

TRANSFER OF ORDINATION CREDENTIAL APPLICATION

The Evangelical Free Church of America
901 E. 78th Street, Minneapolis, MN 55420
(952) 853-8459 credentiaing@efca.org



NAME: _____ DATE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PRIMARY EMAIL: _____ PHONE: _____

PRESENTLY SERVING (CHURCH OR OTHER MINISTRY): _____
CHURCH ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ POSITION: _____

INFORMATION

THE CANDIDATE FOR TRANSFER OF ORDINATION MUST:

1. Complete this application.
2. Send a photocopy of his original certificate to the National Office of the EFCA.
3. In the situation where there are no available addresses or persons to contact concerning the transfer of ordination, the original certificate must be placed in trust with the EFCA.
4. Fulfill the requirements as found in the booklet "Steps Toward Credentialing."

I, the undersigned, affirm that the Board of Ministerial Standing of the EFCA may contact the ordaining body listed above to inform them of the transfer of ordination to the EFCA. In the event of disciplinary action requiring the return of the EFCA credential, I give permission to inform the original ordaining body of such action and the reason for requesting the certificate.

SIGNATURE: _____ DATE: _____

CHECKLIST OF MATERIALS REQUIRED:

*These items **must** be included with this application when sent to the district office.*

- _____ 1. Letter from candidate indicating his desire to be ordained by the EFCA.
- _____ 2. Letter of recommendation from the church where the candidate is a member, and if different, a letter from the church in which the candidate is serving.
- _____ 3. Record of attendance from the dean's office of the Bible school or seminary attended.
(If a previous letter is on file, a second letter is not necessary)
- _____ 4. Written ordination thesis.
- _____ 5. Minutes of ordination council.
- _____ 6. Recommendation from the district board or credentialing council.
- _____ 7. Updated EFCA *Minister's Profile*.
- _____ 8. Completion of EFCA *Required Reading* or completion of TEDS History and Polity course.
- _____ 9. Copy of present Ordination Certificate.

DISTRICT RECOMMENDING CANDIDATE: _____

DISTRICT SUPERINTENDENT SIGNATURE

DATE OF COUNCIL