



# APPLICATION FORM INTERNATIONAL RECOGNITION OF CREDENTIALS

Revised 1/20/09

Applicants should complete and sign the enclosed form and send to Covenant Ministries International, Inc., (CMI) along with a \$75.00 application fee. Please make check payable to Covenant Ministries International, Inc. and sent to:

**Covenant Ministries International**

2707 Main Street  
Sayreville, New Jersey 08872

Have three (3) recognized ordained ministers mail a reference forms to CMI. One of the forms should be your Pastor. Please have these ministers send reference forms directly to Covenant Ministries International at the above address.

2707 Main Street, Sayreville, New Jersey 08872  
732-727-9500 Ext. 2229 Fax: 732-727-3285



**Covenant Ministries International, Inc.**  
Criteria for Credentials

**DEFINITIONS**

The ministry is defined as specific areas of service resulting from the divine call upon an individual's life, which is recognized by the Body of Christ and confirmed by those in spiritual leadership, to perform the work unto which he or she has been called, including the performance of most or all sacerdotal duties as required by the Internal Revenue Service. This organization affirms the biblical provisions for the 5-fold ministry gifts according to Ephesians 4:11, i.e. Apostles, Prophets, Evangelists, Pastors and Teachers, and also recognizes the provision of 1 Corinthians 12:28, i.e. governments and helps which includes music ministry, Sunday school, children's church, etc.

Covenant Ministries International, Inc affirms the biblical requisites stated in 1 Timothy 3:1-7 and Titus 1:7-9 for the ministry sets them forth as the optimal standard for those credentialed with Covenant Ministries International, Inc

**BIBLICAL PRINCIPLES**

In view of the principle of the sovereignty of the Local Church, Ordination and Licensing should be the responsibility of the home church of any minister desiring credentials. This builds upon the scriptural instructions of knowing those who labor among you ( 1 Thessalonians 5:12), and personal identity with the one who is ordained (1 Timothy 5:22). See also 2 Corinthians 8:16-24.

The only way a person can be truly known is for the person to have direct relationship with those who are setting him into the ministry. This is the very best guard against placing a novice into office, or ordaining someone who has no commitment in the local church.

We are held responsible for the sins of these ones if we are too hasty, or are careless in checking the qualifications of those whom we ordain. The best way, then, to see that this does not happen is to allow ordination to be the responsibility of the each local church, to ordain, license and credential those whom they know to be qualified and faithful. If their local church is not interested in ordaining them, then we should not be either.

Pastors must take seriously their responsibilities in commissioning others into the work of the ministry. Consider the following verses:

1. Matthew 9:36—38
2. 1 Timothy 3:1—13
3. 2 Timothy 2:1—2
4. Titus 1:5—11

## **PROCEDURES**

Those who are ordained, licensed and credentialed would then register by application their credentials with CMI as a referencing and supportive body. Upon qualifying, CMI would then issue an International Recognition of their credentials, namely. Ordination, Licensed Minister or Christian Worker.

## **ADDITIONAL INFORMATION**

All above references to the masculine gender is done so in a generic sense to include both male and female. Furthermore, no candidate for credentials shall be considered or rejected based on race, color, sex or nationality. Moreover, no one is expected to strive for a credential, nor will he be approved for a credential beyond the calling of ministry. However, credentials are subject to annual renewal. Credential can be revoked for reasons of unethical behavior, disagreement with biblical teaching as demonstrated in CMI's bylaws.

## **APPLICATION DONATION**

Each applicant must submit a \$75.00 application fee, and also pay \$75.00 renewal fee every year in January.

## CMI Application Checklist

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- Complete Application (pages 5– 8) with \$75 administrative application fee.
- Complete Applicant Reference Information (page 9)
- Submit application and fee to CMI office.
- Contact all of the referencing persons (from Page 9) and give one of the reference forms on pages 12 — 20. They should mail the reference forms to the CMI office.
- Submit a photo for the identification card.
- Follow-up with pastors and ministers to ensure that references have been submitted to CMI and confirm the delivery to CMI.

***No applications can be processed unless we received all of the information above.***

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**Part 3—HEALTH INFORMATION**

11. How would you describe your health? Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

12. List matters applicable:

- a. Chronic ailment: \_\_\_\_\_
- b. Physical disabilities: \_\_\_\_\_
- c. Present or past serious illness: \_\_\_\_\_

**Part 4—CHRISTIAN EXPERIENCE**

13. Year and place of salvation \_\_\_\_\_

14. Have you received the Baptism of the Holy Spirit with the evidence of speaking in tongues? Yes \_\_\_ No \_\_\_ What year? \_\_\_\_\_

15. Church you most regularly attend or where you minister :

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Pastor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If not CMI affiliated, state affiliation of church/organization \_\_\_\_\_

16. Present ministry (check one)

Pastor \_\_\_ Evangelist \_\_\_ Missionary \_\_\_ Teacher \_\_\_  
 Helps \_\_\_ Administration \_\_\_ Music \_\_\_ Christian Worker \_\_\_  
 Other (explain) \_\_\_\_\_

17. Length of time engaged in ministry \_\_\_\_\_

18. Present credential level ( check one)

Christian Worker \_\_\_ Licensed Minister \_\_\_ Ordained Minister \_\_\_  
 Other (explain) \_\_\_\_\_  
 a. Name of credentialing denomination, fellowship/organization/church  
 \_\_\_\_\_  
 b. Address, if other than CMI \_\_\_\_\_  
 c. Are they tax exempt under the provision of the IRS code 501(C)(3)?  
 Yes \_\_\_ No \_\_\_  
 d. Have your credentials ever been revoked? \_\_\_  
 If so, please state reason for such action \_\_\_\_\_

Summarize your activities in the Gospel work:

a. Present: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Past \_\_\_\_\_

19. What special gifts, or ministry do you feel you possess? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 5—EDUCATIONAL INFORMATION**

20. Name of School and Year (s) completed

a. Are you a FITS (Faith International Training School Graduate)?

- YES     No     Currently Enrolled

If Yes or Currently Enrolled, which FITS Program?

- FITS Full-time 6-month program     FITS Part-time program

b. High school \_\_\_\_\_ # of years \_\_\_\_\_

c. Bible school \_\_\_\_\_ # of years \_\_\_\_\_

d. Bachelor \_\_\_\_\_ # of years \_\_\_\_\_

e. Seminary \_\_\_\_\_ # of years \_\_\_\_\_

f. Master \_\_\_\_\_ # of years \_\_\_\_\_

g. Doctorate \_\_\_\_\_ # of years \_\_\_\_\_

21. List all academic awards, degrees, or special recognition honors you have received:

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

22. Languages spoken (other than English)

\_\_\_\_\_

**PART 6—FINANCIAL & EMPLOYMENT INFORMATION**

23. If presently engaged in secular employment, what is your occupation?

\_\_\_\_\_

a. Place of employment \_\_\_\_\_

b. Address \_\_\_\_\_

c. City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

d. Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

e. How long? \_\_\_\_\_ Full time \_\_\_\_\_ Part-Time \_\_\_\_\_

24. Have you ever or are you presently having financial difficulties? No \_\_\_\_ Yes \_\_\_\_

If yes explain \_\_\_\_\_

25. Have you ever filed bankruptcy? Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_

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

26. Are you a veteran of the U.S. Military Service? No \_\_\_\_ Yes \_\_\_\_

If yes, what branch \_\_\_\_\_ Years served: From \_\_\_\_\_ To \_\_\_\_\_

**PART VII-PERSONAL COMMITMENT**

27. Are you willing to submit to the Scriptural counsel of those who are over you in the Lord? Yes\_\_\_\_ No\_\_\_\_

28. Are you willing to faithfully contribute financially to support Covenant Ministries International to the best of your ability? Yes\_\_\_\_ No\_\_\_\_

29. Are you willing to abide by the decisions of the General Council of Covenant Ministries International, Inc.? Yes\_\_\_\_ No\_\_\_\_

30. Are you willing to attend the International Pastors and Ministers Conference to the best of your ability? Yes\_\_\_\_ No\_\_\_\_

31. Are you presently engaged in a program of continued education/development of your ministry? No\_\_\_\_ Yes\_\_\_\_ If yes explain\_\_\_\_\_

32. Summarize your study habits, prayer and devotional life

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

**PART VIII-PERSONAL HABITS**

33. Are you chemically dependent such as with alcohol, tobacco, drug, etc.? No\_\_\_\_ Yes\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

I certify that I have answered the above questions to the best of my knowledge, and I hereby apply for the International Recognition of the credential level requested.

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

\_\_\_\_\_  
Date

Furthermore, I hereby grant permission to the Officials of CMI to circulate my application and any other related data with it, as part of a packet of information about me, to all responsible persons who will be reviewing the guidelines and data which is required in the granting of International Recognition credential.

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

\_\_\_\_\_  
Date

I further certify that I have properly filed, each year, my Income Tax Forms with the Internal Revenue Service and paid all taxes due.

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

## Applicant's Reference Information

Covenant Ministries International, Inc. 2707 Main Street, Sayreville NJ 08872

Phone: 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org

I hereby waive my rights to review the recommendation forms (pages to  
Covenant Ministries International, Inc.

Yes

No

Below please provide the names, addresses, and phone numbers of the persons who will be your refer-  
ences. You must use a person who is currently ordained or licensed as your reference. Your Pastor must  
be one of the two references (*except for Faith Fellowship Ministries World Outreach Center members.*  
*Faith Fellowship members should have any other minister as a reference*). You must contact the minis-  
ters below, give them one of the reference forms on pages 12-20 , and have them send the reference

**# 1**

Reference Pastor's name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Name of church \_\_\_\_\_

How long have you known this minister? \_\_\_\_\_

In what capacity do you know this minister?  
\_\_\_\_\_

**# 2**

Reference Minister's name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

How long have you known this minister? \_\_\_\_\_

In what capacity do you know this minister?  
\_\_\_\_\_

**#3**

Reference Minister's name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

How long have you known this minister? \_\_\_\_\_

In what capacity do you know this minister?  
\_\_\_\_\_

## **Reference Forms**

Please give one form (Each Form is 3 pages) to each referencing person you have listed on Page 9. They should mail, e-mail or fax the completed Reference form to

*Note to FFMWOC members:*

*Please do not use Pastor David T. Demola as a reference.*

### **Covenant Ministries International**

2707 Main Street

Sayreville, New Jersey 08872

Fax: 732-727-3285

[CMI@FFMWOC.org](mailto:CMI@FFMWOC.org)

**Covenant Ministries International, Inc.**  
**Recommendation Form for Ministerial Credentials**

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Date

**Level of Credential Applied for:**

- Christian Worker     Licensed Minister     Ordained Minister

**Applicant has:**

- Waived his right to review recommendation form  
 Has NOT waived his right to review recommendation form

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Person providing the recommendation

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Work number

\_\_\_\_\_  
 Home number

\_\_\_\_\_  
 Mobile number

E-mail address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**What is your relationship to the applicant?**

- Friend     Relative     Pastor     Colleague     Acquaintance  
 Other

**Do you feel you know the applicant well enough to evaluate his/her eligibility for ordination?**

**In your opinion, do you feel the applicant is called to be a minister?**

- Yes             No             Do not know

**Comments or Concerns**

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**To your knowledge has the applicant made a meaningful personal commitment with Jesus Christ?**

- Yes                       No                       I don't know

**In your estimation what are the applicant's strengths?**

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**In your estimation what does the applicant need to improve?**

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**Please check all the characteristic that apply to the applicant:**

- Patient     Hard working     Kind hearted     Offensive     Passionate  
 Rude         Competitive     Good listener     Spiritual     Loving  
 Tactful     Indiscreet         Impulsive         Gentle     Anointed

Please rate the applicant in the following areas:

	Excellent	Above Average	Average	Below Average	Have Not Observed
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperativeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moral Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any reason that you would not recommend this applicant for ministerial credentials?

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Does the applicant have any personality, mental health, or moral issue that would impair him from ministry?

- Yes       No       I do not know

Please share with us any information about the applicant that would help us in our evaluation. The information could cover recent or past experiences in the applicant's life. Please use the back of this sheet to fill out your answer.

- I recommend the above mentioned applicant for ministerial credentials  
 I recommend the above mentioned applicant for ministerial credentials with RESERVATION (Please explain)

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- I DO NOT recommend the above mentioned applicant for ministerial credentials

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail/Fax/E-mail this form to:  
**Covenant Ministries International 2707 Main Street Sayreville, New Jersey 08872**  
**Phone 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org**

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**Recommendation Form for Ministerial Credentials**

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 Date

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 Has NOT waived his right to review recommendation form

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Person providing the recommendation

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Work number

\_\_\_\_\_  
 Home number

\_\_\_\_\_  
 Mobile number

E-mail address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

\_\_\_\_\_  
 What is your relationship to the applicant?

- Friend     Relative     Pastor     Colleague     Acquaintance  
 Other

**Do you feel you know the applicant well enough to evaluate his/her eligibility for ordination?**

**In your opinion, do you feel the applicant is called to be a minister?**

- Yes                       No                       Do not know

**Comments or Concerns**

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**To your knowledge has the applicant made a meaningful personal commitment with Jesus Christ?**

- Yes                       No                       I don't know

**In your estimation what are the applicant's strengths?**

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**Please check all the characteristic that apply to the applicant:**

- Patient     Hard working     Kind hearted     Offensive     Passionate  
 Rude         Competitive     Good listener     Spiritual     Loving  
 Tactful     Indiscreet         Impulsive         Gentle     Anointed

Please rate the applicant in the following areas:

	Excellent	Above Average	Average	Below Average	Have Not Observed
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Moral Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any reason that you would not recommend this applicant for ministerial credentials?

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Does the applicant have any personality, mental health, or moral issue that would impair him from ministry?

- Yes       No       I do not know

Please share with us any information about the applicant that would help us in our evaluation. The information could cover recent or past experiences in the applicant's life. Please use the back of this sheet to fill out your answer.

- I recommend the above mentioned applicant for ministerial credentials  
 I recommend the above mentioned applicant for ministerial credentials with RESERVATION (Please explain)

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- I DO NOT recommend the above mentioned applicant for ministerial credentials

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail/Fax/E-mail this form to:  
**Covenant Ministries International 2707 Main Street Sayreville, New Jersey 08872**  
**Phone 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org**

**Covenant Ministries International, Inc.**  
**Recommendation Form for Ministerial Credentials**

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\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Person providing the recommendation

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Work number

\_\_\_\_\_  
 Home number

\_\_\_\_\_  
 Mobile number

E-mail address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

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**Phone 732-727-9500 Fax: 732-727-3285 CMI@FFMWOC.org**