

350 Fifth Avenue, 59th Floor, New York City, NY, 10118

Rev. Dr. Carlos Contreras-Duarte, Founding-President & General Rector

Phones 212-568-7468; 1-844-568-7468 & Cell 347-615-5976

# APPLICATION FOR CREDENTIALS

## TO ENSURE ACCURATE PROCESSING OF INFORMATION PLEASE PRINT LEGIBILY

TITLE ONLY:	
(Pastor, Bishop, Dr, etc. as you want listed on your certificate)	
FULL NAME:	
(First, Middle or Initial, Last)	
ADDRESS:	
(Give your mailing address)	
CITY, STATE & ZIP:	
<u>PHONE #:</u> CELL #	
(Land Based #) (Mobile #)	
E-MAIL ADDRESS:	
DATE OF BIRTH:	
(Month, Day, Year)	
NAME OF YOUR CHURCH:	
YOUR CHURCH ADDRESS:	
(Street, City, State, Zip)	
YOUR PASTOR"S NAME:	
I freely submit this application with true and accurate information requesting to become an affili	otad

I freely submit this application with true and accurate information requesting to become an affiliated member with *Universidad Teologica La Palabra*. I understand that my membership is for the purpose of working the Vision the God has given me as an individual to help alleviate poverty in communities around the world, and, to bring souls into the kingdom of God. I agree to live according to the Word of God in His written word, The Holy Bible, and also to be governed by the standards of *Universidad Teologica La Palabra* as reflected on my certificación.

(Print Your Name Full Here / Escriba Su Nombre Completo Aqui )

(YOUR SIGNATURE) (DATE)

SU FIRMA (FECHA)







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## **\*TO ENSURE ACCURATE PROCESSING OF INFORMATION PLEASE PRINT\***

LAST NAME	FIR	ST	Ν	MIDDLE	MA	IDEN
SOCIAL SECURITY NU	JMBER DI	RIVER'S LIC	CENSE NU	JMBER	STATE OF I	SSUANCE
STREET ADDRESS	APT. #	P.O. BO	X (	CITY	STATE	ZIP CODE
HOME PHONE		CELL PHON	IE		BUSINES	S PHONE
CHURCH NAME		ADDRE	SS	CITY	STATE	ZIP CODE
POSITION IN CHURCH	[		Ŋ	YOUR EMA	IL ADDRESS	
BIRTH DAY	Sin	gle Ma	rried	Separate	Divorce	_ Widow
NAME OF YOUR SPO	USE	SPOUSE BI	RTHDAY	МА	RRIED ANNIVE	RSARY

\*\*\*We will need clear legible copies of the following information to complete the processing of your application once you are approved.

- SOCIAL SECURITY CARD
- BIRTH CERTIFICATE/CITIZENSHIP DOCUMENTS
- MINISTRY LICENSE
- TWO PICTURE 2x2 FOR YOUR ORDAINED MINISTRY CERTIFY AND ID CARD

\*\*\*A copy of the following picture ID must accompany this application please.

- STATE ISSUED DRIVERS LICENSE
  - STATE ISSUED PICTURE ID CARD

#### Mail completed application with fee to: Universidad Teologica La Palabra

350 Fifth Avenue, 59th Floor, New York City, NY, 10118

## AUTHORIZATION:

I certify that the facts contained in this application/questionnaire are true and complete to the best of my knowledge and understanding. If approved, I understand that false information on this document shall be grounds for dismissal. I also authorize an investigation of all statements herein contained, including copy documents that are listed above. I authorize an investigation of information concerning my background pertaining to this program, both business and personal as needed. I understand that *Universidad Teologica La Palabra* will hold my information in confidence, and I therefore release them from any and all liability for the utilization of such information.

DATE: \_\_\_\_\_

#### MY SIGNATURE: \_\_\_\_\_

#### Property of Universidad Teologica La Palabra





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# **EDUCATION**

High School / Bible Institute	Addresss	Year	Graduation Date	Concentration or Grade
Secular University				
Seminar / College Theology				
Correspondence Schools				
Business / Vocational				
Online / Seminar or University				
	Ministry	/ and Sec	cular Job	
If you are Ministry, who or what I co	ommand you to M	inistry?	When From	n To what date
Name of the pastor from the church	that you are con	ning from.		
Did You pay tithes and offerings?	Yes			No.
Are you willing to title and offering t	o the Lord our Go	od in this Chu	rch?Yes	No.
Where you work and what is your p	rofession or trad	e? From		То
Name your boss or Supervisor.			Work phone.	
DATE:		Y SIGNATU		
P	roperty of Univ	ersidad Teo	logica La Palabra	



Great Testimony of God Seminary Theological Christian University Inc

**350 Fifth Avenue, 59<sup>th</sup> Floor, New York City, NY, 10118** Rev. Dr. Carlos Contreras-Duarte, Founding-President & General Rector

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Name three (3) personal references who are not family or your relative

Name of Person:

Address:

Relationship:

Phone:

How many years have you known this person?

Name of Person:

Address:

Relationship:

Phone:

How many years have you known this person?

Name of Person:

Address:

Relationship:

Phone:

How many years have you known this person?

DATE:

MY SIGNATURE: \_\_\_\_\_

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Greetings and thanks for your interest in joining us here at as we endeavor to help the body of Christ through God given Visions.

In order to complete this process, please complete the attached application for credentialing and membership, and submit with the appropriate fee. Fees are to help defray the cost of our corporate office, and to provide you with a certified membership with **Universidad Teologica La Palabra** Please allow at least 4-5 weeks to receive your certificate. Your credentials must be renewed annually. All information is confidential and will be on file at our corporate office

Fees are as follows:

Ordained Ministry Offices				
Apostle /Prophet-Apostol / Profeta	\$ 225.00			
Bishop / Obispo	\$ 200.00			
Pastor	\$ 200.00			
Elder/Anciano	\$ 150.00			
Evangelist	\$ 150.00			
Deacon / Diácono	\$ 125.00			
Missionary	\$ 125.00			
Church Project Leader or Project officer	\$ 200.00			

Minister	\$ 125.00
Evangelist	\$ 125.00
Missionary	\$ 100.00
Church Project Leader	\$ 200.00
Member (non-minister)	\$ 100.00
Church Member	\$ 25.00

\*\*\* Make all payments out to: Universidad Teologica La Palabra. Submit a copy to your State Representative and mail the original copy to above address. <u>Always keep a copy for your personal file.</u> \*\*\*

Yours in Christ,

Rev. Dr. Carlos Contreras-Duarte

MY SIGNATURE: \_

Mi Firma

DATE (Fecha)



