

2016 APPLICATION FOR REGISTRATION RENEWAL AS A REGISTERED INTERIOR DESIGNER
Submit renewal form via postal mail.

NAME AND MAILING ADDRESS

Name: _____

Iowa Certificate Number: _____ Preferred Address for Correspondence: Business Residence

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

FELONY/DISCIPLINE INFORMATION (attach documentation of questions answered as “yes”):

Since your last renewal :

- Yes No 1. Have you been convicted of a felony in any state, federal, or foreign jurisdiction?
- Yes No 2. Are there any felony criminal charges now pending against you?
- Yes No 3. Have you had an initial or renewal application for a professional license of any type denied or refused?
- Yes No 4. Have you had a professional license revoked, suspended, cancelled, or otherwise disciplined by a licensing board or other authority in any state?
- Yes No 5. Have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?
- Yes No 6. Are there any architectural or other professional license investigations/disciplinary actions currently pending against you in any state, including Iowa?

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

CONTINUING EDUCATION REPORTING FORM

Continuing Education Requirements

- Registered interior designers must demonstrate compliance with 193G – Chapter 3, continuing education as a condition of biennial renewal. Complete rules can be found at www.plb.iowa.gov.
- Registered for less than 12 months: No continuing education required.
- Registered more than 12 months but less than 24 months: At least 6 hours, with at least 4 hours in health, safety, and welfare (HSW) subjects in a structured activity.
- Registered for 24 months or more: At least 12 hours of continuing education is required, with at least 8 hours in health, safety, and welfare (HSW) subjects in a structured activity.
- A maximum of 4 hours may be in self-directed activities.
- **All classes must be completed between July 1, 2014 and June 30, 2016** (or the date of renewal, whichever is sooner.)

Complete form below. Attach course certificates or proof of attendance for each course listed; receipts are not proof of attendance.

Structured Activities				
Date	Title/Description	Instructor	Sponsoring Organization/Location	Hours/HSW
Self-Directed Activities				
Date	Title/Description	Instructor	Sponsoring Organization/Location	Hours/HSW
Total HSW Hours				
Total Practice Related Hours				
Total All Hours				

Non-residents who were issued a registration by reciprocity based upon your active license in another state and have a mandatory continuing education requirement may complete and sign the following affidavit in lieu of completing or attaching a continuing education report:

OUT OF STATE AFFIDAVIT

A person registered 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 that has a mandatory continuing education requirement for the profession and the individual meets all requirements of that state or district for practice therein.

I, _____, hereby certify that I hold a current registration to practice interior design in my state of residence, which is _____. My resident 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

IDENTIFICATION AND PAYMENT INFORMATION
REQUIRED FOR PROCESSING | THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD

Renewal Fee: \$275.00

Check Payment Amount \$ _____

VISA, MASTERCARD or DISCOVER (Circle One)

Card Number _____ - _____ - _____ - _____ Expiration (Month/Year) ____/____

Name of Cardholder _____

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

Personal E-mail Address: _____

Business E-mail Address: _____

Date of Birth ____/____/____

Social Security Number of Licensee: _____ - _____ - _____

***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 bylaw including Iowa Code § 421.18.*