

STATE OF IOWA
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 REGISTERED INTERIOR DESIGNER
BY RECIPROCAL TRANSFER**

1. **OBTAIN LETTER(S) OF GOOD STANDING**

Obtain a letter of good standing from all state licensing boards in which you hold an active certification or license. The letter must come from the state board and bear their seal, and be in a sealed envelope addressed to the State of Iowa, Interior Design Examining Board. If your state doesn't have an existing letter, please have them complete the form provided with this application.

2. **GATHER OFFICIAL TRANSCRIPTS**

You must supply official transcripts from all colleges, universities or other schools indicated on this application.

3. **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.

4. **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.

5. **INCLUDE PAYMENT WITH THIS APPLICATION**

Include the appropriate fee for this request. Certificates issued to registrants with last names beginning with A through K shall expire on June 30 of even numbered years and certificates issued to 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".

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

FOR BOARD USE ONLY	
Certificate Number:	
Date Received:	
Application Fee: \$350.00	
<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: 515-281-9029 Fax: 515-281-9032

**APPLICATION FOR REGISTRATION AS AN INTERIOR DESIGNER
 BY RECIPROCAL TRANSFER**

SECTION 1 - ADMINISTRATIVE INFORMATION		
Name (Last, first, middle):		Other names used:
Preferred Name for Registration Documents:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (Month, day, year):		
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		
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		

SECTION 3 – EDUCATION

All statements made must be substantiated by having the educational institution submit an official transcript directly to the board. **DO NOT** send transcripts yourself.

Name and Address of Institution	Years Attended		Course of Study	Year Graduated (MO/DA/YEAR)	Certificate/Degree/Diploma Received
	From	To			

SECTION 4 – REGISTRATION HISTORY

List all jurisdictions in which you are now or ever have been licensed, certified, or registered as an interior designer.

Jurisdiction	Profession Name	Registration Number	Date of Issue (MO/DA/YEAR)	License Status (Active, Inactive, Lapsed, etc.)

SECTION 5 – EXAMINATION

You are responsible for assuring that NCIDQ sends directly to the Board documentation verifying successful completion of the NCIDQ examination (section 1, or in its entirety).

NCIDQ Certificate Number _____ Initial Certification Date _____

SECTION 6 - PRACTICAL AND PROFESSIONAL EXPERIENCE

The Board reserves the right to ask for references or additional documentation when necessary to validate experience.

Name of Employer, Address and name of supervisor who supervised your work.	Dates of Employment (Mo/Day/Year)	Description of Duties Pertaining to Interior Design

SECTION 7 - AFFIDAVIT & NOTARIZATION

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 _____.

SECTION 5 – PROCESSING INFORMATION

Social Security Number: _____ (Required)

Privacy Act Notice: 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.

METHOD OF PAYMENT:

Check or money order payable to “State of Iowa”

Please charge \$_____ to my:

Discover MasterCard Visa (These are the only credit cards accepted)

Credit card number: _____ - _____ - _____ - _____ Expiration date _____ / _____
Month Year

Name of cardholder (please print) _____ Signature _____

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:

NCIDQ CERTIFICATE VERIFICATION FORM

TO BE COMPLETED BY REGISTRANT AND MAILED TO:

Executive Vice President
National Council for Interior Design Qualification
1200 18th 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: _____



CERTIFICATE OF GOOD STANDING

Iowa Interior Design Examining Board
1920 SE Hulsizer Road
Ankeny, Iowa 50021
Phone 515.281.5910 or 515.281.7356
www.state.ia.us/ideb

Please mail this form to your current jurisdiction for verification of your current registration. This form should be forwarded **directly from your state board** to the Iowa Interior Design Examining Board, 1920 SE Hulsizer Road, Ankeny, IA 50021.

TO (Name of State Board):

DATE:

Please furnish a certificate of good standing in your jurisdiction for the following applicant for Iowa interior design registration:

NAME OF APPLICANT APPLYING BY RECIPROCITY:

ADDRESS:

Name of registrant as it appears in your jurisdiction:	
Registration or license number in your jurisdiction:	Date registration or license was originally granted:
Basis of Registration: <input type="checkbox"/> Examination <input type="checkbox"/> Transfer of examination credit from another jurisdiction <input type="checkbox"/> Reciprocity with _____ (name of jurisdiction) <input type="checkbox"/> Other (attach explanation)	
Reported grades were accepted without modification. <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach explanation)	
Registration or license is active and in good standing. <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach explanation)	
Date the current registration or license expires:	
Are there derogatory comments on file with the above-named individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach explanation)	

Certified by:

Name _____ Title _____

Signature _____ Date _____

BOARD SEAL