

**2015/2016
 Credential Renewal Application 2015**

Your current credential expires 06/30/2015. **To renew your credential all questions must be answered.** Requirements to maintain active standing are outlined in By-Law 10.5.7 of the General Constitution and By-Laws, amended to the General Conference 2014. (This renewal covers the credentialing period 07/01/2015 to 06/30/2016.)

Name of Credential Holder
 Address
 City, Province, Postal Code
 CANADA

District
 Credential Holder ID#

Personal Data
 Date of Birth:
 Spouse Name:

Personal Information: Are there any changes to your personal information? Yes No
 Has your marital status changed? Yes No If Yes, please explain: _____

Preferred Mailing Address: Home Ministry

E-mail : Cell Phone :

Home Address

Street Address :
 Address Line 2 :
 City :
 Province :
 Postal Code :
 Country :
 Home Phone :

Ministry Address

Street Address :
 Address Line 2 :
 City :
 Province :
 Postal Code :
 Country :
 Ministry Phone :

Church Attendance: Do you attend a PAOC Church? Yes No

Which PAOC Church do you regularly attend? City: _____ Name: _____

Ministry Information: Are there any changes to your ministry position? Yes No

Do you currently have a constitutionally qualifying appointment in ministry? Yes No In Transition

If yes, ministry hours: Full Time Part Time (20+ hrs) If less than 20 hrs: No. of hrs _____

Indicate the title which best describes your current ministry:

- | | | | | | |
|--|---|---|--|---|---|
| <input type="checkbox"/> Senior Pastor * | <input type="checkbox"/> Associate Pastor | <input type="checkbox"/> Assistant Pastor | <input type="checkbox"/> Youth Pastor | <input type="checkbox"/> Children's Pastor | <input type="checkbox"/> Music |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Visitation | <input type="checkbox"/> Spouse in Ministry | <input type="checkbox"/> Administrator | <input type="checkbox"/> Itinerant Ministry * | <input type="checkbox"/> Interim Pastor |
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Retired | <input type="checkbox"/> Teacher/Professor | <input type="checkbox"/> Disabled | <input type="checkbox"/> Global/Mission Canada Worker | |
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> In Transition | <input type="checkbox"/> Other (please specify) _____ | | | |

* If you are an ordained or licensed minister and a senior pastor or itinerant minister, did you preach the required number of times? Yes No

Indicate your current appointment in ministry:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> PAOC Church | <input type="checkbox"/> International Office | <input type="checkbox"/> Bible College/Seminary | <input type="checkbox"/> In Transition |
| <input type="checkbox"/> Non-PAOC Church | <input type="checkbox"/> District/Branch Office | <input type="checkbox"/> PAOC Missions/Mission Canada | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> District Approved Appointment (please specify): _____ | | <input type="checkbox"/> Missions Approved Appointment (please specify): _____ | |

Are you involved in personal development in any way (ie: attending seminars, reading books, taking courses?) Yes No

How do you prefer to receive Ministry information? Email Internet Mail

Ministry History on File

Effective Date	Position	Description	Employer Name	Employer City
6/1/2015	Associate Pastor		Church Name	
4/1/2015	In Transition			
10/1/2013	Senior Pastor		Church Name	
7/8/2009	Senior Pastor		Church Name	
7/6/2006	Director		Organization Name	

Additional Ministry History Information:

Effective Date	Position	Description	Employer Name	Employer City

Name(s) and Date of Birth of Child(ren):

Name _____	Date of Birth _____	Name _____	Date of Birth _____
Name _____	Date of Birth _____	Name _____	Date of Birth _____
Name _____	Date of Birth _____	Name _____	Date of Birth _____

Schedule of Fees If you will be 65 years of age or over on June 1, 2015 and NOT employed in active ministry, or you are on permanent disability, you are not required to pay the renewal fee.

Licensed Minister

Credential Fee	Early Annual Fee <input type="checkbox"/> 140.00	Regular Annual Fee <input type="checkbox"/> 180.00	\$ _____
	Postmarked prior to June 1, 2015	Postmarked after June 1, 2015	
Minister's Assistance Fund	<input type="checkbox"/> 0.00 <input type="checkbox"/> 0.50 <input type="checkbox"/> 25.00	<input type="checkbox"/> 50.00 <input type="checkbox"/> Other	\$ _____
Total amount enclosed:			\$ _____

Method of Payment

Cheque Money Order Visa Master Card Card # _____ Expiration Date _____
 If you are a fully appointed Global Worker, you may choose to have your fee withdrawn from your PAOC budget. If so, check here

Declaration

I personally subscribe to the Statement of Fundamental and Essential Truths. Yes No
 I agree to abide by The Minister's Code of Ethics. Yes No
 I agree to abide by the provisions of the current version of the General Constitution and By-Laws. Yes No

By renewing my credential, I acknowledge that my original application and all subsequent credential renewals are part of the permanent record of the PAOC.

Date: _____ Signature: _____

IF UNABLE TO RENEW FOR ANY REASON, PLEASE CONTACT YOUR DISTRICT OFFICE.

Please return completed form to: PAOC 2450 Milltower Court, Mississauga ON L5N 5Z6