

Ministerial Credentials Program & School of Ministry



New Horizons Ministries 3905 S. Elm Place Broken Arrow, OK 74011 Phone: 918.258.6220 Ex.4 Fax: 918.258.3317 E-mail: nhmsom@gmail.com Web: www.nhmiphc.com

> "Equipping and Releasing Ministers and Churches Into Divine Destiny"

COMPLETE THE FOLLOWING PAGES TO SUBMIT APPLICATION.

THANK YOU.

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Attach a recent photograph of yourself here

MINISTERIAL CREDENTIAL TRANSFER APPLICATION

New Horizons Ministries Conference Office The International Pentecostal Holiness Church, Inc.

3905 S. Elm Pl., Broken Arrow, OK 74011

Office: 918.258.6220 Fax: 918.258.3317 Email: nhmsom@gmail.com

OUR MISSION:

Equipping and Releasing Ministers and Churches into Their Divine Destiny

This form is to be completed by all candidates applying for ministerial credentials. It is to be returned to **New Horizons Ministries RDC**. <u>All questions are to be answered clearly and fully</u>. PLEASE PRINT WITH BLACK INK OR USE A TYPEWRITER. If sufficient room is not found on the form for a complete answer to any question, please use the back of the page or a separate sheet of paper.

| Name | (First) | (Middle) | (Last |) | |
|---|--------------------------|---------------------------------------|---|-------------------------------------|--|
| Address | | | | | |
| City/State/Zip | | | | | |
| Phone: (1 | Home) | (Office) | | | Email Address |
| Date of Birth | Place of B | irth | Nationality | | Citizen? Yes No o, give details on separate sheet of paper. |
| Male ث Sex: | Female ڤ | Social Security | No. (Send photocopy) | | Anniversary Date |
| Current Marital S *Please include a | 0 | Married ee and give details of eac | Divorced * h divorce along with circumsta | Widow/ <mark>inces; use</mark> s | |
| Spouse's Name | (First) | (Middle) | (Last) | | |
| Spouse's Date of | Birth: | | Spouse's Social Sect | urity Nu | mber: |
| Do you/your spo | use have any prior ma | rriages? Applican | t Yes No Spouse | Yes No | |
| How was the mar | riage terminated? A | pplicant Divorce W | idowed Annulment Spor | use Divo | rce Widowed Annulment |
| Name and Ages of Children NameAgeNameAge | | | | | |
| | | | | | |
| | | | | | |
| Have you ever been charged and/or convicted of a felony or misdemeanor (excluding minor traffic offenses)? Yes No If yes, explain: | | | | | |
| Have you ever be Yes No | | | se, assault, or sex offenses 1, charge or conviction – 1 | | |
| Are you a membe | er of a secret society s | uch as the Masonic L | odge or Scottish Rite? | Yes | No |
| You are responsible for obtaining and including with this application the following: 1. Current Credit Report (Contact Conference Office for instructions, if needed) 2. Photocopy of Social Security Card 3. Photocopy of Divorce Decrees for both Candidate and Spouse, when applicable. | | | | | |

| How long have you been a member of the IPHC? | |
|---|--|
| Location of church membership | |
| | |
| Have you previously held credentials with the IPHC | ÷ |
| | er Licensed Minister Ordination |
| [fyes, when/with whom? What was required of you to receive this credential? | |
| νν παι was required of you to receive this creaential: | |
| Has your spouse previously held credentials with the | |
| | hurch Minister Licensed Minister Ordination |
| If yes, when/with whom | |
| What was required to receive this credential? | |
| Have you been baptized with the Holy Spirit with th | ne initial evidence of speaking with other tongues (Acts 2:4)? Yes No |
| Do you know without a doubt that you are called in | to Christian ministry? Yes No |
| What is your ministry calling? Pastor Evangelist | st Teacher Other (explain) |
| Type of ministry in which you are currently engaged | 1 |
| Give a brief summary of your experience in church le | eadership |
| Have you been baptized in water according to Matth | hew 28:19? Yes No |
| Have you been sanctified and are you being sanctifie | ed? Yes No |
| Please give a brief explanation. | |
| lf you are applying for a Local Church Minister's Ce Yes No | ertificate, do you understand you are amenable to your pastor and local church? |
| Are you a faithful and consistent tither? Yes N | Io (Please include tithing record for the past year) |
| Will you cooperate with the denominational progra includes reporting systematically and consistently on form | rams at the local, conference and general levels (and lead your people by example?) (The ns provided.) Yes No |
| | available for training, instruction, information and inspiration (i.e. continuing education |
| brograms for ministers) to make you a better leader? | Yes No |
| Have you read the BIBLE through at least once? | Yes No |
| Do you believe the BIBLE to be the inerrant Word o | of God? Yes No |
| Have you read the IPHC 2017-2021 Manual? Yes | s No |
| Have you ever, for any reason, been dismissed from a If yes, explain, giving the name of the organization and th | another organization or had your credentials revoked? <i>Yes No the reason for dismissal.</i> |
| If you reach a place where you are out of harmon ordination certificate to your conference superinten | ny with the ministry vision of the IPHC, will you surrender your local church/license $ndent$? Yes No |
| Are you in agreement with the Covenant of Commit | tment of the IPHC? Yes No |
| Are you in agreement with the Articles of Faith of th | he IPHC? Yes No |
| | try by diligence, by uprightness in business matters, by ministerial ethics and courtesy, b ance of evil, by cherishing the anointing of the Holy Spirit, even unto death? Yes No |
| Please include a typed answer on a separate sheet of pa Why do you want to pursue ministerial credentials a | |
| Signature of Applicant | Date of Application |
| ~ * ** | v |

NHM SCHOOL OF MINISTRY CLASS REGISTRATION FORM

□ CREDENTIAL SEEKING □ NON-CREDENTIAL SEEKING

Please complete this form and send to SOM at least 30 days prior to class session: NHM School of Ministry 3905 S. Elm Place Broken Arrow, OK 74011

| <u>Please Print</u> | | | |
|--|--------|------|--|
| Name | | Date | |
| Address | | | |
| (Street or P.O. Box) (City) (State) (Zip Code) | | | |
| Phone (Home) | (Work) | | |
| E-mail Address | | | |

Please enroll and send me the study guide material for the credential level that is checked. Price includes class tuition and study materials. I am enclosing payment with this form:

CREDENTIAL LEVEL (Check One)

| Local Church Certificate | \$175.00 |
|--------------------------|----------|
| Minister's License | \$225.00 |
| Ordination (Year 1) | \$375.00 |
| Ordination (Year 2) | \$450.00 |

TRANSFER MATERIAL (Check One)

| Minister Transfer Material | \$75 |
|--------------------------------|------|
| a) Light for the Journey | |
| b) IPHC Manual | |
| c) Old Time Power | |
| | |
| | |

NOTE: There is a one-time credential application fee of \$75 not included in the above School of Ministry fees. Transfer Ministers must also pay this fee.

The Academic Theology Module is required for any student/credentialed minister who is seeking to continue their education at Southwestern Christian University and Oral Roberts University and is wanting to transfer their accrued hours from the School of Ministry to either academic institution. It is not required for Minister's License, though it is strongly encouraged.

HALF OF TUITION MUST BE PAID BY FALL CLASS DATE. SECOND HALF MUST BE PAID BY SPRING CLASS DATE:

INCLUDE WITH APPLICATION

MINISTERIAL CREDENTIAL TRANSFER SURVEY

Church Attending

| Current Credential Level: Local Church Minister License Ministerial License Ordination | |
|---|--|
| Credential Organization | |
| Person of Contact for above mentioned Credential Organization | |
| How long have you been credentialed? | |
| Reason(s) for Transfer | |
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| Reason(s) for choosing New Horizons Ministries and International Pentecostal Holiness Church | |
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| Plans for ministry/service | |
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INFORMATION AUTHORIZATION AND RELEASE

I, the undersigned, having filed an application for credentials with the **NEW HORIZONS MINISTRIES** (herein referred to as "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 that 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: | | |
| My commission number is: | | |

CONFERENCE OFFICE USE ONLY

| Date received in conferen | ce office | | | |
|--|---------------------------------------|-----------------------------------|----------------------------------|--------------------------|
| Approved | Deferred | Denie | d | _ |
| 🖵 Local Church Mir | nister's Certificate 🛛 Minister's Lio | cense 🛛 Certificate of Ordinat | ion 🛛 Reinstatement | |
| Date applicant notified _ | // | Certificate/Card – mailed | d/awarded// | |
| Superintendent's Signatu | re | | | _ |
| | | | | |
| If applicant is a ministeri Office. | al transfer (from another den | nomination) complete and | l forward this form to the | General Superintendent's |
| I 🗆 do 🖵 do not app | prove this transfer. Completed | d on this day of | , 20 | · |
| General Superintendent's | Signature | | | |
| | (Original will be returned to confer | rence and a copy will be retained | l by the General Superintendent. |) |

STATEMENT OF DECLARATION AND TITHING COMMITMENT

A. Tithes and Reports:

- 1. Licensed/Ordained Ministers
 - a. All Licensed/Ordained ministers are required to give a full tithe (10%) of all income) monthly into the conference treasury, the missionary fellowship treasury or general treasury, according to membership status, and to report monthly on forms provided. It is important to tithe on all sources of income without seeking any exceptions.
 - b. Those not on salary are to tithe on a projected income monthly, to be adjusted on annual inventory.
 - c. Ministers are allowed to deduct travel expenses incurred in the ministry, not otherwise subsidized, and tithe the balance of their income.
- 2. Ministers who do not comply with the tithing rule shall be dealt with in the manner listed in the 2017-2021 Manual of the International Pentecostal Holiness Church.
- 3. Local Church Minster's License
 - a. Those with Local Church Minister's Certificate are amenable to the local church where they hold their membership and shall tithe their income to the local church treasury.
 - b. They shall report to the conference office annually on forms provided. Failure to do so will result in the forfeiture of their license.
 - c. Any person with a Local Church Minister's License pastoring a church, shall be amenable to that respective conference, tithe monthly into the conference treasury, and report to the conference monthly.
- B. All ministers are eligible to join the General Retirement Program (Tax Sheltered Annuity).
- C. Ministers who pastor a church are required to put forth every effort possible to get their church to support the general tithe, conference budget, and the retirement program.

As a candidate for Local Church Minister's License, Minister's License, or Ordination in NHM of the IPHC, I make the following declarations and declare them to be true.

| I have read the Manual of the International Pentecostal Holiness Church and agree with the Articles of Faith and doctrinal statements. | Y | N |
|--|---|---|
| I have read the International Pentecostal Holiness Church Manual, understand the government structure of the church and will abide by such structure as it is now or shall be in the future as mandated by the IPHC General Conference. | Y | N |
| I will preach the Word as Paul admonished Timothy (2 Timothy 4:2). | Y | N |
| I believe that life is a sacred trust to each individual and to all of mankind and therefore do not agree with abortion, with the exception of the endangerment of the life of the mother. | Y | N |
| I believe that the morality of the Bible is a divine mandate for each believer to strive for, not just a suggested guideline. | Y | N |
| I have been charged or convicted of child abuse or molestation. (If yes, please explain in detail on the back of this form.) | Y | N |
| I believe that homosexuality or lesbianism is an unacceptable lifestyle and I am not a practicing homosexual or lesbian. | Y | N |
| I understand the tithing policy of the IPHC and New Horizons Ministries. As a licensed or ordained minister or pastor, I will freely send my tithe monthly to the Conference Office. As a Local Church Minister, I will tithe to the local church. | Y | N |
| I understand I must accumulate 48 Continuing Education Credits every two years to maintain my credentials. | Y | N |
| I understand that I am to be loyal to the IPHC and to New Horizons Ministries of which I am a part by attending all General and Conference functions or providing written explanation for my absence. | Y | N |
| If I am assigned a pastorate in New Horizons Ministries conference, I will not, under any circumstances, influence the congregation I am pastoring to separate from New Horizons Ministries. Further, I will do everything in my power to make sure such never occurs. | Y | N |
| I will surrender my credentials to the NHM Conference Superintendent if at any time I find my beliefs or lifestyle out of harmony with that of the IPHC Manual By-Laws and NHM By-Laws and Constitution. | Y | N |

This is to certify that I have read the financial commitment and Statement of Declaration of New Horizons Ministries of the International Pentecostal Holiness Church, as outlined above, and hereby sign this statement that I will diligently attend to these requirements. If, and/or when these requirements change by vote of the Conference, I promise to adhere to such changes.

Signature of Applicant

Witness

Date Signed

Date Signed

MUST BE INCLUDED WITH APPLICATION

SEND TO:

New Horizons Ministries 3905 S. Elm Pl. Broken Arrow, OK 74011