

Interior Design Examining Board
200 E. Grand, Suite 350, Des Moines, IA 50309
(515) 725-9022 | InteriorDesignBoard@iowa.gov
www.plb.iowa.gov

Registered Interior Design Application & Instructions

Please read all of the following instructions before completing the application. If you have questions concerning the application or these instructions please call (515) 725-9022.

Out of state applicants who have never registered in the profession of Interior Design should also use this form.

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 at <https://plb.iowa.gov/>.

Your application is a public record subject to public examination under Iowa Code chapter 22. Parts of the application are confidential by law, including your social security number, college transcripts, and examination scores. For more information, you may contact the Board office or consult the Bureau's fair information practices rules at 193 Iowa Administrative Code chapter 13. Make copies for your records before submitted to the Board.

1. **ATTACH OFFICIAL TRANSCRIPTS:** You must have an **official transcript** from each college listed on your application. If you received a degree, your transcript must indicate degree awarded.
2. **NCIDQ EXAMINATION SCORES:** Attach NCIDQ score & verification of passing the exam.
3. **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**
4. **PAYMENT INFORMATION:**
Registrants with last names beginning with A through K expire on June 30 of even numbered years. 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. Registration fee is \$275.00 if you are 12 months or more from the renewal date. If you are will renew in less than 12 months, the fee is \$137.50. Include the current month and the month of June as you calculate.

All checks should be made payable to "State of Iowa".

I have passed the examination administered by the NCIDQ and have satisfied ONE of the following:

- 4-year baccalaureate degree from an interior design program or a substantially equivalent program, and at least 2 years of acceptable full-time work experience in the performance of interior design services.
- 3-year certificate, degree, or diploma from an interior design program, and at least 3 years of acceptable full-time work experience in the performance of interior design services.
- 2-year certificate, degree, or diploma from an interior design program or substantially equivalent program, and at least 4 years of acceptable full-time work experience in the performance of interior design services.

Education

Official transcript(s) may be enclosed with this application or may be sent directly from institution.

List in chronological order the name and location of each college, university, or technical school attended.

Provide dates of attendance and graduation (if any) or program taken and degree received (if any).

Name(s) other than the one(s) shown above (i.e. birth name): _____

Name and Address of Institution	Years From - To	Graduation Year	Course of Study	Certificate/ Degree/ Diploma Received

Practical and Professional Experience

The Board may ask for verification from references or additional documentation to validate 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 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 the practice of professional engineering.

Date from mm/yy	Date to mm/yy	Assignment of Engagement Complete all information for each assignment or engagement. Description of work must accurately, briefly, and concisely describe the character of the work, the degree of responsibility, and the location of work.
		A. Position title B. Name and address of employer C. Name and title of supervision/person to who you reported D. Description of work
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Regulatory and Criminal History

Have you ever been registered in any other jurisdiction prior to Iowa? Yes No

If yes, please list the jurisdiction, original date of registration and date of expiration:

If the registration has expired, why you are no longer registered: _____

Have you ever:

- 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 of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state or a federal agency?
 Yes No
- d. Surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction?
 Yes No

If you answered "yes" to any of the above questions please attach a narrative description of the details and submit copies of the orders or other records that document the event and the current status of the matter.

Affidavit

The applicant agrees as follows:

I have not violated the provisions of the license laws of any state other than violations revealed in this application.

I have reviewed and am familiar with and will be bound by the Iowa license law and rules of the Board.

I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

I hereby affirm/attest that all information provided on this entire application is true and correct to the best of my knowledge and belief.

Signed: _____ Date: _____

*** PRINT THIS PAGE SEPARATELY***

THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD

Required for Processing

Email 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 by law including Iowa Code § 421.18.

Updated 1-22-2014

Payment Information

(This page will be destroyed after processing.)

___ Check

___ Credit Card: VISA MASTERCARD DISCOVER

Fee due: \$ _____

Card Number _____ - _____ - _____ - _____

Expiration (Month/Year) ____/____

Name of Cardholder _____

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