



APPLICATION FOR CREDENTIALS

Save The Nations International Fellowship of Ministries and Clergy

P.O. BOX 551661 FT. LAUDERDALE, FL. 33355
954-358-1262 / www.savethenations.com

Dear Applicant:

Our credentials officially recognizes a person's God-given ministry which has already been proven. These credentials are given that our ministers may have the benefit of equal rights by law and in business with ministers of other religious organizations. We require that our ministers have a PROVEN MINISTRY. Our Constitution and Bylaws officially recognize the following levels of credentials:

Commissioned Minister: credentials may be issued to a person who has a call on his or her life to work for the Lord in some field other than that of preaching, pastoring or evangelizing. This may include Choir Director, musician, Sunday School Superintendent, teacher, hospital visitation worker, house-to-house visitation, altar worker, street or jail service worker, or a ministry other than that of preaching. They are not authorized to perform any sacerdotal services but primarily assist others in the Body of Christ.

Chaplain: This recognition is for ministers of the gospel that are called by God and recognized by the Senior Pastor to minister primarily in prisons, hospitals, hospices, government agencies and through community ministry.

Licensed Minister: This recognition is given by the Senior Pastor for those who are somewhat seasoned in the ministry, but need further experience. Many of these are individuals that have been working in their chosen vocation, but for some reason or another have never entered full-time ministry, or have only been in full-time ministry for less than three (3) years. This level authorizes holder to perform all sacerdotal services. However, this person is not in charge of a congregation and has limited authority to run the affairs of the church. These credentials will be issued only AFTER a minister's first year of ministry.

Ordained Minister: This recognition is given by the Senior Pastor to those persons who have an "established" or "proven" ministry with good personal, verifiable reputation. Ordained ministers are authorized to perform all functions of the Christian ministry and sacerdotal services, and must be capable of doing so. Person must be capable, as determined by Senior Pastor, to take charge of a congregation if needed.

In each case an applicant's life must be above reproach. Each application is considered individually by the Credentials Committee. All questions on the application must be completed before it will be presented to the committee for consideration. Failure to present a completed application may result in delay in approval and processing of the credential applied for.

Sincerely,
Rev. Kenneth Albin
Senior Pastor

Credentialing Fees

We ask for a yearly **application fee**. Upon receipt of this fee from inquiring applicants, the application packet is then sent. The application is processed when all required information and donation is received back from the applicant. We offer debit payments but add an administrative fee for bank processing. It is much easier for the church and for you if a one-time payment is made. If you choose to be debited monthly you must fill out an Automatic Withdrawal Authorization form and send in with your application.

You may choose either of the following methods of payment:

Commissioned Minister - \$100 donation for application/renewal or
Monthly support of at least \$10 via debit card monthly withdrawal on 1st or 15th of month (\$120)

Chaplain - \$100 donation for application/renewal or
Monthly support of at least \$10 via debit card monthly withdrawal on 1st or 15th of month (\$120)

Licensed Minister - \$150 donation for application/renewal or
Monthly support of at least \$15 via debit card monthly withdrawal on 1st or 15th of month (\$180)

Ordained Minister- \$200 donation for application/renewal or
Monthly support of at least \$20 via debit card monthly withdrawal on 1st or 15th of month (\$240)

Only one category of membership is held by each member of the Fellowship. The figures are appropriate to the necessary paperwork and time involved in processing the application or renewal. All credentialed ministers under our Fellowship will receive a certificate and plastic carrying card with official title.

Please submit your completed application to:

Rev. Dr. Elizabeth D. Rios
Executive Pastor
Save The Nations
ATTN: Ministerial Fellowship
P.O. BOX 551661
FT. LAUDERDALE, FL. 33355

THE FOLLOWING REQUESTED INFORMATION IS NEEDED FOR PROCESSING OF YOUR APPLICATION AND OUR OFFICE FILES. PLEASE ANSWER ALL QUESTIONS. FAILURE TO SUBMIT ALL NECESSARY INFORMATION, AS REQUIRED, WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION.

Please attach a passport style face shoot taken within the last year. Failure to attach photo will delay processing of application.

-PLEASE PRINT OR TYPE -

Date: _____

1. Name (last) _____ (First) _____ (Middle) _____

2. Mailing Address: _____

City _____ State/Country _____ Zip _____

3. Home Phone: _____ Cell Phone: _____

4. Email: _____ Fax Number: _____

5. Place of Birth City: _____ State/Country: _____

6. Date of Birth: Month ___/Day ___/Year ____ Age at application: _____ Sex: Male Female (If you were born in a foreign country, use a U.S. address, and are requesting a U.S. Ministerial credential (instead of a foreign one), you are required to complete a W-9 form, an I-9 form and provide a copy of your green card or other proof of U.S. citizenship)

7. Race: Caucasian American American Indian Hispanic American Afro American Asian American Other: _____

8. Marital Status: Single Married Widow/er Separated* Divorced* Remarried*
• * Please explain circumstances regarding your status

9. Spouse's Name (if married) _____

10. Children's Name (if any) _____ Age _____
_____ Age _____
_____ Age _____

11. Educational Info: (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 or GED
College: 1 2 3 4 Graduate School: Master's Doctorate Other: _____

12. Do you agree that any unethical practices on your part automatically expels you and your credential certificate with Save The Nations International Fellowship of Ministries and Clergy and must your card must be surrendered? Yes No * If not seeking ordination transfer, please skip to question 13

13. Ordination transfer is being requested.
a. Date you were originally ordained _____
b. Name of organization that ordained you: _____
c. By whom were you ordained (persons who laid hands on you)? _____

Why are you seeking a transfer to STN? Please use a separate sheet of paper.

14. I am applying for: Ordination License Chaplain Commission

15. Are you: A new applicant for the first time?
 Upgrading to a higher level of credentials?
 Reinstating lapsed credentials?

16. Have you previously held credentials with STNIFMC? Yes No

17. Have you ever been convicted of a crime? Yes No If yes, were you incarcerated? Yes No

18. How many years have you been a Christian? _____ Preaching: _____ Pastoring: _____
In ministry _____

19. Have you ever held ministerial credentials with another religious group or organization? Yes No
If yes, which one? _____
Why did you leave it? _____

Are you now holding ministerial credentials with another organization? Yes No

If yes, do you intend to relinquish them if you are approved for credentials by STNIFMC? Yes No

20. As pertains to STNIFMC applicants:

- a. Do you feel led of God to come into this Association? Yes No
- b. If you come into this Association will you help promote it? Yes No
- c. Do you align yourself with the vision and mission of STN? Yes No
- d. Are you willing to conform and abide by them? Yes No
- e. Do you know and believe in our Doctrine of Faith? Yes No
- f. Will you preach, teach and abide by it? Yes No
- g. If applying for Chaplain, will you be willing to work in the STN congregational care ministry? Yes No
If not, where do you intend to use your chaplain credentials? _____

21. Do you teach and practice Water Baptism according to Matthew 28:19? Yes No

22. Do you believe in paying tithes? Yes No If no, explain: _____

23. Do you promise not to talk evil or do any harm to your brethren? Yes No

24. Have you or your mate been divorced since becoming a Christian? Yes No

- a. If yes, have you remarried? Yes No
- b. If the answer is yes, please explain on a separate sheet of paper and attach to this application.

25. Do you try to conduct your personal affairs in a way that reflects your Christian beliefs (i.e. paying your debts, etc) Yes No

26. Are you in full-time ministry? Yes No What is your role: _____

27. Are you in bi-vocational ministry? Yes No What is your role: _____
How many hours a week do you work? _____ How many hours a week given to ministry? _____

28. Are you supported entirely by your ministry? Yes No

29. Do you believe in the gifts of the spirit? Yes No

30. Do you believe that God can and does perform miracles in this day? Yes No

31. What is it that you are called to do? _____

32. Would you like to be placed in a one year unpaid ministry internship at the church? Yes No

If yes, in what area (s):

- Worship
- Evangelism
- Women's Ministry
- Men's Ministry
- Our Faith-Based Nonprofit Organization – The Dream Center of South Florida or Performing Arts
- Administrative/Operations
- Other: _____

33. Will you need to relocate to be an intern? Yes No

34. Will you need help finding an apt? Yes No

35. How will you financially support yourself? _____

NOTE: Applicants for ORDINATION, LICENSE OR COMMISSION must be recommended by two or three Ordained or License Ministers that have known the applicant for at least two years and knows of their life and work in the church. If at all possible, applicants for CHAPLAIN should be recommended by someone who has chaplaincy credentials or has worked with the person in the work of a chaplain or soul care giver in some field. Recommendations are to be sent directly to our headquarters office. **THEY ARE NOT TO BE SENT WITH YOUR APPLICATION.**

PLEASE PRINT COMPLETE NAMES, EMAILS AND PHONE NUMBERS OF YOUR RECOMMENDERS.

Please remember to send your recommenders the reference form to be sent directly from them to us. Thank you.

Name: _____
Affiliated Agency: _____
Title/Role: _____
Email: _____
Phone #: _____
Who do you know this person? _____

Name: _____
Affiliated Agency: _____
Title/Role: _____
Email: _____
Phone #: _____
Who do you know this person? _____

Name: _____
Affiliated Agency: _____
Title/Role: _____
Email: _____
Phone #: _____
Who do you know this person? _____

I declare the above statements to be true.

-I understand that, as an applicant for credentials I may be subject to investigation if it is deemed necessary by the Credential committee of STNIFMC and I will cooperate with such an investigation.

-I agree that I will return my credentials to the STN Ministerial Fellowship offices if I should leave the Association for any reason or if I am deemed to be living an immoral lifestyle.

Signed, _____
[Signature must be original, copies will not be accepted]

Print Name: _____

FOR OFFICE USE ONLY

Reviewed by the Credential Committee of STNIFMC on _____ day of _____ in the year of _____ by a vote of _____ **FOR**, and a vote of _____ **AGAINST**.

Applicant is: Accepted for Ordination Licensing Chaplaincy Commissioning

Applicant is not accepted.

Letter sent on _____

Received annual fee: yes no Assigned a role in STN? yes no

Processed by: _____