



## ORDINATION CREDENTIAL APPLICATION

NEW TESTAMENT HOLINESS CHURCH INTERNATIONAL  
2027 VZ CR 1222  
GRAND SALINE, TEXAS USA

### I. Personal Information

Date: \_\_\_\_\_

Full Name (First, Last, MI) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City

County/Town

Country \_\_\_\_\_

Age \_\_\_\_\_

#### Contact Phone Number

Home \_\_\_\_\_

Office \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

### II. General Information

Please circle highest level of education attained?    Elementary    High School    College    Post College    Other

Explain Other

\_\_\_\_\_

Give a statement of your faith

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What area of Ministry do you feel God has called you to? \_\_\_\_\_  
(Attach details about your calling on a separate page.)

Please circle present Ministry responsibilities: **Pastor** **Missionary** **Evangelism** **Christian Education** **Other**

Explain Other:

\_\_\_\_\_

Name of present ministry denomination or organization affiliation: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City Postal code

Name of your home church: \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Pastor's Phone \_\_\_\_\_

Are you interested in NTHCI Mission Trip Opportunities? \_\_\_\_\_

### **III. MINISTRY INFORMATION**

Are you presently Ordained as a Minister? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

Have you ever had your credentials withdrawn? \_\_\_\_\_

If so, when and for what reason?

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

How did you find NTHCI?

\_\_\_\_\_

If you are acquainted with a member of NTHCI

Please give their Name and Contact Phone: \_\_\_\_\_

\_\_\_\_\_

Have you ever attended Seminary or Bible Classes? If so, please list educational history and degree(s) held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, please explain on a separate sheet.)

### **Ministry References**

Please list a Personal Reference along with your Pastor's Name and Contact Phone number.

Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

### **Pastoral Recommendation**

Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

Contact Information \_\_\_\_\_

Phone:

Email:

**Please Complete the Following Additional Ministry Information:**

Ministry/Church Name \_\_\_\_\_

Ministry Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Email \_\_\_\_\_

**DILIGENCE**

- |   |     |    |
|---|-----|----|
| I understand that I am expected to attend at least one NTHCI Bible Conference | YES | NO |
| I will support NTHCI with my offering   | YES | NO |
| I understand there is an annual credential renewal fee                        | YES | NO |

**Applicant Signature**

I, \_\_\_\_\_ hereby apply for ministerial recognition by NTHCI and grant permission to pursue by investigation all facts hereto stated. Permission is granted to request information concerning pastoral or personal recommendations as needed.

\_\_\_\_\_  
**Signature/Date**

We believe there are other God-called fellowship, organizations and associations of which NTHCI is one of them. NTHCI maintains the rights to deny, revokes, repossess or withhold ministerial credentials and/or affiliate membership.

I understand that all items related to this application submitted to NTHCI are a part of the application process and become the permanent property of NTHCI and will not be returned to me. I hereby state that all the information contained in this application is correct and true. If NTHCI is notified that any information contained herein is false, it will be grounds for my immediate dismissal. I also understand that completion of this application in no way guarantees or implies acceptance as a member of NTHCI.

\_\_\_\_\_  
**Signature/Date**

\*\* There is a non-refundable application fee of Ksh.3,500.00. Please submit with your application. There is also an annual renewal fee to pay for secretarial duties and materials in reference to processing of credentials.

**Please Describe your Ministry:**