



APPLICATION FOR EFC-ER PASTOR'S LICENSE

Name (as it should appear on the card) _____

Address _____

Email Address _____ Phone _____

Church _____ Position/Ministry Focus _____

Experience and Preparation

Level of education completed: High School College Graduate Doctorate

List your institutions of higher education and years of graduation:

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| • | • |

List your employment or experience related to your area of licensure:

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Testimony and Vision

Briefly tell us about your conversion and walk with the Lord (use the reverse side as necessary):

Briefly tell us about how you plan to use any licensure you may obtain (use the reverse side as necessary):

Agreements

In the spirit of Paragraph 1253 of EFC-ER's *Faith and Practice*, we ask the following questions.

Have you read the EFC-ER *Faith and Practice*? Yes No

Are you in agreement with its teachings? Yes No

If you have circled no, please provide details as to why (use the reverse side as necessary):

_____ Applicant Signature _____ Date

- **As lead pastor of this church, I endorse and approve of providing the appropriate license to this individual.**
- **Return to Leadership Development Team Director at EFC-ER Headquarters**

_____ Lead Pastor Signature _____ Date