



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.

## **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

200 - 10585 - 111 Street  
Edmonton, Alberta T5H 3E8  
Phone: (780) 426-0018 Fax: (780) 420-1318  
E-mail: [info@abnwt.paoc.org](mailto:info@abnwt.paoc.org)

## 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

3488 Fairlight Drive  
Saskatoon, Saskatchewan S7M 3Z4  
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: [maritimepaoc@ns.aliantzinc.ca](mailto:maritimepaoc@ns.aliantzinc.ca)

## 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

445 Stevenson Road North  
Oshawa, Ontario L1J 5N8  
Phone: (905) 576-3584 Fax: (905) 576-3584  
Email: [paocmuravski@rogers.com](mailto:paocmuravski@rogers.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

2570 Bayview Avenue  
Toronto, ON M2L 1B3  
Phone: (416) 222-2291 Fax: (416) 222-3356  
Email: [pkorpela@gmail.com](mailto:pkorpela@gmail.com)

### FINAL CHECK LIST

- Application form, complete and signed
- Fee of \$75.00 enclosed (\*\*Note: \$25 is non-refundable should application be refused)
- Copy of any previously held credential
- 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:

- Lay Preacher    Church Related    Deaconess    Recognition of Ministry

Credential being applied for:

- Recognition of Ministry    Recognition of Ministry – Senior Pastor Exemption  
 Church Related    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: \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

e) Birth date (M/D/Y): \_\_\_\_\_ Citizen (Country): \_\_\_\_\_

Month

Day

Year

f) Birthplace: \_\_\_\_\_ Province and Country: \_\_\_\_\_

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

a) Applicant's Current Marital Status

- Single    Married    Widow/Widower    Divorced    Remarried    Marriage annulled – civil only

b) If you are divorced and remarried, is your former companion living?  Yes  No

c) Are you married to someone who is "remarried"?  Yes  No

d) According to By-Law 10, do you qualify for a Ministerial Credential with PAOC?  Yes  No

If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. 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) 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 children:

NAME	BIRTH DATE			NAME	BIRTH DATE		
	Month	Day	Year		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			DIPLOMA
	Month	Day	Year	

b) Ministerial correspondence course (*International Correspondence Institute is the approved course for PAOC credentials*).

If you are an undergraduate, please indicate number of courses completed: \_\_\_\_\_

NAME	DATE GRADUATED			DIPLOMA
	Month	Day	Year	

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

**8. CURRENT MINISTRY INVOLVEMENT**

a) Church or organization: \_\_\_\_\_

- b) Are you on staff?  Yes  No If "yes", what is your position? \_\_\_\_\_  
 Full time  Part time  Volunteer Hours per week in ministry \_\_\_\_\_
- c) Describe your ministry role and function in your current position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9. FINANCES

Briefly describe your current financial situation, noting whether you tithe 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.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

### APPLICANT'S WAIVER

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.

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