

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 ARCHITECTURAL ENDORSEMENT

In order to use the title “Registered Interior Designer”, registration is required.

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 as an architect. The letter must come from the state board and bear their seal, and arrive in a sealed envelope addressed to the State of Iowa, Interior Design Examining Board.

2. **COMPLETE EMPLOYER VERIFICATION AND REFERENCE FORM**

The form included with this application must be completed by each employer you list on the application.

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. **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:
\$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
 BY ARCHITECTURAL ENDORSEMENT**
 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:		
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		
Iowa Architect License Number:	Date Issued:	Currently registered and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 5 – PAYMENT & 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:



BUSINESS/EMPLOYMENT VERIFICATION FORM

Iowa Interior Design Examining Board
 200 E. Grand, Suite 350
 Des Moines, IA 50309
 Phone 515.281.9029 or 515.725-9032

TO BE COMPLETED BY THE APPLICANT	
Applicant's Name:	
Business Name and Address:	
Name and Position of Person/Employer Completing this Form:	
Period of Employment (Month and Year) FROM TO	
TO BE COMPLETED BY THE EMPLOYER or CLIENT	
Board is requesting 3 submissions (either client or employer) for each applicant If employer verification meets or exceeds 3,250 hours then no client verification is required.	
Please refer to the following definition when evaluating the applicant's experience. Board reserves the right to ask for references or additional documentation when necessary to validate interior design 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 the 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 professional engineering.	
Please indicate if services or employment experience included the following areas:	
Yes No	Interior space planning
Yes No	Specification of interior finish materials
Yes No	Specifications of interior furnishings, fixtures and equipment
Yes No	Preparation of documents relating specifically to interior construction that does not affect the mechanical or structural systems of a building
Would you recommend this applicant for registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered negatively or wish to comment on any of the above questions, please use this space to explain. Use additional sheets if necessary.	
UNDER PENALTIES OF PERJURY, I DECLARE THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
Signature of Reference	Date Signed
Printed Name of Reference	Title

PLEASE SEAL THIS FORM IN AN ENVELOPE AND SIGN OVER THE FLAP.

RETURN THE SEALED ENVELOPE TO THE INDIVIDUAL FOR INCLUSION IN THE APPLICATION.