

**FLORIDA DEPARTMENT OF EDUCATION  
COMMISSION FOR INDEPENDENT EDUCATION**



Mail Completed Application to:  
Florida Commission  
for Independent Education  
325 West Gaines Street, Suite 1414  
Tallahassee, FL 32399

**APPLICATION FOR RELIGIOUS INSTITUTION  
LETTER OF EXEMPTION**

SECTION 1005.06(1)(f), F.S./ RULE 6E-5.001, Fla. Admin. Code

Please print or type.

Name of Religious Institution

International Christian Vision  
Ministerial University Clergy Council  
Physical Address of Religious Institution

2630 W. Broward Blvd #203  
City: Ft. Lauderdale State: Fla. ZIP 33312

Telephone Number:

Fax Number:\*

Email:\* Website:\*

\* If available

754-422-1865  
1-800-471-9708  
ICVMUCC.com

Mailing Address of Institution or Representative (if different from address listed above):

Same

City:

State:

ZIP

Name and Title of Person Executing Sworn Affidavit (Affiant must be an Officer,  
Director or person holding similar office with the religious institution):

Name: \_\_\_\_\_

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

**Sworn Affidavit**

By signing below, the undersigned swears or affirms that the statements found in subparagraphs 1. through 5, are true and accurate:

1. The name of the institution includes a religious modifier or the name of a religious patriarch, saint, person, or symbol of the church.
2. The institution offers only educational programs that prepare students for religious vocations as ministers, professionals, or laypersons in the categories of ministry, counseling, theology, education, administration, music, fine arts, media communications, or social work.
3. Each degree title includes a religious modifier that immediately precedes, or is included within, any of the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts, Master of Science, Doctor of Philosophy, and Doctor of Education. The religious modifier is placed on the title line of the degree, on the transcript, and whenever the title of the degree appears in official school documents or publications.
4. The duration of all degree programs offered by the institution is consistent with the standards of the Commission for Independent Education as set forth in Rule 6E-2.004(4), F.A.C.
5. The institution's consumer practices are consistent with those required by s. 1005.04, F.S.

Signed: \_\_\_\_\_

**NOTARIZATION**

STATE OF FLORIDA

COUNTY OF St. Lucie

SWORN  TO OR AFFIRMED before me this 25 day of June, 2025.

Personally known \_\_\_\_\_ or Produced Identification FLDK  
List type of Identification Produced \_\_\_\_\_

Signature of Notary: Elina Koski

Print Name of Notary: ELINA KOSKI

