



INTERDENOMINATIONAL MINISTERS ASSOCIATION

A ministry of EBC Ministries

4982 Cambridge Street, Greenacres, FL 33463

PHONE: 561-965-0363 FAX: 561-439-7149

www.ebcministries.org

Application for change of classification A \$25 fee must accompany all applications

PLEASE PRINT

1. Name: _____ Preferred Title: _____

2. Address: _____ City, State, Zip _____

3. Phone _____ Cell phone _____

4. DOB: ____/____/____ 5. S.S. # ____-____-____

6 EMAIL: _____ 7. Website: _____

8. What is your present ministry? (Please state your actual ministerial activities in detail, along with the name of the ministry and where it's located)

9. Current classification: (pastor, evangelist, minister, chaplain,) _____

10. Requested new classification: (Sr. Pastor, Evangelist, Board Certified Chaplain, or Board Certified Counselor)

COMPLETE THE FOLLOWING SECTION ONLY IF YOU ARE REQUESTING A CHANGE TO BOARD CERTIFICATION:

1. Are you a licensed or ordained minister with a recognized organization? _____
(*please attach a copy of license)

2. Do you have an earned Masters degree or higher (MRE, MBS, MDIV, THM, MBC or higher from a recognized Bible College or Seminary)? _____ (*please attach copy of degree)

3. Please attach three letters of professional reference, three character reference letters and three letters from clients you have counseled that are willing to share your effectiveness.

4. Have you completed the Pastoral Counseling I, II & III from EBCS? _____

5. Have you completed sufficient supervised counseling sessions or have been counseling for at least 2 years as an assistant or group leader or one on one? _____ (*please attach verification)

6. Are your IMA ministerial dues current? _____