



IMPACT BIBLE COLLEGE



19 Atamunu Street, Calabar Cross River State, Nigeria West Africa

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Application For International Doctorate/ 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Has your credential ever been revoked or suspended?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

\$300. For International Doctorate Ministerial license Applicant's

Signature _____ Date: _____