PENTECOSTAL ASSEMBLIES OF THE WEST INDIES INTERNATIONAL

REINSTATEMENT APPLICATION FOR MINISTERIAL CREDENTIALS

Complete all pages of this form as required. This form is to be used **only** by the applicant whose credential has lapsed (Bylaw 5.5) or been terminated. The completed form is to be submitted to your district office prior to an interview being scheduled with the district's credentials committee. Applicants for reinstatement of credentials should read carefully the qualifications in all sections of Bylaw 5 – Ministerial Credentials. This form must be accompanied by a fee of $50 to cover the cost of reinstatement. (An additional fee may be due the district for a background check in the event you have not been credentialed during the past 2 years. Please contact your district office for the additional amount).

Level of credentials previously held:

0 ORDINATION
0 LICENSE TO MINISTER
0 CERTIFICATE OF RECOGNITION
0 LAY PREACHER'S CERTIFICATE

1. Name _____ Identification No. _____

2. Date of Birth _____/_____/_____ Male 0 Female 0 Last Term Credentialed _____/_____
Day Month Year *Year Year*

3. Permanent mailing address _____

_____

4. Present country of residence _____

5. Phone No. _____ Email: _____ Fax: _____

6. Do you voluntarily consent to a General Council mandated background check? Yes 0 No 0
(*If your answer is no, your application will not be processed.)*

7. Present marital status: Single 0 Married 0 Divorced 0 Widowed 0 Number of Children _____

8. Full name of spouse _____

9. Spouse's Date of Birth _____ /_____/_____ Does your spouse hold credentials with PAWI? Yes 0 No 0
Day Month Year

10. a) Have you ever been divorced or had a marriage annulled? Yes 0 No 0 **b)** Your spouse? Yes 0 No 0

c) If yes to above question, state date of divorce/ annulment ___ /_____/_____
Day Month Year

11. Have you or your spouse a former spouse still living? Yes 0 No 0; If no, give full particulars on a separate sheet of paper.

12. Date of last credential: _____/_____/_____ Last district affiliation? _____
Day Month Year

13. Name of district through which you are now applying for reinstatement? _____

14. Date original credential was issued ____/_____/_____ Original Endorsement? _____District
Day Month Year

15. Type of ministry in which you are presently engaged: Pastor of Church 0 Staff Member 0 Evangelist 0

World Missionary 0 Local Missionary 0 Bible College Teacher 0 Other _____

16. If a pastor: _____
(Name **of** Church and Location)

17. How many times have you preached or conducted gospel services during the past year? _____

18. Are you willing to support the General and District Conferences financially as prescribed (Constitution, Article XI, #2; Bylaw 5.2.1.1, #5)? Yes 0 No 0

19. Do you fully subscribe to the Statement of Fundamental Truths (Constitution, Article V)? Yes 0 No 0

20. Do you not only believe these statements of fundamental doctrine, but do you publicly proclaim them from the pulpit? Yes 0 No 0

21. Of what church are you a member and/or attend? _____

22. Do you have any other occupation for which you receive wages, salary or commissions? Yes 0 No 0

23. What type of occupation? _____

24. How much time do you devote to this occupation? (Give average hours worked per week during past year) ____

25. Please provide a list of your previous places of residence during the past 5 years (include countries and dates on separate sheet).

26. i) If your present viewpoint DIFFERS from that of the General Conference in any of the following areas, please check: (Constitution, Article V)

a. Inerrancy of the Word of God; Yes ☐ No ☐

b. Speaking in other tongues as the initial physical evidence of the baptism in the Holy Spirit; Yes ☐ No ☐

c. Water baptism by immersion in accordance with Matthew 28:19; Yes ☐ No ☐

d. Premillennial return of our Lord Jesus Christ; Yes ☐ No ☐

e. Divine healing; Yes ☐ No ☐

f. Eternal Security Yes ☐ No ☐

g. Regeneration Yes ☐ No ☐

ii) If you differ from General Conference viewpoint in any of the above areas, or in any other area of Doctrinal Statement, please define your viewpoint on a separate sheet of paper.

Signature: _____ **Date:** ____/____/_____
Day Month Year

Note: Please make sure you complete the next section of this form.

REFERENCES should be ORDAINED MINISTERS

Preferably of Pentecostal Assemblies of the West Indies; One should be the applicant's pastor.

1. Name _____ Phone:_____-_____

Address _____
Street City Country

E-mail address _____Fax:_____

2. Name _____ Phone: _____-_____

Address _____
Street City Country

E-mail address _____Fax: _____

3. Name _____ Phone: _____-_____

Address_____
Street City Country

E-mail address _____Fax: _____

FOR DISTRICT USE ONLY

Applicant was terminated on _____/_____/_____ Exam grade if applicable _____
Day Month Year

Due to _____
(Reason)

This application for reinstatement is: Approved 0 Not Approved 0 Date: ____/_____/_____
Day Month Year

Signed by: _____
District Presiding Bishop

THIS SECTION IS TO BE COMPLETED BY GENERAL EXECUTIVE OFFICE ONLY

I hereby endorse granting the credential _____ to the applicant as recommended by the District Conference and/or Executive of _____district, and approved by the General Executive of the Pentecostal Assemblies of the West Indies on this _____ day of _____ 20

Signed: _____
General Bishop