The Pentecostal Assemblies of Canada

APPLICATION FOR RECLASSIFICATION

Dear Applicant

Thank you for applying for the reclassification of ministerial credentials with The Pentecostal Assemblies of Canada.

Enclosed, you will find an application which requests various aspects of information. This CONFIDENTIAL information will assist us in understanding your life and ministry journey in preparation for credentialed ministry.

Our overall purpose for collecting information is to assess your academic, spiritual, emotional and relational qualities for credential leadership.

Mail/Email policy: As a credentialed member of The Pentecostal Assemblies of Canada, your name will be included on both our electronic and hard-copy mailing lists. You will receive communication from our office related to your credentials, as well as ministry information to keep you informed about the vision and mission of the Fellowship as a whole, including related departments, events and initiatives.

Directory Listing: The name, address, phone number, place of ministry, ministry title and credential level of all active and retired credential holders is listed in the PAOC directory. According to the PAOC Privacy Policy, the list of credential holders is issued for the use of PAOC credential holders only.

TO AVOID DELAY PLEASE ANSWER ALL QUESTIONS

After all questions have been fully answered, this application should be returned to the **district office**. (The addresses for the district offices are listed in this application). This, and any other, application forms must be completed prior to an interview being scheduled with the District Credentials Committee. The District Credentials Committee will make final recommendation on each application to the District Executive. Upon district approval, the National Credentials Committee will issue the credentials.

PAOC DISTRICT AND BRANCH OFFICES

Please send to the attention of "Clergy Records" in the appropriate District / Branch Office below.

BRITISH COLUMBIA & YUKON DISTRICT

20411 Douglas Crescent
Langley, British Columbia V3A 4B6
Phone: (604) 533-2232 Fax: (604) 533-5405
E-mail: office@bc.paoc.org

EASTERN ONTARIO & NUNAVUT DISTRICT

Box 337; 9421 County Rd #2
Cobourg, Ontario K9A 4K8
Phone: (905) 373-7374 Fax: (905) 373-1911
E-mail: info@eod.paoc.org

ALBERTA & NORTHWEST TERRITORIES DISTRICT

12140 - 103 Street NW
Edmonton, Alberta T5G 2J9
Phone: (780) 426-0018 Fax: (780) 420-1318
E-mail: credential@abnwt.com

QUEBEC DISTRICT

839 rue La Salle
Longueuil QC J4K 3G6
Phone: (450) 442-2732 Fax: (450) 442-3818
E-mail: info@dq.paoc.org

SASKATCHEWAN DISTRICT

604 Webster Street
Saskatoon, Saskatchewan S7N 3P9
Phone: (306) 683-4646 Fax: (306) 683-3699
E-mail: paocsk@sasktel.net

MARITIME DISTRICT

Box 1184; 72 Golf Street
Truro, Nova Scotia B2N 5H1
Phone: (902) 895-4212 Fax: (902) 897-0705
E-mail: info@maritimepaoc.org

MANITOBA & NORTHWESTERN ONTARIO DISTRICT

187 Henlow Bay
Winnipeg, Manitoba R3Y 1G4
Phone: (204) 940-1000 Fax: (204) 940-1009
E-mail: lori@paoc.net

SLAVIC CONFERENCE

118 Ninth St
Toronto, Ontario M8W 3E4
Phone: (905) 242-5982
Email: oleg.stepus@paoc.org

WESTERN ONTARIO DISTRICT

3214 South Service Road
Burlington, Ontario L7N 3J2
Phone: (905) 637-5566 Fax: (905) 637-7558
E-mail: credentials@wodistrict.org

FINNISH CONFERENCE

2570 Bayview Ave
Toronto, ON M2L 1B3
Phone: (416) 222-2291

CHECK LIST

☐ Application form (complete and signed)
☐ Fee of $75 (**Note: $25 is non-refundable should application be refused)
☐ Official theological academic transcripts (if required)

APPLICATION FOR RECLASSIFICATION

Please PRINT all responses.

Date of Application: _____

1. CREDENTIAL INFORMATION

Date current credential first granted: _____

District in which current credential is held: _____

Current credential held: ☐ **Ministry Related** ☐ **Recognition of Ministry**

Credential being applied for: ☐ **Recognition of Ministry** ☐ **Licensed Minister**

On what basis of qualification are you applying for reclassification?

2. GENERAL INFORMATION

a) **Full name** *(as should appear on certificate)*: _____
First Initial Last

b) Email Address: _____ **Gender:** ☐ **F** ☐ **M**

c) Street Address: _____ **Phone: Home** (_____) _____

City: _____ **Work** (_____) _____

Province: CHOOSE **Postal Code:** _____ **Cell** (_____) _____

d) Birth date *(M/D/Y)*: _____ **Citizen (Country):** _____
Month Day Year

e) Birthplace: _____ **Province and Country:** _____

3. APPLICANT'S CURRENT MARITAL STATUS *(Indicate all categories that apply)*

a) Applicant's Current Marital Status: **Maiden/Previous Surname (if applicable):** _____

☐ **Single** ☐ **Married** ☐ **Widow/Widower** ☐ **Divorced** ☐ **Remarried**

☐ **Engaged - Planned wedding date:** _____ **Name of Fiancé(e):** _____
Month Day Year

b) If currently married, please complete the following:

Date of Marriage: *(M/D/Y)*: _____ **Place of Marriage:** _____
Month Day Year

c) Are you married or engaged to someone who is divorced? ☐ **Yes** ☐ **No**

d) If you are divorced and remarried, is your former spouse living? ☐ **Yes** ☐ **No**

e) If you are divorced and remarried, is the former spouse of your current spouse living? ☐ **Yes** ☐ **No**

If you answered "yes" to any of the preceding three (3) questions, please be advised that a supplementary form entitled "Divorce and Remarriage Credential Application" is also required. If you are divorced and wish to remarry, the "Application to Retain Credentials" is required. Please contact your district office for direction.

4. CURRENT SPOUSE *(Indicate all categories that apply)*

I, hereby, give permission for my personal information to be shared on my spouse's credential Application for Reclassification with PAOC.

Signature of Spouse:_____ **Date:** _____

a) Current Spouse's Full name:_____
First Initial Last

b) If PAOC credential holder, the credential number is:_____ **Gender:** ☐ **F** ☐ **M**

5. CHILDREN

Names and birth dates of your child(ren) *(attach additional pages as needed)*:

NAME	BIRTH DATE			Male/Female
	Month	Day	Year	

6. OTHER DEPENDENTS AND RELATIONSHIPS *(If no dependants, proceed to next question)*

Name	Relationship	Age

7. EDUCATION (PLEASE INCLUDE OFFICIAL TRANSCRIPTS)

a) Bible College or Seminary

NAME	DATE GRADUATED			Certificate/Diploma/Degree
	Month	Day	Year	

b) Distance Education and Correspondence Programs

NAME	DATE GRADUATED			Certificate/Diploma/Degree
	Month	Day	Year	

c) If you are in an undergraduate or graduate program, please indicate number of courses completed: _____

Note: Please send official transcripts of your Bible College, University, Seminary, Correspondence Course, and/or any other applicable academic studies with your application.

8. CURRENT CHURCH / MINISTRY INVOLVEMENT

a) Do you have a constitutionally qualifying appointment in ministry as outlined in By-Law 10.2? ☐ **Yes** ☐ **No**

If yes, complete section below:

i) Name of church or organization: _____

ii) What is the date of your appointment? _____

iii) What is your position? _____

☐ **Full time** ☐ **Part time** ☐ **Volunteer** **Hours per week in ministry** _____

iv) Describe your ministry role and function in your current position or provide job description:

b) What church do you currently attend?

Name: _____

Address: _____

9. FINANCES

Briefly describe your current financial situation, noting whether you tithe 10% of your income and / or give beyond a tithe:

10. WAIVERS

SPOUSAL WAIVER

I declare that to the best of my knowledge the information provided in this application is correct and true, and further, recognizing that the information on the Credentials Reference Forms remains confidential between the referee and Credentials Committee of PAOC, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by the referees whose names are provided on this *Application for Reclassification*.

Signature of Spouse_____ **Date**_____

APPLICANT'S WAIVER

Recognizing that the information on Credentials Reference Forms remains confidential between the referee and the Credentials Committee of PAOC, I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content expressed by those whose names I provide.

I declare that to the best of my knowledge all of the foregoing information is correct and true, and further agree to abide by the commitments made in this application.

Further, I hereby give my consent to PAOC to use and retain all personal information contained in the credential application, reference letters or forms completed on my behalf, and any other information necessary to obtain credentials.

I agree that, if my application is successful, all personal information provided as part of the credential process will become part of the permanent records of PAOC (It is our practice to destroy incomplete or unsuccessful applications after two years).

I understand and agree that, if my application is successful, I will receive electronic and hard-copy communication from PAOC and my district office. In addition, credential related information will be shared between the PAOC and my district office/MG as applicable.

Signature of Applicant_____ **Date** _____