

INTERIOR DESIGN EXAMINING BOARD  
200 E. Grand, Suite 350  
Des Moines, IA 50309  
Phone: 515/725-9022 Fax: 515/725-9032

INSTRUCTION LETTER  
REINSTATEMENT OF REGISTRATION AS A REGISTERED INTERIOR DESIGNER

1.  **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**

Be sure all sections are complete and accurate. Include any supporting documentation as needed. Incomplete applications will be returned.

2.  **GATHER CONTINUING EDUCATION TAKEN**

If your certificate expired less than two years ago, you are required to submit evidence of completion of 6 contact hours (4 contact hours in public protection subjects) of continuing education for *each year or portion of a year of expired registration* in compliance with requirements in 193G—Chapter 3. These hours are **in addition to the 12 contact hours** (8 contact hours in public protection subjects) which should have been reported on the June 30 renewal date at which the registrant failed to renew. The continuing education hours used for reinstatement may not be used again at the next renewal. Be sure to include copies of course completion certificates for all continuing education reported.

IF your certificate expired more than two years ago, you are required to report 24 contact hours of continuing education, with 16 of the 24 hours in public protection subjects. Hours reported shall not have been earned more than 4 years prior to the date on this application. Be sure to include copies of course completion certificates for all continuing education reported.

3.  **INCLUDE PAYMENT WITH THIS APPLICATION**

Include the \$375.00 reinstatement fee for this request, which includes the \$275.00 registration fee plus a \$100 penalty fee.

4.  **ATTACH PROFESSIONAL STATEMENT**

You are required to attach a written statement outlining any professional activities during the period of non-registration.

**IMPORTANT NOTE**

All applicants are responsible for knowing Iowa licensing and administrative law pertaining to their profession. You may review Code of Iowa 544C and Iowa Administrative Rules 193G on the Board's website at [www.plb.iowa.gov](http://www.plb.iowa.gov)



STATE OF IOWA  
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**APPLICATION FOR REINSTATEMENT OF REGISTRATION -  
REGISTERED INTERIOR DESIGNER**

**SECTION 1 - ADMINISTRATIVE INFORMATION**

Name (Last, first, middle):		<input type="checkbox"/> Check Here if This is a Name Change, and Indicate Other Names Used:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Iowa Certificate Number:
Home Address (Physical address):		
City:	State, Zip:	
Business Name and Address (Street with Suite and PO Box Number, City, State, Zip):		
Business Phone:	Home Phone:	
Which address is your preferred mailing address? <input type="checkbox"/> Home <input type="checkbox"/> Business		

**SECTION 2 - FELONY/FRAUD/DISCIPLINE INFORMATION**

Provide a detailed, separate statement for any yes answer

1. Since your last registration or renewal, have you had a professional license, certificate or registration denied, suspended, revoked, conditioned, limited, restricted or otherwise disciplined? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Since your last registration or renewal, have you been subject to disciplinary action by any state board or similar licensing body, a government agency before which you practiced, or any professional organization of which you were a member? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Since your last registration or renewal, have you surrendered a professional license, certificate or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Since your last registration or renewal, have you been convicted of any criminal offense (include guilty pleas, deferred judgments, or a finding of guilt before a judge or jury, even if imposition of sentence was suspended) in any state or in federal court (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 3 - CONTINUING EDUCATION**

**SECTION A - STRUCTURED ACTIVITIES**

School, firm or Organization Conducting Course	Location of Course	Title of Course or Description of Content	Name of Instructor	Date(s) Attended	Number of Hours Claimed	Check if HSW Activity
<i>EXAMPLE: NCIDQ</i>	<i>On-line</i>	<i>Creating Sustainable Interiors</i>	<i>Penny Bonda</i>	<i>Feb 1-14, 2012</i>	<i>0.6</i>	<input checked="" type="checkbox"/>

**SECTION B - SELF-DIRECTED ACTIVITIES**

Activity Claimed	Date(s) Attended	Duration of Activity	Location of Activity	Summary of Experience & Learning Outcomes	Number of Hours

**SECTION 4 - APPLICATION AFFIDAVIT**

I state that I am the person referred to in this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for conviction of a crime and revocation of my credential or other disciplinary action. I also understand that any information provided on this application may be verified and validated by the Iowa Interior Design Examining Board. If I am issued a credential, failure to comply with the laws and rules of the Board will be cause for disciplinary action.

Signature of applicant (affiant) \_\_\_\_\_

**SECTION 5 - PAYMENT INFORMATION & SOCIAL SECURITY NUMBER VERIFICATION**

**PAYMENT INFORMATION**

*(This page will be destroyed after processing.)*

\_\_\_ Check made payable to: State of Iowa

Payment: \$ 375.00

\_\_\_ VISA , MASTERCARD or DISCOVER (Circle One)

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Expiration (Month/Year) \_\_\_\_/\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**REQUIRED FOR PROCESSING**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_

Email address: \_\_\_\_\_

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), and 272J.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Updated 10/6/15