



Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will aid you in accurately completing your application and eliminate any delay in processing. **All Illinois Registered Interior Designer registrations expire on August 31st of odd-numbered years, regardless of issuance date.**

Important Information:

- ◆ An application is active for three years from the date of receipt by the Department.
- ◆ Fees must be a check or money order in U.S. currency made payable to *IDFPR*. **FEES ARE NON-REFUNDABLE.**
- ◆ Before contacting the Department; please review our FAQ's (<http://www.idfpr.illinois.gov/About/FAQ.asp>) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at **800.560.6420** for assistance.
- ◆ We recommend that you review the Registered Interior Designers Act and Administrative Rules here: <https://www.idfpr.illinois.gov/profs/IntDesign.asp>

REGISTRATION QUALIFICATIONS

Education & Experience:

1. Graduate of a 5 year accredited interior design program with at least 2 years of full time interior design experience.
2. Graduate of a 4 year accredited interior design program with at least 2 years of full time interior design experience.
3. Graduate of a 3 year accredited interior design program with at least 3 years of full time interior design experience.
4. Graduate of a 2 year accredited interior design program with at least 4 years of full time interior design experience.
5. Illinois Architect with an active license.

Foreign Educated applicants:

- ◆ All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Examination:

- ◆ Illinois utilizes the National Council for Interior Design Qualification (NCIDQ) examination for registration.
- ◆ All examinations must be taken through NCIDQ.

SUPPORTING DOCUMENTS

A. VE-IND.

This is not required if you are applying as an Illinois Architect.

This document must be completed to provide documentation of your employment/experience and must be completed by the supervising interior designer, architect, appropriate supervisor or sponsor and returned directly to you **OR** emailed directly from the supervisor to the department at FPR.DesignUnit@illinois.gov

APPLICATION INSTRUCTIONS

IMPORTANT:

This four (4) page application is used by over 100 professions by the Department. Read and follow the below steps carefully as they will explain exactly how to complete for this application. Wait at least four (4) weeks from the date you submit your application to contact the Department for a status update.

The numbers below will correspond with the specific parts of the four (4) page application.

1. APPLICATION CATEGORY INFORMATION AND FEES.

Use the chart below to complete **PART 1** of the application based upon what you are applying for.

Use the rows to locate the method of licensure you are applying for.

If you are an Illinois Architect applying for registration, you will use **Non-Examination**.

If you are applying for your first registration, you will use **Acceptance of Examination**.

If you are registered as an Interior Designer in another U.S. jurisdiction your method is **Endorsement**.

There is only one fee required.

Profession Name:	Profession Code	Registration Method	Fee
Registered Interior Designer	161	Non-Examination	\$40
Registered Interior Designer	161	Acceptance of Examination	\$100
Registered Interior Designer	161	Endorsement	\$100

2. APPLICANT IDENTIFICATION INFORMATION.

All applicants must complete this section. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME CHANGE**; I.e. (copy of marriage license, divorce decree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.**

If you do not have a US Social Security Number, contact the Department for the appropriate affidavit form.

3. EDUCATION INFORMATION.

All applicants must complete this section. All applicants must submit an official transcript from each college listed on the application. Refer to page one for the educational requirements and additional requirements for foreign graduates.

4. RECORD OF REGISTRATION INFORMATION.

All applicants must complete this section. Please list the registration(s) you hold. If you have never been registered as an Interior Designer or Illinois Architect, simply write **N/A** in the *State of Original Licensure field*.

5. RECORD OF EXAMINATION.

All applicants must complete this section. Please list **NCIDQ** for the name of the exam, the state in which the exam was passed, month/year of the last portion passed and list passed. Do not list each portion individually or list portions that were failed.

6. PERSONAL HISTORY INFORMATION.

All applicants must complete this section. If you answer **YES** to any question, you must submit the required documentation set forth by that question and include a personal statement.

7. CHILD SUPPORT AND TAX INFORMATION.

All applicants must complete this section by law.

8. CERTIFYING STATEMENT.

All applicants must sign and date the application for it to be accepted.

APPLICATION CHECKLIST

ALL APPLICANTS MUST SUBMIT:

1. A completed original application
2. An application fee - check or money order (payable to IDFPR) in U.S. currency

ILLINOIS ARCHITECT APPLICANTS MUST SUBMIT:

1. A copy of your active Illinois Architect license

INITIAL REGISTRATION APPLICANTS MUST SUBMIT:

1. An official **NCIDQ** certification
2. Official transcripts for your Interior Design degree
3. VE-IND form for your experience

ENDORSEMENT REGISTRATION APPLICANTS MUST SUBMIT:

1. An official **NCIDQ** certification or certification of passage of the NCIDQ exam from the state you passed the exam in
2. Official transcripts for your Interior Design degree
3. VE-IND form for your experience
4. Certification from the *current* state of active practice

MAIL TO:



Illinois Department of Financial and Professional Regulation,
Attn: Division of Professional Regulation, Design/PSS4
P.O. Box 7007
Springfield, Illinois 62791

HAVE QUESTIONS:

Phone (800) 560-6420
Email: FPR.DesignUnit@illinois.gov

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for double-sided printing.**

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
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C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SSN OR ITIN
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY		ZIP CODE COUNTY
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code) (Area Code) (Area Code)		12. REQUIRED E-MAIL ADDRESS

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)
1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED 3. LAST PRELIMINARY SCHOOL LOCATION (City and State) 4. DATE OF GRADUATION
 _____ / _____
 Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)
1 2 3 4 5 6 7 8 Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>			
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

b) CHART III - Select the examination site you desire and enter Test Center Code:

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c) CHART IV - Find your School of Graduation and enter school code:

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d) Record the number of times you have taken this exam in Illinois or any other state:

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PART VIII: Child Support, Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Signature of Applicant

Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	
<input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	
<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	Type of Examination Score Written _____ Practical _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? Yes No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 310/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE - IND

APPLICANT INFORMATION:

1. NAME	LAST	FIRST	MIDDLE	DEPARTMENT USE ONLY
2. LAST FOUR DIGITS OF YOUR SSN OR ITIN				

REQUIREMENTS AND INSTRUCTIONS:

Applicant: Complete the top portion of the form then forward to your supervisor/employer to complete the remainder of it. If self-certifying for an Endorsement application, complete the entire form and additionally submit at least three (3) notarized affidavits from peers or clients in support of the Interior Design projects described in Part 11, Section D.

Supervisor: Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the application for review by the Board.

Email to: FPR.DesignUnit@Illinois.gov

SUPERVISOR INFORMATION:

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)															
C. SUPERVISOR REGISTRATION INFORMATION <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">APPLICABLE STATE(S) OF REGISTRATION</th> <th style="width: 33%;">MO/YR INITIALLY REGISTERED</th> <th style="width: 33%;">REGISTRATION NUMBER</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE
	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER													
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
E. SUPERVISOR CONTACT INFORMATION																
Phone (_____) _____																
Email _____																

PART II. - APPLICANT EMPLOYMENT INFORMATION

<p>A. CHECK THE APPROPRIATE BOXES REGARDING INTERIOR DESIGN ACTIVITIES IN WHICH THE APPLICANT WAS ENGAGED.</p> <p><input type="checkbox"/> Administer contracts for fabrication, procurement or installation in the implementation of designs, drawings, and specifications.</p> <p><input type="checkbox"/> Offer or furnish consultations, studies, drawings, and specifications in connection with location of lighting fixtures, lamps, and ceiling finishes.</p> <p><input type="checkbox"/> Offer or furnish consultations, studies, drawings and specifications in connection with space planning, furnishings or fabrication of nonloadbearing structural elements.</p>	<p>B. DATES AND STATUS OF EMPLOYMENT</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> <th colspan="2">STATUS</th> <th rowspan="2">Hours Per Week</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Full-time</th> <th>Part-time</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> </tbody> </table>	FROM			TO			STATUS		Hours Per Week	Month	Day	Year	Month	Day	Year	Full-time	Part-time							<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	
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C. INDICATE ALL FIELDS OF ACTIVITIES.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Commercial Design | <input type="checkbox"/> Institutional/Educational | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Hospitality/Restaurant | <input type="checkbox"/> Facilities Management | |
| <input type="checkbox"/> Kitchen/Bath | <input type="checkbox"/> Store Planning/Retail | |
| <input type="checkbox"/> Industrial/Manufacturing | <input type="checkbox"/> Health Care | |

D. DESCRIBE IN DETAIL THE SPECIFIC INTERIOR DESIGN ACTIVITIES PERFORMED BY THE APPLICANT BASED ON THE ACTIVITIES CHECKED IN BOX A ON THE REVERSE SIDE OF THIS FORM. **THIS SECTION MUST BE COMPLETED.**

E. IN YOUR OPINION, IS THERE ANY REASON WHY THE APPLICANT SHOULD NOT BE REGISTERED FOR THE PROFESSION OF INTERIOR DESIGN? YES NO EXPLAIN:

AFFIDAVITS: Employer/Supervisor or Applicant complete appropriate section below.

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

_____ Date _____ Signature of Supervisor

I do hereby declare that I have performed the interior design activities described above for the time period listed and that the information I have reported herein is true and correct to the best of my knowledge.

_____ Date _____ Signature of Applicant