



## Immanuel Ecumenical Council of Churches of the Apostolic Faith

Headquarters

Immanuel House of Prayer "Cathedral by the Water"

147 E Grand Blvd

Detroit, MI 48207-3712

313.567.1871

Bishop Thomas L. Johnson Sr, Prelate

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### IECC LICENSE AND ORDINATION APPLICATION

Please type or print clearly. If a question does not apply, please indicate with "N/A".

#### Personal Data

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am applying for:  New License  Renewal License  New Ordination Applicant

Are you currently ordained or licensed?  Yes  No

If yes, please complete Renewal Section, sign and submit to: [ieccfellowship@gmail.com](mailto:ieccfellowship@gmail.com). **Only print and submit page 1 for renewal applications.**

#### Renewal Section

I am applying to renew my ministerial credentials for:  Pastor  Evangelist  Minister  Deacon  Elder

Has anything changed from your initial application?  Yes, please explain below  No

Application status change: Please report any changes in your status (i.e. marital status, church membership etc)

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I, the undersigned, officially designated representative of this ministry, do hereby apply for membership in Immanuel Ecumenical Council of Churches (IECC). In placing this application, I (we) give assurance that the doctrine of our church/ministry with the Christian faith as outlined in the Holy Scriptures (authorized King James Version of 1611).

I understand that all items submitted to IECC as part of the application process becomes the permanent property of IECC and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I grant IECC and its leadership permission to verify the information provided on this application and all membership requirements.

I hereby state that all the information contained in this application and all correspondence with IECC is correct and true. If IECC is notified that any information is false, it will be grounds for immediate cancellation of the application procedure and/or revocation

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Signature

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Date

**New Applicants** - Please fully complete the entire application

I am applying for:  Pastor  Evangelist  Minister  Deacon  Elder

Check all that apply

Marital Status:  Single  Married, Date: \_\_\_\_\_  
 Separated, how long? \_\_\_\_\_  Divorced, Date: \_\_\_\_\_

Do you have children?  Yes  No Do your child(ren) support you in ministry?  Yes  No

**Spouse Data (if applicable)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Is your spouse spirit filled?  Yes  No  
Is your spouse in full support of your call to ministry?  Yes  No  
Is your spouse in full support of you joining the IECC Fellowship?  Yes  No

*Please answer all questions completely*

Date you were filled with the Holy spirit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date you were baptized by immersion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Were you raised in a Christian home?  Yes  No

**Educational History**

High School: \_\_\_\_\_ Did you Graduate?  Yes  No, If no what is the highest level of education attained? 1 2 3 4 5 6 7 8 9 10 11 12 GED

College: \_\_\_\_\_ Did you Graduate?  Yes  No  
Highest level of education attained?  Associate Degree  Bachelor  Master  Doctorate

Have you had any Theology training?  Yes  No

If yes, Name of Institution: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

**Spiritual Background**

What denomination(s) and/or movements have you been involved in?

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

Are you currently pastoring?  Yes  No

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Overseer/Pastor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Denomination or Affiliation: \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Position(s) you currently hold: \_\_\_\_\_

Previous Church Name: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Why did you leave this ministry? \_\_\_\_\_

\_\_\_\_\_

Does your ministry have a special focus? (Youth, Outreach, Missions etc) \_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed from a Ministry?  Yes  No

Are you an ordained?  Yes  No Date of ordination: \_\_\_\_\_

What organization/Pastor ordained you? \_\_\_\_\_

## References

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date