



# SONSHINE NETWORK MINISTRIES - IPHC

## Application for Ministerial Credentials

### Instructions for applicants



- **Assessment:** Complete the assessment online at [plantachurch.us](http://plantachurch.us) using code: **HGMCHURCHES**.
- **Fees:** Submit **\$120.00** (\$100 app + \$20 background check) via mail or online at [snmiphc.org/give](http://snmiphc.org/give)
- **Photo:** Email a headshot for your ID Card to [em@snmiphc.org](mailto:em@snmiphc.org)
- **Completion:** Return completed application via mail to the address below or via email to [em@snmiphc.org](mailto:em@snmiphc.org)

### Credential Type:

Local Church Minister  Licensed Minister  Ordained Minister  Transfer

## SECTION I: APPLICANT INFORMATION

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Phone (Mobile): \_\_\_\_\_ (Home): \_\_\_\_\_
- Email: \_\_\_\_\_ Website: \_\_\_\_\_
- SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

## Marital & Family Status

- Status:  Single  Married  Divorced  Widower
- Anniversary: \_\_\_\_\_ Spouse Full Name: \_\_\_\_\_
- Children (Names & Ages): \_\_\_\_\_  
\_\_\_\_\_
- Prior Marriages: Applicant:  Yes  No | Spouse:  Yes  No

- **If yes, how was your prior marriage terminated?**  Divorce  Death  Annulment
- *Note: If divorced, please attach a copy of the decree and a detailed explanation.*

## SECTION II: EDUCATION & TRAINING

Level	Name of School	Years Attended	Degree Earned
High School			
College			
Grad/Seminary			

- **IPHC Training:**  1st Year  2nd Year  3rd Year  Equivalent Training
- **Details:** \_\_\_\_\_

Visit <https://phpastor.org/ministerial-credentialing-program/> for information on the IPHC Ministerial Credential Program.

## SECTION III: CHURCH EXPERIENCE & DOCTRINE

1. **Conversion:** Date: \_\_\_\_\_ Water Baptized?  Yes  No
2. **Holy Spirit:** Baptized?  Yes  No | **Regularly Manifested by Speaking in Tongues?**  Yes  No
3. **Biblical Knowledge:** Have you read the Bible through at least once?  Yes  No
4. **Ministry Calling:**  Pastor  Evangelist  Other: \_\_\_\_\_
5. **IPHC Affiliation:** Years in IPHC: \_\_\_\_\_ Local Church: \_\_\_\_\_

6. **Current Ministry Role:** \_\_\_\_\_
7. **Previous Ministry Experience:** \_\_\_\_\_
8. **Alignment: Have you read the IPHC Manual?**  Yes  No
- o Do you agree with the **IPHC Manual, Articles of Faith, and Covenant?**  Yes  No

## SECTION IV: MINISTRY COMMITMENT

1. **Tithing & Oversight Requirement:** For applicants seeking a credential other than a local church minister's license, the IPHC Manual states that all Licensed and Ordained Ministers are amenable to the Conference and the Conference Executive Council and are required to faithfully return a full tithe (10%) of all income monthly into the conference treasury.

- **Do you agree to comply with the 10% tithing requirement?**  
 Yes  No
- **Do you understand failure to comply could mean a forfeiture of credentials?**  Yes  No
- **Do you agree to surrender credentials if out of harmony with IPHC vision?**  
 Yes  No

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**[OFFICE USE ONLY]** Date Received: \_\_\_\_\_ **Action:**  Approved  Denied  
Level: \_\_\_\_\_

### SonShine Network Ministries (IPHC)

7 W. Main St. Ste. 300, Apopka, FL 32703 | (407) 880-0241 | [snmiphc.org](http://snmiphc.org) | [em@snmiphc.org](mailto:em@snmiphc.org)

## RECOMMENDATION OF PASTOR & LOCAL CHURCH

*To be completed by the applicant's current Pastor.*

I, (PASTOR) \_\_\_\_\_, recommend  
(CANDIDATE) \_\_\_\_\_ to the **SonShine  
Network Ministries** as a Local Church Minister or Licensed Minister. He/She is  
also recommended by the (CHURCH) \_\_\_\_\_.

### REMARKS:

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL REFERENCES

*Please provide three references who have known you for at least two years.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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# AUTHORIZATION FOR BACKGROUND CHECK

## PART I: APPLICANT CONSENT

I, the undersigned applicant, do hereby authorize **SonShine Network Ministries (IPHC)** to examine any and all relevant information and records at their discretion. I understand that this background check may include, but is not limited to, criminal, credit, and driving records. I further authorize the online background check service, **Protect My Ministry**, to provide the requested information to the conference office.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II: REQUIRED INFORMATION PLEASE PRINT LEGIBLY

- Full Legal Name: \_\_\_\_\_
- Other Names Used (Maiden, etc.): \_\_\_\_\_
- Current Physical Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Gender: [ ] Male [ ] Female
- Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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