

# Kansas Ministries

*Serving the Church of God in Kansas and Oklahoma Panhandle*

## INTER-ASSEMBLY BACKGROUND SCREENING VERIFICATION

Requesting State Office: Kansas Ministries of the Church of God  
Verifying State Office: \_\_\_\_\_  
Date Requested: \_\_\_\_\_

Kansas Ministries has recently received an *Inter-Assembly Transfer* for the following minister:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Credentials Status:  Ordained  Licensed  Commissioned  
Credentials Date: \_\_\_\_\_ Credentials State: \_\_\_\_\_  
Transfer Date: \_\_\_\_\_ Transferring State: \_\_\_\_\_

According to Kansas Ministries' Credentials Policy, a background check is required of any incoming minister in order to accept the inter-assembly transfer.

This requirement may be waived if the minister can provide documentation that legitimate background screening has been completed by a previous *Church of God* State office. The above-named minister has claimed that your State Office has conducted a valid screening for him/her. Please complete this form in order to verify that information.

- Yes, background screening was completed by our office.  
 No, background screening was not completed by our office.

Name of Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
Address of Provider: \_\_\_\_\_  
Phone # of Provider: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please select the types of screening completed and indicate whether negative results were found:

- |                                   |  |  |  |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> National | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Sex offender      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> SSN Verification  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> County   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Credit Check      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Local    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Psych. Evaluation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                   |  | <input type="checkbox"/> _____             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list the date and nature of any negative offenses.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Rev. Jerod Brown, Credentials Chairperson, 1300 Easter Ave, WaKeeney, KS 67672**

**Phone: 785-656-3834; Email: [jlcbrown@gmail.com](mailto:jlcbrown@gmail.com)**