



# IMPACT BIBLE COLLEGE & UNIVERSITY

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## **Application For International Ministerial License.**

### **PERSONAL INFORMATION:**

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ fax : \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Gender: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Marital status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of Children: \_\_\_\_\_

### **SPIRITUAL HISTORY:**

Date Water Baptized: \_\_\_\_\_ Place: \_\_\_\_\_  
Date Spirit Filled: \_\_\_\_\_ Place: \_\_\_\_\_

### **EDUCATIONAL HISTORY:**

High School Attended: \_\_\_\_\_  
Others \_\_\_\_\_ Type of Degree Conferred: \_\_\_\_\_  
Vocational Training: \_\_\_\_\_ Field of Certification: \_\_\_\_\_  
Bible College Attended: \_\_\_\_\_ degree Conferred: \_\_\_\_\_

### **HOME CHURCH INFORMATION:**

Church Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ E-Mail \_\_\_\_\_

Domination/Affiliation: \_\_\_\_\_

Senior Pastor's ☐ if No Senior Pastor Name: \_\_\_\_\_ Phone \_\_\_\_\_

Are you a regular tither? \_\_\_\_\_

Do you consider yourself a fivefold minister? If yes to what official(s) are you called?

Apostle ☐ Prophet ☐ Evangelist ☐ Pastor ☐ Teacher if ☐ No, ☐

What is your ministry function? \_\_\_\_\_

### **MINISTRY:**

Ministry position or service you provide: \_\_\_\_\_

When did you first sense a call to ministry? \_\_\_\_\_

Are you in ministry Full time ☐ Part time? ☐

How long have you been functioning in ministry? \_\_\_\_\_

Do have Gifts (Charismata) anointing to operate in? \_\_\_\_\_

Attributes you possess that make you a successful minister? \_\_\_\_\_

### **CREDENTIALS:**

Do you presently hold ministry credentials mistrial licensed with another organization? \_yes  
\_No

Type of Credential \_\_\_\_\_

Name of Organization \_\_\_\_\_

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

City/State/Country \_\_\_\_\_

Date of Membership \_\_\_\_\_

Has your credential ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the reason and final disposition of the matter. \_\_\_\_\_

What position did you hold? \_\_\_\_\_

Were you ordained? \_\_\_\_\_ Year ordained? \_\_\_\_\_

Were consecrated? ☐ Year of consecration \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

I am in agreement with the official Doctrinal Statements of the Impact Bible College International, and Inc.

I understand that if I disassociate myself from Impact Bible College my Doctorate license if automatically terminated.

I understand that any misrepresentation of facts in this application may result in refusal or revocation of license.

**Important:** Please attach a recent photo of yourself to this application. A non-refundable fee accompanies this form

**\$50.** For International Doctorate Ministerial license      Applicant's

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

