



APPLICATION FOR ORDINATION

National Secretariat, P.O. Box KN 3217, Kaneshie- Accra, Ghana West Africa
Tel: +233 (0) 20 186 9756 , www.ncca.org, nationalclergy@gmail.com

NCCA DEPARTMENTS / CHAMBERS: Peace Chamber, Council Of Churches, Ordination And Licenciation Commission, Chamber Of Refuge, National Excellence Foundation (NEF), National Association Of Bible And Mission Schools (NABMS).
NCCA ECUMENICAL AFFILIATIONS: Global School Of Clergy (GSC), Christ Council Of Clergy And Churches (CCCC).



ORDINATION AND LICENCIATION CHAMBER (OLC)

It is time to step into the destiny God has for you. Upon Ministry equip obtained from GSC, NCCA affiliated to take the healing power of Jesus Christ to the four corners of the earth. The Word states we are to be imitators of God and to be about Kingdom business. If you are ready to say "yes" to the Call of God, consider Ordination. Application and instruction are included in this packet.

Benefits: As a legally ordained clergy member you can:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ● Legally perform wedding ceremonies- contact the Local County Clerk office where the wedding is being performed ● Share your personal religious beliefs with others ● May qualify for tax free status as a religious order ● Establish a church | <ul style="list-style-type: none"> ● Conduct religious ceremonies and rites as a legally ordained member of the clergy. ● As an ordained Pastor, Minister or Bishop; Clergy may minister in hospitals, jails, and prisons ● May receive preferred treatment and discounts |
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Checklist

- Ordination Application (signed and dated) with Vision Statement
- Ordination Fee GHS 150, which includes a non-refundable processing fee of GHS 50
- Group Ordination Resource pack and materials Fee of GHS 140
- Ministry Recommendation Form submitted by a credentialed minister who has known you three years or longer (No family Members)
- Ministry Recommendation Form submitted by a colleague or friend who has known you three years or longer (No family Members)
- Two Photos (Passport size; head & shoulders)
- Background check and approval by NCCA Ordination and Licenciation Commission
- Complete Pre-Ordination Review and submit by the deadline.

Please submit completed forms vi a E-mail, Attn: Ordination (nationalclergy@gmail.com), or to the Office of the National Chamber Of Clergy And Associates II +233 (0) 20 186 9756 II Kasoa- Accra II Ghana West Africa

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PERSONAL INFORMATION

Full Name	Title:	Last:	First:	Maiden Name:	M.I:
Street Address:		Apt/Unit #:	City:	State:	Zip: Country:
Home Phone:		Mobile Phone:	Fax:	E-mail:	
Website Address:			E-mail (other):		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth:	Marital Status:	Spouse Name:	

If currently engaged, please send written confirmation once married to update our records.

CHURCH AFFILIATION AND REFERENCE

Name of Church you Pastor/ Attend:		Length of time attended (years):			
Your Senior Pastor:	Church Phone:	Fax:	Website:		
Church Address:		City:	State:	Zip:	

PERSONAL MINISTRY / CHARACTER REFERENCES

(Please identify someone other than a family member whom you have known for more than a year.)

Name:		Phone:	Mobile:	Fax:
Address:		City:	State:	Zip:
Name:		Phone:	Mobile:	Fax:
Address:		City:	State:	Zip:
Name:		Phone:	Mobile:	Fax:
Address:		City:	State:	Zip:

YOUR SPIRITUAL JOURNEY

Date Saved:	Raised in a Christian Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Baptized By Immersion:
Briefly relate your conversion experience:		Understand that a minister of the Gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain</i>
Date Baptized with Holy Spirit with evidence of speaking in tongues:		

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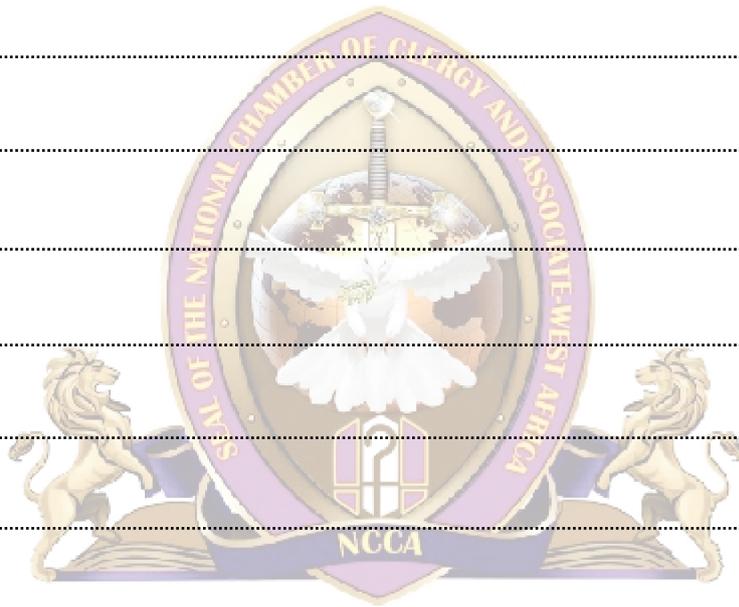
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YOUR VISION

In an effort to understand your vision concerning your ministry, please describe your vision in a one-page essay.



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EDUCATION, ACADEMIC / TRAINING INFORMATION

Highest Education completed (i.e. Secondary/ High School or Post-Secondary) _____

List any post-secondary institutions you have attended (i.e. trade school, Bible Sch, Training Sch, Workmanship, College):

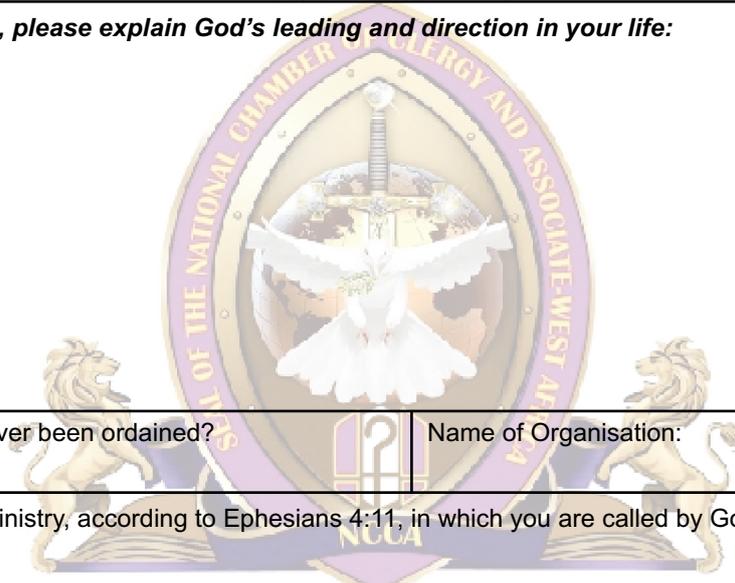
Institution	Dates Attended	Study	Qualification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required Documentation: Attach a *copy of your certifications* or equivalent proof to forms.

YOUR MINISTRY

Do you have a call of God on your life to enter the ministry (full-time/Part-time)? Yes No

If yes, please explain God's leading and direction in your life:



Are you presently or have you ever been ordained?
 Yes No

Name of Organisation: _____

Identify the area(s) of five-fold ministry, according to Ephesians 4:11, in which you are called by God.

Do you concur with the Statement Of Faith?
 Yes No

Do you have any weakness (morally)? Yes No
(if yes) what?

STATEMENT OF FAITH

I understand all items submitted to NCCA are part of the application process; and credible.

I grant permission to NCCA to verify the information provided on this application. I acknowledge and give approval for a criminal background check to completed during the application process. I hereby state that all the information contained on this application is correct and true. If NCCA finds that any of the information contained on this application is false, it will be grounds for immediate cancellation and revocation.

Signature _____

Date: _____

Be sure to review your application before sending. Applications will not be processed until all required documents are received.

OFFICIAL USE ONLY

Authorized By:	Signature:	Approval Stamp Here
Approved: Remarks:	Date	
M.I:	Not Approved:	Remarks:

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