

REGISTERED INTERIOR DESIGN APPLICATION

INTERIOR DESIGN EXAMINING BOARD
200 E. Grand, Suite 350, Des Moines, IA 50309
Phone: (515) 725-9022 Email: InteriorDesignBoard@iowa.gov

Out of state applicants who have never registered in the profession of Interior Design should also use this form. 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 at <https://plb.iowa.gov/>.

1. **ATTACH OFFICIAL TRANSCRIPTS**
2. **NCIDQ EXAMINATION SCORES:** Attach NCIDQ score & verification of passing the exam.
3. **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**
4. **PAYMENT INFORMATION:** Registrants with last names beginning with A through K expire on June 30 of even numbered years. Registrants with last names beginning with L through Z shall expire on June 30 of odd numbered years. Registration fees and continuing education requirements shall be applied pro rata to those registrants whose certificates expire in less than two years. All checks should be made payable to "State of Iowa". Registration fee is \$275.00. This fee divided by 24 months is \$11.46 per month. Take the monthly rate times the number of months until you are due to renew. Include the current month and the month of June as you calculate.

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| SECTION 1 - ADMINISTRATIVE INFORMATION | | | | |
|---|----------------|--|----------------|-------------------------------------|
| Name (Last, first, middle): | | Other names used (e.g. Maiden Name): | | |
| Preferred Name for Registration Documents: | | Preferred mailing address? <input type="checkbox"/> Home <input type="checkbox"/> Business | | |
| Home Address (Street and PO Box Number, City, State, Zip): | | | | |
| Home Telephone: | | Business Telephone: | | |
| Business Name and Address (Street with Suite and PO Box Number, City, State, Zip): | | | | |
| <p>I have passed the examination administered by the NCIDQ and have satisfied ONE of the following:</p> <p><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.</p> <p><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.</p> <p><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.</p> | | | | |
| SECTION 2 – BACKGROUND INFORMATION | | | | |
| If you answer “Yes” to any of these questions, attach a complete explanation. | | | | |
| 1. Have you ever had a professional license or authority to practice of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state, or a federal agency? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| 2. Have you had an initial or renewal application for any professional license denied or refused? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| 3. Have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| 4. Have you ever been convicted of a felony in any state, federal, or foreign jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| 5. Have you been convicted of any other criminal offense in any state, federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| SECTION 3 – EDUCATION | | | | |
| All official transcript(s) must be enclosed with this application. | | | | |
| Name and Address of Institution | Years Attended | Course of Study | Year Graduated | Certificate/Degree/Diploma Received |
| | From To | | | |
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SECTION 4 – NCIDQ EXAMINATION

NCIDQ Certificate Number _____ Initial NCIDQ Certification Date _____

SECTION 5 - PRACTICAL AND PROFESSIONAL EXPERIENCE

The Board may ask for verification from references or additional documentation to validate experience. “Interior Design” means the design of interior spaces including the preparation of documents relating to space planning, finish materials, furnishings, fixtures, and equipment, and the preparation of documents relating to interior construction that does not affect the mechanical or structural systems of a building. “Interior Design” does not include services that constitute the practice of architecture or the practice of professional engineering.

| Name of Employer, Address and name of supervisor who supervised your work. | Dates of Employment (MM/YY) | Description of Duties Pertaining to Interior Design |
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I HEREBY CERTIFY that I have not violated the provisions of the license laws of any state other than violations revealed in this application. I **FURTHER CERTIFY** that I have reviewed and am familiar with and will be bound by the Iowa license law and rules of the Board, and that I personally completed this application and that the answers are true and correct to the best of my knowledge and belief.

Applicant’s Signature _____ Date: _____

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******NOTICE******

***** PRINT THIS PAGE SEPARATELY*****

****THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD****

CONFIDENTIAL INFORMATION

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 §§ 252J.8(1) and 261.126(1), and Iowa Code § 272D.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.

Social Security number _____ - _____ - _____ Birth Date mm/dd/yyyy: _____/_____/_____

EMAIL: _____

METHOD OF PAYMENT

Choose Payment Option 1 or 2:

PAYMENT OPTION 1 -

Payment Enclosed, Check or Money Order made payable to "State of Iowa"

PAYMENT OPTION 2 -

Please bill my credit card \$ _____

*** The charge will appear on your statement as Professional Licensing Bureau**

Discover Number _____ - _____ - _____ - _____

MasterCard Number _____ - _____ - _____ - _____

Visa Number _____ - _____ - _____ - _____

Expiration Month and Year: _____ / _____

X _____ X _____
Name of Cardholder (please print) Signature