



2015 APPLICATION FOR REGISTRATION RENEWAL AS A REGISTERED INTERIOR DESIGNER
Submit renewal form via postal mail.

SECTION 1 – ADMINISTRATIVE INFORMATION

Name (Last, first, middle):	Check Here if This is a Name Change, and Indicate Other Names Used:
Iowa Certificate Number:	Phone number:
Home Address (Street and PO Box Number, City, State, Zip):	
Business Name and Address (Street with Suite and PO Box Number, City, State, Zip):	
Which address is your preferred mailing address? Home Business	

SECTION 2 – FELONY/DISCIPLINE INFORMATION
 Provide a detailed, separate statement for any yes answer

If you answer “yes” to any of these questions, attach a narrative of the details and submit copies of the orders or other records and the current status of the matter.

Since your last renewal have you:

- a. been convicted of a felony in any state, federal, or foreign jurisdiction?
 ___ yes ___ no
- b. had an initial or renewal application for a professional license of any type denied or refused?
 ___ yes ___ no
- c. had a professional license revoked, suspended, cancelled, or otherwise disciplined by a licensing board or other authority in any state?
 ___ yes ___ no
- d. surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?
 ___ yes ___ no

ATTESTATION

I attest that I am the person referred within this application and that all the answers set forth are strictly true in each respect. I understand that false or intentionally incorrect statements made in connection with this application may be grounds for a disciplinary action or revocation of my credential. I also understand that any information provided on this application may be verified and validated by the Iowa Interior Design Examining Board. .

Signature

Date Signed

SECTION 3 – CONTINUING EDUCATION

ATTACH COURSE CERTIFICATES OR PROOF OF ATTENDANCE; RECEIPTS ARE NOT PROOF OF ATTENDANCE

SECTION A – STRUCTURED ACTIVITIES

School, firm or Organization Conducting Course	Classroom or Distance Education	Title of Course or Description of Content	Name of Instructor	Date(s) Attended	Number of Hours Claimed	Check if HSW Activity

SECTION B – SELF-DIRECTED ACTIVITIES

Activity Claimed	Date(s) Attended	Duration of Activity	Location of Activity	Summary of Experience & Learning Outcomes	Number of Hours

Submit this page only if applicable.

SECTION 4 - OUT OF STATE ATTESTATION

Complete **ONLY** if you **are** a resident of a state **other than Iowa**, and were issued a registration by **reciprocity** based upon your active license in that state.

A person licensed to practice a profession in this state shall be deemed to have complied with the continuing education requirement of this state during the periods that the person is a resident of another state or district which has a mandatory continuing education requirement for the profession and meets all requirements of that state or district for practice therein. I, _____, hereby certify that I hold a current license to practice interior design in my state of residence, which is _____. My residence state has a mandatory continuing education requirement and I maintain the required number of hours to sustain a license in the above-mentioned state.

Signature

Date Signed

SECTION 5 – PAYMENT INFORMATION

(This page will be destroyed after processing.)

Renewal Fee: \$275.00

___ Check Payment Amount \$ _____

____ VISA

____ MASTERCARD

____ DISCOVER

Card Number _____ - _____ - _____ - _____

Name of Cardholder _____ Expiration (Month/Year) ____/____

Signature of Cardholder _____ Phone Number (____) _____ - _____ ext. _____

REQUIRED FOR PROCESSING

Social Security Number of Licensee: _____

Date of Birth (Month, day, year): _____

Email Address: _____

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), 272J.8(1) and 193 IAC 4.4. 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 6-15