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

INSTRUCTION LETTER
REINSTATEMENT OF REGISTRATION AS A REGISTERED INTERIOR DESIGNER

1. ☐ **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**
Be sure that Sections 1 thru 5 are filled out and accurate. Include any supporting documentation as needed. Incomplete applications will be returned.

2. ☐ **GATHER CONTINUING EDUCATION TAKEN**
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 $450 reinstatement fee for this request, which includes the $350 registration fee plus a $100 penalty fee.

4. ☐ **ATTACH PROFESSIONAL STATEMENT**
You are required to attach a written statement outlining your professional activities during the period of non-registration for the Board's consideration.

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

STATE OF IOWA
INTERIOR DESIGN EXAMINING BOARD
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APPLICATION FOR REINSTATEMENT OF REGISTRATION – REGISTERED INTERIOR DESIGNER

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

SECTION 1 - ADMINISTRATIVE INFORMATION

Name (Last, first, middle):		☐ Check Here if This is a Name Change, and Indicate Other Names Used:
Sex: ☐ Male ☐ 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? ☐ Home ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
3. Since your last registration or renewal, have you surrendered a professional license, certificate or registration? ☐ Yes ☐ 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)? ☐ Yes ☐ 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
EXAMPLE: NCIDQ	*On-line*	*Creating Sustainable Interiors*	*Penny Bonda*	*Feb 1-14, 2012*	*0.6*	✓

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: $ 450.00**

___ **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**:_____
(E-mail addresses are no longer public information as of July 1, 2013.)

Required – will be used to send future courtesy renewal notices

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 9-25-2013