



APPLICATION FOR EFC-ER MINISTER'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* ("Acceptance of ministerial credentials and/or pastoral responsibility in EFC-ER becomes tacit and legal acceptance of the doctrine, testimonies, and organizational provisions stated in *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

Signed

As lead pastor of this church, I endorse and approve of providing the appropriate license to this individual.

Lead Pastor Signature _____ Date

2/21/18 jb

This form must be returned to the Evangelical Friends Headquarters before April 13, 2018 to be considered for licensure for 2018.