# Essence Christian Kingdom Diplomats' College of Theology
## Application For License or Ordination

Please complete all information

Last Name_____First_____Middle _____

Street Address_____City_____State_____Zip _____

Home Phone_____Cell_____Office Phone_____Fax _____

Sex____Birth_____SS # (last 4 Digits)_____Church Membership _____

Pastor Name_____Pastor's Phone _____

Pastor's Address_____City_____State_____Zip _____

Total Years of Christian Service_____Highest Academic Level Achieved _____

**I respectfully apply for the following consideration:**

1. Ministerial license _____ 2. Ordination._____(You must hold a ministerial license before applying for ordination)

Do you presently hold Ministerial credential(s)? Yes_____No _____

Please List Type _____

Name of the issuing organization_____Date of issue _____

Are you presently active with that organization? Yes_____No_____(if "no," attach an sheet of explanation).

**Affirmation**

By signing below, I affirm and acknowledge...

...that I will uphold the standards of the Bible which is the only and true source of divinely written oracles of God.

...that I will be true to the Christian faith.

...that I will be true to the calling in which my Lord has entrusted me.

...that I will endeavor to live a life before God and man that is exemplary of Christian service.

...that I will endeavor to live a life that not bring reproach to Essence Christian Kingdom Diplomats' College of Theology, or any other outreach or ministry of ECKDCT.

...that I freely give permission to ECKDCT to conduct a National Agency Check or other investigations, as ECKDCT deems necessary.

...that the laws of the State of Florida and the State of Florida, USA shall apply.

...that I will voluntarily surrender any certificate, license or ordination issued by ECKDCT if I violate any of the above affirmations.

Signature_____Date _____

This application must be completed and signed before it will be processed. Do not leave blank spaces. If you have any questions, please call.

_____

## (FOR ECKDCT USE ONLY)

Approved:_____Denied: _____

By:_____Date: _____


Comments:

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