



ARKANSAS DISTRICT

UNITED PENTECOSTAL CHURCH INTERNATIONAL

LOCAL
LICENSE

2021 Important Licensure and Ordination Dates

	Fall 2021	Spring 2022
Application Deadline	September 9, 2021	TBD
Meet the District Board	October 19, 2021	TBD
Mandatory Ministry Training	October 19, 2021, 9:00 am – 1:30	TBD
Location	TBD	TBD
<i>More information to follow for applicants</i>		

Completed applications should be mailed to:

Rev. Tim Sullivan
PO Box 4230
Fort Smith, AR 72914

Application questions: Jason Campbell, jcampbell1130@gmail.com or 479-445-8964

Licensure and Ordination Application Checklist

- Complete all ten (10) Ministry Central courses for appropriate licensure - OR - complete equivalent Purpose Institute training. The checklist on the next page will be helpful.
- Read Manual of the United Pentecostal Church International (UPCI).
- Satisfy all requirements for licensure/ordination as laid out in the Manual of the UPCI (Section VII).
- Complete and mail minister's license application packet by above deadline.
 - Prior to submitting, set up meeting with sectional presbyter to review application.
 - Print the "Confidential Report" included in this packet and provide to your pastor for completion.
 - Pastor will complete and seal form in envelope to take with you to your meeting with your presbyter or forward directly to the presbyter.
 - Presbyter will review, sign, seal in envelope for you to include with your application or forward directly to district office.
- Application packet should include the following:
 - Transcript from Ministry Central
 - Two (2) photos of you or, if married, two (2) photos of you and spouse
 - Check to UPCI for \$25 for application fee
 - Check to Arkansas District UPCI for one-fourth of the annual membership dues
Local License - 2020 District Local License Annual Dues \$120 x 25% = \$30
 - Check to UPCI for one-fourth of the annual membership fee:
Local License - 2020 UPCI Local License Annual Fee \$374 x 25% = \$93.50
 - Complete included insurance form

Note: Other than nursing infants, no children should accompany applicants.

UPCI Local License Required Reading Checklist

Dear Applicant,

Please select the program through which you received the required instruction and testing for each book in the required reading list. If you used one source for all your training, please simply complete Section 1. If you used multiple sources, please complete Section 2 (both pages). Proper documentation of your participation in that/those program(s) should be supplied with your application for license. Thank you!

UPCI Church Administration

Section 1

I completed all books in the Local License Required Reading list via:

- | | |
|--|--|
| ☐ Ministry Central | ☐ UPCI Endorsed College |
| ☐ Purpose Institute | ☐ CSTI |
| ☐ ExCeLL | ☐ Other: _____ |

Section 2

1. Handbook on the Book of Acts

- | | |
|--|--|
| ☐ Ministry Central | ☐ UPCI Endorsed College |
| ☐ Purpose Institute | ☐ CSTI |
| ☐ ExCeLL | ☐ Other: _____ |

2. Understanding God's Word

- | | |
|--|--|
| ☐ Ministry Central | ☐ UPCI Endorsed College |
| ☐ Purpose Institute | ☐ CSTI |
| ☐ ExCeLL | ☐ Other: _____ |

3. Handbook on the Gospels

- | | |
|--|--|
| ☐ Ministry Central | ☐ UPCI Endorsed College |
| ☐ Purpose Institute | ☐ CSTI |
| ☐ ExCeLL | ☐ Other: _____ |

4. United We Stand

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____

5. Practical Holiness

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____

6. The New Birth

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____

7. The Oneness of God

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____

8. Handbook on the Pentateuch

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____

9. Life Preaching

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____

10. Spiritual Disciplines

- ☐ Ministry Central
- ☐ Purpose Institute
- ☐ ExCeLL

- ☐ UPCI Endorsed College
- ☐ CSTI
- ☐ Other: _____



Application for Local License

Local

Revised March 2019

UNITED PENTECOSTAL CHURCH INTERNATIONAL

36 Research Park Court / Weldon Spring, Missouri 63304

Answer every question. Omission or unanswered questions will cause delay.

Fill out application electronically, print and physically sign signature pages 6 and 7

Enclose 2 photos of you and your spouse as well as an insurance beneficiary form (download from www.upciministers.com).

IDENTIFICATION

Print Name First _____ Middle _____ Last _____

Social Security or Social Insurance # _____

Permanent Address (Street or PO Box) _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone # _____ Email address _____

Date of Birth _____ Age _____ Male _____ Female _____

Ethnicity (*Your response is optional and will be used for demographic purposes only*):

African-American or Black _____ Caucasian or White _____ Hispanic or Latino _____ Native American _____

Asian origin, please specify _____ Other, please specify _____

FAMILY STATUS

Single

Married

Divorced

Separated

Acts 2:38

Experience

Yes No

Spouse's Full Name _____

Spouse's Date of Birth _____ Date Married _____

Children's Names _____ M/F _____ Age _____ Married/Single _____

1. Have you ever been divorced since first being baptized in Jesus' Name and receiving the Holy Ghost?
2. Has your spouse ever been divorced since first being baptized in Jesus' Name and receiving the Holy Ghost?
3. If you answered yes to question number 1, have you remarried?.....
If you answered yes to questions number 1 or 2, please follow the instructions in the Manual, Article VII, Section 8, of the General Constitution. All of the required information must be supplied and submitted to the district board.
4. Do you believe and teach that persons who have been divorced and remarried before they were filled with the Holy Ghost should be made to separate or else be put out of fellowship with the assembly?

EDUCATION

5. Fill out education chart below:

Type	Level	Place	Years Completed	Year Graduated	Type Degree
Secular	Grade				
	High School				
	College				
	College				
	College				
	College				
Religious	College				
Religious	College				

6. If you have attended a UPCI endorsed college, please request the “Bible College Report” be sent by certified mail, return receipt requested, from the college to your District Superintendent.

PERSONAL SPIRITUAL EXPERIENCE

Yes No

7. Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38?
 When? _____ Where? _____ By whom? _____
8. Do you believe that speaking with other tongues as the Spirit gives utterance is the initial sign of the baptism of the Holy Ghost, Acts 2:4?
9. Have you received this experience?.....
 When? _____ Where? _____
10. Do you believe in preaching and teaching the same?.....

MINISTERIAL STATUS

Yes No

11. Have you read the Manual of the United Pentecostal Church International?.....
12. Have you met the educational requirements as set forth in the Manual of the UPCI?.....
13. Have you been involved on a consistent weekly basis in the evangelistic and ministerial efforts of your local church under the direction of your pastor for at least the past six months, and has this involvement primarily pursued actively preaching on a weekly basis? (It may also include teaching home Bible studies, participating in structured soul winning activities and discipleship classes, as well as other evangelistic venues of the local church.)?.....
14. What special preparation are you making for the ministry?

Yes No

15. Which church are you a member of at this time?

Name: _____

Place: _____ Pastor: _____

Please list all former pastors with the dates you were under their ministry.

16. Have you held license with the UPCI previously, but are not currently licensed?

If so, why did you discontinue fellowship? _____

17. Do you hold license or credentials with any other religious body?

If so, with whom? _____

Are you willing to discontinue your license or credentials with said body if accepted by the UPCI?

18. Have you ever held credentials or license with any other religious body?

If so, with whom? _____

When? _____

19. Have you ever been refused credentials or license by this or any other organization?

If so, explain in detail including what grounds.

20. Are you a member of any lodge or secret order?

21. Explain in detail your call of God to minister the gospel.

22. Explain the scope of your ministry prior to the date of this application as follows:

How long have you ministered? _____

Where have you ministered? _____

Types of ministry? _____

Explain the extent of your personal soulwinning. _____

How many home Bible studies have you conducted? _____

State the results of your home Bible study efforts. _____

23. If you are involved in secular employment, give the following information:

Type of work _____ Hours per week involved _____

Name of employer _____

Address of employer _____

DOCTRINAL AND OTHER CONVICTIONS

Yes No

24. Do you believe in and practice the paying of your tithes into the Lord's work?
25. Do you believe and teach that the church must observe Saturday as the Sabbath?.....
26. Do you believe in observing the Lord's supper and footwashing both literally and spiritually?
27. Do you believe that eternal salvation of men depends upon their repentance, water baptism in the name of Jesus Christ for the remission of sins, and the infilling of the Holy Ghost with the initial sign of speaking with other tongues as the Spirit gives utterance, faith in the Lord Jesus Christ, and obedience to the gospel during this present life and age?.....
28. Do you believe and teach that "once saved, always saved," or what is known as the "Doctrine of Unconditional Eternal Security"?.....
29. Do you believe in a literal millennium?
30. Do you believe in, and earnestly look forward to, the soon coming of the Lord Jesus for the catching away of the church?.....
31. Do you believe in the eternal punishment of the wicked?.....
32. Do you believe and teach that it is the duty of all saints to show respect toward and to be obedient to all lawful requirements of civil government that are not contrary to the Word of God (Romans 13:1-10; Matthew 17:24-27 and 22:17-21)?.....
33. Are you endeavoring to measure up to the scriptural qualifications as given in I Timothy 3:1-7?

Yes No

34. Do you have a television set in your home?.....
35. Do you use all media in accordance with Article VII, Section 7, paragraph 1(c) of the General Constitution of the UPCI?
36. Do you believe and teach the divine or heavenly flesh of Jesus Christ doctrine, (defined as that the flesh of Jesus Christ had no biological or genetic relationship to other human beings)? ...
37. Do you believe and teach the doctrine of preterism—that the coming of the Lord was fulfilled in the first century and that most, if not all, of the prophecies of the coming of the Lord addressed judgment upon the Jews, culminating in the destruction of Jerusalem in A.D. 70?

FINANCIAL AND LEGAL STATUS

Yes No

38. Have you ever taken bankruptcy? If yes, please explain.

39. Have you ever been convicted of or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, please explain.
(Attach a separate page, if necessary.)

40. Have you ever been convicted of or pleaded guilty to a crime other than traffic violations? If yes, please explain. (Attach a separate page, if necessary.)

41. Do you consent to an investigation of your financial stewardship if deemed necessary by the district board?.....
42. Are you living within your monthly income?.....
43. Are you current with your monthly obligations?.....
44. Are you willing and do you agree to cooperate with the district financial plan?

COMMITMENT

Yes No

45. Will you abide by the teaching of the organization and be under its jurisdiction?
46. Have you read the Articles of Faith and do you agree with them?.....
47. Have you read the ministerial obligations and rules and do you agree with them?
48. Will you recognize our pastors and ministers in the field of labor, showing due ministerial courtesy and avoid breaking the unity of the Spirit in assemblies?.....
49. Will you refrain from speaking evil, critical, and contentious words about anyone in our fellowship? Will you work in peace and harmony with all ministers and missionaries and will you cooperate with all efforts of the organization?
50. Even though you have the privilege of certain personal convictions, will you pledge yourself not to contend for your personal views to the disunity of the body?

CONFIDENTIALITY STATEMENT

The confidentiality of statements about ministers or ministerial applicants must be held in sacred trust by district superintendents and members of district boards. Violations of this trust could result in disciplinary action or civil liabilities. However, it is equally important that district superintendents communicate relevant information about ministers to other district officials and local church officials who have a need to know. Examples of such communication are ministers transferring to other districts and information concerning a minister who is a candidate to pastor a church. Failure to disclose information may result in legal responsibility. If a ministerial applicant is not approved for license, the district board may, upon his request, disclose to him the nature of the information it has obtained about him, but not the sources.

LIMITED DISCLOSURE AGREEMENT

I, _____, in consideration of my receiving ministerial credentials from the United Pentecostal Church International do hereby authorize the district superintendent or his designee in his sole discretion to release to any general official, district official, or local church official who has a need to know any information concerning my conduct and cooperation in the organization. Information may be released on the initiative of the district superintendent or in response to an inquiry. I also hereby release the above officials from any and all liability for damages of whatever kind or nature which may at any time result to me on account of their disclosure of information authorized by this agreement.

I expressly agree that this release is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further agree that this limited disclosure agreement shall remain in legal force and effect as long as I remain a member of the United Pentecostal Church International.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Date

Signature of Applicant

STATEMENT

The information contained in this application is correct to the best of my knowledge. I understand and agree that the district board may conduct a background check relative to the questions in this application to determine my character and fitness for the ministry. I agree not to seek damages from any person, church, or organization on account of compliance with this agreement and authorization.

I understand that any information provided to the district board will remain confidential, and I therefore waive any right that I may have to examine this confidential information. Moreover, if the district board deems it necessary, I authorize a credit check and/or criminal record check.

In consideration of the receipt and evaluation of this application, I agree to this background check as stated above by my signature on this application.

SIGNATURE OF APPLICANT _____ Date _____

Signature of Pastor or Other Ordained Minister

Affiliated with the United Pentecostal Church International

_____ Date _____

Use this space for further explanation of any questions on preceding pages.

NOTE: New and reinstatement applicants are required to submit the following with their application: two photos (one for the district files and one for the general files) of the applicant and spouse (if applicable), one-fourth of the annual membership dues, a \$25.00 application fee, and an insurance beneficiary form. The membership fee entitles a minister to a license, a fellowship card, a downloadable *Manual* and *Ministerial and Church Directory*, subscriptions to the *Pentecostal Life* and *Forward*, and a \$10,000 life insurance policy with double indemnity and dismemberment provisions. (Applicants for an upgrade in credential status do not need to submit one-quarter dues. However, the application fee, two photos, and an insurance beneficiary form are required.)

When this application is completed and all signatures obtained, make your money order or check payable to the UNITED PENTECOSTAL CHURCH INTERNATIONAL, and mail with the application, photos, and insurance beneficiary form to your district superintendent (or to the official designated in your particular district) for possible consideration by the district board.

DISTRICT BOARD

Place of meeting _____ Date _____

Number of board members present _____ Votes accepting _____ Votes against _____

District Superintendent _____

or

District Secretary _____



ARKANSASDISTRICT
UNITED PENTECOSTAL CHURCH INTERNATIONAL

Arkansas District United Pentecostal Church, Int., Inc.
Confidential Report for Ministerial Applicants

Applicant's Name _____

Pastor's Name _____

Presbyter's Name _____

How long has the applicant been a member of your church/Section? _____

Please rate the applicant as EXCELLENT, GOOD FAIR OR POOR in each area:

Faithfulness _____ **Cooperation** _____ **Obedience** _____

Stewardship _____ **Leadership** _____ **Soul Winning** _____

Prayer _____ **Attendance** _____ **Relationships** _____

Disposition _____ **Friendliness** _____ **Attitude** _____

Loyalty _____ **Bible Knowledge** _____ **Finances** _____

What Positions has the applicant held in the Church or Section?

What is the general behavior of applicant's companion and children?

If applicant is single, how is the attitude and conduct toward the opposite sex?

Is the applicant a soul winner? _____

Do you feel the applicant has a call to preach? _____

Have you reviewed the application to insure it is complete and that the applicant qualifies for credentials in the UPCI? _____

Do you recommend the District Board approve his request for license subsequent to evaluation and interview? _____

Is there any other information your feel the District Board should have available in considering this application? _____

If so, would you prefer to give it in person or in writing? _____

Pastor's Signature _____ **Date** _____

As the presbyter for the section, I have reviewed the application and determined it is complete. I have interviewed the applicant and recommend this application be included on the agenda for evaluation by the District Board.

Presbyter's Signature _____ **Date** _____



P.O. Box 14334
Lexington, KY 40512

Beneficiary Designation/ Change Form

PLEASE TYPE or PRINT CLEARLY. (The entire form, properly completed, signed and dated by the Insured, must be submitted or the changes cannot be processed.)

EMPLOYER/PLANHOLDER NAME: United Pentecostal Church International	GROUP NUMBER 551243
EMPLOYEE NAME (LAST, FIRST, M.)	SOCIAL SECURITY #
EMPLOYEE HOME ADDRESS (STREET, CITY, STATE, ZIP)	

Please indicate the coverage to which the beneficiary(ies) apply: ☒ Basic Life ☐ Voluntary Life ☐ Group Permanent Life ☐ AD&D ☐ Accident

I AUTHORIZE Guardian or my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee benefits plan.
(PLEASE COMPLETE THE APPROPRIATE SECTIONS ONLY.)

BENEFICIARY INFORMATION: (Complete to designate a beneficiary or change the beneficiary designation); Include full proper name, relationship and social security number of proposed beneficiary(s) - i.e. Mary A. Doe, and relationship - i.e. husband, wife, friend, son, daughter.

Primary: 1) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
2) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
3) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
4) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
Contingent: 1) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		
2) Name	Relationship	%	Social Security #	Date of Birth
Address	Phone#	Email		

If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Plan.

SIGNATURE OF INSURED	SIGNATURE OF WITNESS (SOMEONE OTHER THAN BENEFICIARY)	DATE
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Community Property State Consent for Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married and live in a community property state your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the insured Employee's spouse, I am aware that my spouse, the Employee named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such life insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____

ALL SIGNATURES MUST BE IN INK

CHANGE IN BENEFICIARY'S NAME (Complete only if the name has been legally changed.)

FROM (WAS)	TO (NOW IS)	SOCIAL SECURITY #	DATE
------------	-------------	-------------------	------

CHANGE IN INSURED'S NAME (Complete only if the name has been legally changed.)

FROM (WAS)	TO (NOW IS)	SOCIAL SECURITY #	DATE
------------	-------------	-------------------	------

SIGNATURE OF INSURED	DATE
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**ANY CHANGES IN DEPENDENT STATUS AND/OR NAME OF INSURED SHOULD BE REPORTED TO THE GROUP FIELD
SUPPORT DEPARTMENT ON THE APPROPRIATE FORM**

THIS SECTION TO BE COMPLETED BY GUARDIAN/or THE PLANHOLDER ONLY.

This is to certify that the following changes have been recorded in connection with the insurance for the above named insured.

☐ The BENEFICIARY has been changed ☐ The NAME of the BENEFICIARY has been changed ☐ New Employee

Recorded by _____ Date _____