ECCLESIAN INSTITUTE OF THEOLOGY, LEADERSHIP AND PROFESSIONAL STUDIES

INTERNATIONAL APPLICATION FORM

FOR HONORARY AWARDS, PROFESSIONAL CERTIFICATIONS, MEMBERSHIP, AFFILIATION, ACCREDITATION, AND MINISTERIAL RECOGNITIONS
SECTION A: APPLICATION CATEGORY

Please tick (□) the appropriate category:

ACADEMIC HONOURS & APPOINTMENTS

□ Honorary Doctorate Degree
□ Honorary Professorship
□ Associate Professorship
□ Full Professorship

MINISTERIAL & CHRISTIAN LEADERSHIP RECOGNITIONS

□ Ambassadorship Award
□ Ordination Certificate
□ International Preachers' Licence

INSTITUTIONAL RECOGNITION

□ Affiliation
□ Accreditation

MEMBERSHIP

□ ECBC Membership

REFERENCE & ENDORSEMENT

□ Reference Letter
□ Recommendation Letter

PROFESSIONAL CERTIFICATIONS

☐ Certified Christian Educator (CCE)
☐ Certified Christian Marital Counselor (CCMC)
☐ Certified Church Administrator (CCA)
☐ Certified Christian Educator (CCE)
☐ Certified Christian Marital Counselor (CCMC)
☐ Certified Church Administrator (CCA)

☐ Certified Spiritual Christian Counselor (CSCC)
☐ Certified Biblical Christian Counselor (CBCC)
☐ Certified Christian Counselor (CCC)
☐ Certified Clinical Christian Counseling (CCCC)
☐ Certified Pastoral Christian Counselor (CPCC)
☐ Certified Marital Counselor (CMC)
☐ Certified Dispute and Conflict Counselor (CDCC)
☐ Licensed Pastoral Counselors (LPC)
☐ Licensed Temperament Counselors (LTC)
☐ Certified Christian Crisis & Grief Counselors (CCCGC)
☐ Licensed Addiction and Recovery Specialists (LARC)
☐ Licensed Lay Counselors (LLC)

SECTION B: PERSONAL INFORMATION
Full Name: _____
Title (Rev./Dr./Prof./Pastor/Bishop/etc.): _____
Date of Birth: _____
Gender: ☐ Male ☐ Female
Nationality: _____
State/Province: _____
Country of Residence: _____
Contact Address: _____
Phone Number: _____
WhatsApp Number: _____
Email Address: _____

SECTION C: PROFESSIONAL, MINISTERIAL & ACADEMIC BACKGROUND
Highest Educational Qualification: _____
Field of Study: _____
Current Occupation/Position: _____
Organization/Institution/Church: _____
Years of Professional Experience: _____
Years of Ministerial Experience (if applicable): _____
Current Ministerial Rank/Office: _____
Professional Memberships: _____

SECTION D: AREA OF SPECIALIZATION OR RECOGNITION
Please indicate your primary area(s) of contribution:
☐ Theology
☐ Christian Ministry
☐ Chaplaincy
☐ Education
☐ Leadership
☐ Church Administration
☐ Counseling
☐ Community Development
☐ Humanitarian Service

☐ Business & Entrepreneurship
☐ Public Service
☐ Health Care
☐ Arts & Culture
☐ Media & Communication
☐ Missions & Evangelism
☐ Youth Development
☐ Other (Specify): _____

SECTION E: ACHIEVEMENTS, CONTRIBUTIONS & EXPERIENCE

1. List your major achievements:
2. List Awards, Honors, and Recognitions Received:
3. Publications, Books, Articles, Sermons, or Research Works (if any):
4. Describe your contribution to your church, profession, community, or society:

SECTION F: SUPPORTING DOCUMENTS

Please attach copies of the following where applicable:

☐ Curriculum Vitae (CV)
☐ Passport Photograph
☐ National ID Card/International Passport
☐ Academic Certificates
☐ Ministerial Certificates
☐ Professional Certificates
☐ Ordination Certificate (if applicable)
☐ Recommendation Letter(s)
☐ Church Introduction Letter
☐ Evidence of Community Service
☐ Publications/Books
☐ Other Supporting Documents

SECTION G: PERSONAL STATEMENT

Please explain briefly why you are applying for the selected award, certification, membership, affiliation, accreditation, or recognition.

SECTION H: DECLARATION

I, _____, hereby declare that all information provided in this application form and supporting documents is true, accurate, and complete to the best of my knowledge.

I understand that any false information may result in disqualification, suspension, withdrawal, or revocation of any award, certification, membership, affiliation, accreditation, licence, appointment, or recognition granted.

Applicant's Signature: _____

Date: _____

SECTION I: SPONSOR/REFEREE INFORMATION (OPTIONAL)
Name: _____
Position/Title: _____
Organization/Church: _____
Phone Number: _____
Email Address: _____
Signature: _____

FOR OFFICIAL USE ONLY
Application Number: _____
Date Received: _____
Reviewed By: _____
Recommendation:
☐ Approved
☐ Conditionally Approved
☐ Deferred
☐ Not Approved

Award/Recognition Granted:
☐ Honorary Doctorate Degree
☐ Honorary Professorship
☐ Associate Professorship
☐ Full Professorship
☐ Ambassadorship Award
☐ Ordination Certificate
☐ International Preachers' Licence
☐ Affiliation
☐ Accreditation
☐ ECBC Membership
☐ Reference Letter
☐ Recommendation Letter

Remarks:
Authorized Officer: _____
Signature: _____
Date: _____