



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**. 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 Conference or District Executive. Upon district approval, the National Credentials Committee will issue the credentials. When completed, forward the application to your District Office. The addresses for the district offices are listed in this application.

# 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](mailto:office@bc.paoc.org)

## EASTERN ONTARIO 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](mailto: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](mailto: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](mailto:info@dq.paoc.org)

## SASKATCHEWAN DISTRICT

1303 Jackson Avenue  
Saskatoon, Saskatchewan S7H 2M9  
Phone: (306) 683-4646 Fax: (306) 683-3699  
E-mail: [paocsk@sasktel.net](mailto: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](mailto:info@maritimepaoc.org)

## MANITOBA & NORTHWESTERN ONTARIO DISTRICT

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

## SLAVIC CONFERENCE

118 Ninth St  
Toronto, Ontario M8W 3E4  
Phone: (905) 242-5982  
Email: [muravskipaoc@hotmail.com](mailto:muravskipaoc@hotmail.com)

## WESTERN ONTARIO DISTRICT

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

## FINNISH CONFERENCE

1920 Argyle Dr  
Vancouver, BC V5P 2A8  
Phone: (604) 325-5414

### FINAL CHECK LIST

- Application form, complete and signed
- Fee of \$75.00 enclosed (\*\*Note: \$25 is non-refundable should application be refused)
- 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:  M  F

c) Street Address: \_\_\_\_\_ Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Province: \_\_\_\_\_ 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

Single  Married  Widow/Widower  Divorced  Remarried  
 Engaged - Planned wedding date: \_\_\_\_\_ Name of Fiancé(e): \_\_\_\_\_

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 sure to complete the form entitled "Divorce and Remarriage Credential Application" or the "Application to Retain Credentials" if you are divorced and wish to remarry.

**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:  M  F

**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**

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 copies of transcripts of your Bible College, University, Seminary, Correspondence Course, and/or any other applicable academic studies with your application.

**8. CURRENT CHURCH/MINISTRY INVOLVEMENT**

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:

**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 Ministerial Credentials.

**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.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_