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly outline your ministerial activities since becoming an ordained minister. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Since you became an ordained minister, in which educational programs have you participated? \_\_\_\_\_

\_\_\_\_\_

Why do you believe you are ready to advance to the rank of ordained bishop in the Church of God? \_\_\_\_\_

\_\_\_\_\_

## FAMILY INFORMATION

If married, name of spouse: \_\_\_\_\_ . Spouse's email address: \_\_\_\_\_

If married, does your spouse support your call to ministry?  Yes  No Describe your spouse's participation in ministry. \_\_\_\_\_

\_\_\_\_\_

If you have children, list the name, age, and gender of all your children: \_\_\_\_\_

If there are children at home, describe their participation in church activities. \_\_\_\_\_

\_\_\_\_\_

If there are children at home, describe their response to your parental leadership. \_\_\_\_\_

\_\_\_\_\_

Describe the frequency and content of family devotions. \_\_\_\_\_

\_\_\_\_\_

### INFORMATION CONCERNING APPLICANT'S MARITAL STATUS:

Single, never married

Married with no prior marriage

Single, divorced

Married but separated

Single, widow or widower

Married with prior marriage

Has there been any change in your marital status since you became licensed as an ordained minister?  Yes  No

If the answer is yes, describe the change: \_\_\_\_\_

\_\_\_\_\_

### INFORMATION CONCERNING APPLICANT'S PRIOR MARRIAGE(S), IF ANY:

How many prior marriages? \_\_\_\_\_ How was (were) the marriage(s) terminated?

1st Marriage:  Death of Spouse  Divorce  Annulment

2nd Marriage:  Death of Spouse  Divorce  Annulment

### INFORMATION CONCERNING SPOUSE'S PRIOR MARRIAGE(S), IF ANY:

How many prior marriages? \_\_\_\_\_ How was (were) the marriage(s) terminated?

1st Marriage:  Death of Spouse  Divorce  Annulment

2nd Marriage:  Death of Spouse  Divorce  Annulment

# NATIONAL CRIMINAL BACKGROUND CHECK QUESTIONS

(If approved by the administrative bishop to continue with the credentialing process, these questions may be asked again by the Oxford Document Management Company.)

Except for number 7, these questions apply only to the past five (5) years, or since you became an ordained minister, whichever is longer. Check either “yes,” or “no” for each question. If the answer to any of the questions is “yes,” please indicate the question number, provide relevant information regarding your response, and indicate resolution of the issues, if any. Use additional paper if necessary.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational/training institution?  No  Yes  
    Have there been written complaints against you that did not result in discipline?  No  Yes  
    Are there any complaints pending against you before any of the above-named bodies?  No  Yes
2. Have you ever been subjected to ecclesiastical disciplinary proceedings?  No  Yes
3. Have you ever been asked to resign or been terminated by a training program or employer?  No  Yes
4. Have you ever had a civil suit brought against you relative to your professional work, or is any such suit pending?  No  Yes  
    Have you ever had professional malpractice insurance suspended or revoked for any reason?  No  Yes
5. Have you ever been charged<sup>1</sup> with any ethics violation, or are any such actions pending against you?  No  Yes
6. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals you were seeing in a professional context (e.g., a parishioner, a patient, an employee, a subordinate, a student)?  No  Yes
7. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with individuals under the age of 18 years of age?  No  Yes
8. Have you ever been charged with the production, sale, or distribution of pornographic materials?  No  Yes
9. Have you ever been charged or adjudicated with sexual misconduct, including the following:  
    Abuse of power or role for sexual purposes?  No  Yes  
    Sexual contact with a minor or an adult incompetent to give consent?  No  Yes  
    Sexual assault (e.g., rape)?  No  Yes  
    Solicitation for sexual purposes (e.g., prostitution)?  No  Yes  
    An offense related to pornography or public indecency (e.g., indecent exposure)?  No  Yes
10. Have you ever been charged with an offense related to sexual harassment, including the following:  
    Unwelcome sexual advances?  No  Yes  
    Requests for sexual favors?  No  Yes  
    Sexually motivated physical contact?  No  Yes  
    Verbal or physical domination of a sexual nature?  No  Yes
11. Do you have a history of alcohol abuse?  No  Yes
12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over-the-counter, or illicit?  No  Yes
13. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?  
    Have you ever been charged with traffic violations?  No  Yes  
    Has your driver’s license ever been revoked or suspended?  No  Yes
14. Have you ever had a restraining order, injunction, order for protection, or the like issued against you as a result of allegations of domestic violence, abuse, or so forth?  No  Yes  
    Have you ever had your parental rights restricted, suspended or terminated, or have any of your children been put into foster care?  No  Yes
15. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity?  No  Yes  
    Have you ever been charged or convicted of writing “bad checks”?  No  Yes  
    Have you ever been convicted criminally for income tax violations?  No  Yes
16. Is there anything regarding your personal and private life, such as immorality, pornography problems, or other problems, which you knowingly should divulge to those examining you for ministry?  No  Yes

<sup>1</sup>Throughout this document, “charged” indicates allegations made in writing and known to you.

**PERSONAL COMMITMENT TO THE CHURCH OF GOD**

In applying for ministerial credentials with the Church of God, I affirm my personal belief in the doctrine contained in the Declaration of Faith and elsewhere in the current Church of God Book of Discipline, Church Order, and Governance of the *Minutes* of the International General Assembly of the Church of God. I believe that the Practical Commitments of the Church of God are biblical exhortations for the life of holiness. I affirm my personal belief in, and practice of, the tithing system as recommended by the International General Assembly. I have prayerfully considered the above questions and statements, and I have answered them honestly and conscientiously to the best of my understanding and ability. I hereby pledge allegiance to the Church of God and dedicate my ministry to the gospel of Jesus Christ.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL CONSENT AND PERMISSION FORM FOR BACKGROUND CHECK**

Your response to the above questions in this application will be helpful to your pastor in completing Part II of this form. It will also assist the administrative bishop and State Ministerial Examining Board to better evaluate you for licensure. By signing below, you are granting permission for this application to be released by the administrative bishop to those he deems necessary in processing your licensure application.

“I certify to the best of my knowledge and ability, the information provided in this Ordained Bishop Application is true, correct, and complete. I authorize investigation of all statements contained in this application, including the conducting of a national criminal background check. I further authorize all references, supervisors, and organizations listed in this application to give to the Church of God any and all information concerning my previous employment and any other pertinent information, personal or otherwise, that they may have concerning my character or fitness to serve as a minister. I release any and all parties from any and all liability for any damage that may result from furnishing such information to the Church of God.”

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PART II: PASTORAL RECOMMENDATION

*(If the applicant is a pastor, the district overseer will complete this pastoral recommendation section.)*

### MINISTERIAL ACTIVITY

*(It may be necessary for you to interview the applicant and his/her family prior to completing this recommendation.)*

How long have you known the applicant? \_\_\_\_\_ In what relationships? \_\_\_\_\_

Please explain why you feel that you know the applicant well enough to evaluate his/her eligibility for the rank of ordained bishop?  
\_\_\_\_\_

Do you know of any reason why the applicant is not qualified for advancement to the rank of ordained bishop?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you aware of the marital history of the applicant?  Yes  No (It is essential that you be able to respond yes. If you cannot respond yes, then you should interview the applicant and gain this information before proceeding.)

In what ministerial position is the applicant serving? \_\_\_\_\_

Is the applicant fully involved in the ministry?  Yes  No If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant engaged in continuing education and training?  Yes  No If yes, what is the nature of the training?  
\_\_\_\_\_

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

In what areas of ministry is the applicant most active? \_\_\_\_\_  
\_\_\_\_\_

In what areas of ministry have you seen the most improvement? \_\_\_\_\_  
\_\_\_\_\_

List any area(s) of the ministry or personal conduct where you believe that the applicant's performance is unsatisfactory:  
\_\_\_\_\_  
\_\_\_\_\_

List any area(s) where the applicant excels in ministerial knowledge and skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what area(s) of ministerial knowledge and skills does the applicant need the most improvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL RELATIONSHIPS

Does the applicant have a history of good interpersonal relationship in local ministry?  Yes  No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have a good record of personal and financial integrity in the church and community?  Yes  No

Not sure If no, or not sure, explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have the trust and respect of fellow ministers?  Yes  No If no, explain: \_\_\_\_\_

Does the applicant demonstrate all of the following: a positive attitude, a sincere love for people, emotional stability, spiritual maturity and commitment?  Yes  No If no to any of these, explain: \_\_\_\_\_

Does the applicant demonstrate a respectful and cooperative attitude toward those over him/her in the ministry?  Yes  No  
If no, explain: \_\_\_\_\_

Signature of Pastor \_\_\_\_\_

Name of Local Church \_\_\_\_\_

Date \_\_\_\_\_

### Recommendation of Pastor

I recommend the applicant for the ordained bishop credential.

Yes  Yes, with reservations  No

If yes with reservations, please write an explanation \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommendation of District Overseer

I recommend the applicant for the ordained bishop credential.

Yes  Yes, with reservations  No

If yes with reservations, please write an explanation \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommendation of Administrative Bishop

I recommend the applicant for the ordained bishop credential.

Yes  Yes, with reservations  No

If yes with reservations, please write an explanation \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

As administrative bishop of the Church of God in the state/region of \_\_\_\_\_, I do hereby authorize the Church of God Division of Education (DOE), Office of Ministerial Development, or an agency approved by the International Executive Committee, to initiate the national criminal background check as authorized by the *Minutes* (S21, IV, Item 6).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** After the administrative bishop has reviewed and approved the *Ordained Bishop Application*, a copy of this signed form is to be mailed to the COG Division of Education, Office of Ministerial Development, or an agency approved by the International Executive Committee, to initiate a national criminal background check as authorized by the International General Assembly *Minutes*. After the applicant has been given clearance from the background check, a *Local Church Endorsement* form and an authorization card to purchase the study materials will be mailed to the applicant. The applicant will notify the state/regional office when he/she is ready to take the written examination.

**FOR STATE OFFICE USE ONLY**

To: Presiding Bishop \_\_\_\_\_  
(Name)

This is to certify that \_\_\_\_\_  
(Name)

has been duly examined on the doctrine and government of the Church of God by the State Examining Board of \_\_\_\_\_ and is hereby recommended for the rank of ordained bishop.

Date of Examination \_\_\_\_\_ Grade \_\_\_\_\_  
*Administrative Bishop, please fill in all the above blanks.*

***Signatures of the Administrative Bishop and the State Ministerial Examining Board***

_____	_____
Administrative Bishop	Ordained Bishop
_____	_____
Ordained Bishop	Ordained Bishop

**FOR INTERNATIONAL OFFICE USE ONLY**

Credential File Number: \_\_\_\_\_

**RANK OF MINISTRY: ORDAINED BISHOP**

New     Reinstated     Promoted

Name \_\_\_\_\_

Male     Female    Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Approved By \_\_\_\_\_  
(Presiding Bishop)

Date Approved \_\_\_\_\_

Credentials Issued, Date \_\_\_\_\_

Delivered to \_\_\_\_\_

Administrative Bishop of \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_