



**Office of Formation and Leadership Development
CERTIFICATION OF FORMER CREDENTIALS**

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Country:

Preferred Phone:

Type:

Email Address:

DENOMINATION INFORMATION

Name of Denomination:

Address:

City:

State:

Zip Code:

Country:

Name of Denominational Official:

Title:

Work Phone:

Email Address:

CERTIFICATION OF CREDENTIALS

Applicant was ordained on: (date)

Applicant was licensed on: (date)

Dates of Service From: To:

Date of Resignation (if applicable):

Additional Remarks (please feel free to attach additional pages if necessary):

I certify that the above is true, according to our records.

Signature of Denominational Official:

Date:

.....

Please print and return this form with original signatures to:
Rev. Dr. Kharma Amos
MCC Office of Formation and Leadership Development
3145 Readsborough Court
Fairfax, VA 22031
or electronically as a PDF (preferred) to OFLD@MCCChurch.net