

INTERIOR DESIGN EXAMINING BOARD  
200 E. Grand, Suite 350  
Des Moines, IA 50309  
Phone: (515) 725-9029 Fax: (515) 725-9032

INSTRUCTION LETTER  
FOR  
APPLICATION FOR CERTIFICATION AS A REGISTERED INTERIOR DESIGNER

1.  **GATHER OFFICIAL TRANSCRIPTS**

You must arrange for mailing of official transcripts from all colleges, universities or other schools indicated on this application.

2.  **ARRANGE FOR TRANSMITTAL OF YOUR NCIDQ EXAMINATION SCORES**

You are responsible for assuring that NCIDQ sends directly to the Board documentation verifying successful completion of the NCIDQ examination.

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

Be sure that all items are filled out and accurate. Include any supporting documentation as needed. The application must be notarized.

4.  **PAYMENT INFORMATION**

**Do not** include the registration fee **until** you have been notified by Board staff. We will not hold funds pending receipt of transcripts, NCIDQ verifications or a review of your application by Board staff. Upon completion of the review process you will be notified to submit the appropriate registration fee.

**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.state.ia.us/ideb](http://www.state.ia.us/ideb)

<b>FOR BOARD USE ONLY</b>
Certificate Number:
Date Received:
\$350 Application Fee: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card

STATE OF IOWA  
INTERIOR DESIGN EXAMINING BOARD  
200 E. Grand, Suite 350  
Des Moines, IA 50309  
Phone: 515-725-9029 Fax: 515-725-9032

**APPLICATION FOR CERTIFICATION AS A REGISTERED INTERIOR DESIGNER**

All information (except signature) must be printed in ink or typewritten.

SECTION 1 - ADMINISTRATIVE INFORMATION		
Name (Last, first, middle):		Other names used:
Preferred Name for Registration Documents:		
Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month, day, year):
<b>Privacy Act Notice:</b> Disclosure of your Social Security number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.		
Home Address (Street and PO Box Number, City, State, Zip):		
Home Email Address:		Home Telephone:
Business Name and Address (Street with Suite and PO Box Number, City, State, Zip):		
Business Telephone:	Business Fax:	Business Email Address:
Which address is your preferred mailing address? <input type="checkbox"/> Home <input type="checkbox"/> Business		
Categories for Registration: <input type="checkbox"/> Have passed the examination administered by the NCIDQ and have satisfied ONE of the following: <input type="checkbox"/> 4-year baccalaureate degree from an interior design program or a substantially equivalent program, and at least 2 years of acceptable full-time work experience in the performance of interior design services. <input type="checkbox"/> 3-year certificate, degree, or diploma from an interior design program, and at least 3 years of acceptable full-time work experience in the performance of interior design services. <input type="checkbox"/> 2-year certificate, degree, or diploma from an interior design program or substantially equivalent program, and at least 4 years of acceptable full-time work experience in the performance of interior design services. <input type="checkbox"/> Have passed section 1 (relating to life safety codes and barrier-free requirements) of the examination administered by the NCIDQ, have filed this application on or prior to June 30, 2007, am a resident of Iowa, and have completed a minimum of two years of interior design education and a combined total of six years interior design education and acceptable experience.		
SECTION 2 - FELONY/FRAUD/DISCIPLINE INFORMATION		
Provide a detailed, separate statement for any yes answer		
1. Have you ever 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. Have you ever withdrawn an application for a professional examination, licensure, certification, or registration in lieu of denial of the right to examine or denial of licensure, certification or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have you ever surrendered a professional license, certificate or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you ever 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		



<b>SECTION 7 – AFFIDAVIT &amp; NOTARIZATION</b>		

***This form of attestation must be completed by applicant before a notary public.***  
 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) \_\_\_\_\_  
 State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_: before me, a notary public in and for the State of \_\_\_\_\_ personally came \_\_\_\_\_, to me known to be the person herein described and subscribing hereto, and as having signed the foregoing form of application, and an oath deposes and says (or affirms) that all statements herein made are true.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

*NOTARIAL SEAL*

\_\_\_\_\_  
 Notary Public

My commission expires on \_\_\_\_\_.

<b>SECTION 8 – PROCESSING INFORMATION</b>
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This application is a public record under Iowa Code chapter 22. The application and the information supplied by the applicant in support of the application will be generally open to the public for examination. Some of the specific information in the application or supplied by the applicant, however, is confidential under state or federal law and will be shielded from public examination, including your social security number, college transcripts, and your report of criminal convictions or other prior misconduct. If you would like to request that the Board keep confidential your home address or other identifying information regarding your home location, please read the following excerpt from the Board rules:

193-13.17(2) *Home address.* License applicants and licensees are requested to provide both home and business addresses. Both are treated as open records. If a license applicant or licensee has a basis to shield a home address from public disclosure, such as a domestic abuse protective order, written notification should be provided to the board office. Absent a court order, the board may not have a basis under Iowa Code chapter 22 to shield the home address from public disclosure, but the board may refrain from placing the home address on its Website and may notify the applicant or licensee before the home address is released to the public to provide an opportunity for the applicant or licensee to seek injunction.

NCIDQ CERTIFICATE VERIFICATION FORM

TO BE COMPLETED BY REGISTRANT AND MAILED TO:

Executive Vice President  
National Council for Interior Design Qualification  
1200 18<sup>th</sup> Street NW, Suite 1001  
Washington, DC 20036  
(Phone: 202-721-0220) (Fax: 202-721-0221)

**NOTE: THE FEE FOR EACH REQUEST IS \$20.00** Your check or money order made payable to NCIDQ must accompany this form. (The fee for this service will be waived for those individuals who have kept their certificate current through the NCIDQ certificate renewal program.)

NCIDQ is requested by the undersigned to furnish to the **Iowa Interior Design Examining Board, 200 E. Grand, Suite 350, Des Moines, IA 50309**, verification that this individual has successfully passed the standard NCIDQ examination. Authorization to provide this information may be given only by the undersigned NCIDQ certificate holder. No proxies are permitted.

**PRINT OR TYPE**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

The NCIDQ certificate verification process requires that you also provide the following information, if known, for the purpose of confirmation:

NCIDQ Certificate Number: \_\_\_\_\_ Date Of Issue: \_\_\_\_\_

I, the undersigned, attest that I am the NCIDQ certificate holder and request that verification of the same be provided to the Iowa Interior Design Examining Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_