

INSTRUCTION SHEET

INTERIOR DESIGNER RESIDENTIAL INTERIOR DESIGNER

Non-Examination - For Licensed Architects

- Acceptance of Examination
- Endorsement of Licensure
- Restoration

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKAGE, read these instructions and then follow the directions as they apply to you. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **All Illinois Interior Designer and Residential Interior Designer registrations expire on August 31 of every odd-numbered years, regardless of the issuance date.**

You may apply for licensure under one of the following application methods: Non-examination, Acceptance of Examination, Endorsement of License, or Restoration. All applicants must complete the 4-page Application for Licensure/Examination and submit it with the supporting documents required by the method of application. The application which you submit is valid for 3 years from date of receipt.

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Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

Definitions

Definitions are provided below for both Interior Designer and Residential Interior Designer so you can determine under which profession you qualify.

Interior Designer

NOTE:

A person who holds an Illinois Interior Designer registration may practice residential interior design without further registration.

Interior design refers to persons qualified by education, experience, and examination, who administer contracts for fabrication, procurement, or installation in the implementation of designs, drawings, and specifications for any interior design project and offer or furnish professional services, such as consultations studies, drawings, and specifications in connection with the location of lighting fixtures, lamps and specifications of ceiling finishes as shown in reflected ceiling plans, space planning, furnishings, or the fabrication of non-loadbearing structural elements within and surrounding interior spaces of buildings but specifically excluding mechanical and electrical systems, except for specifications of fixtures and their location with interior spaces.

Residential Interior Designer

Residential interior designer refers to persons who are to provide design services, as defined above, for single family private dwellings, including single family private residences or dwellings within a multiple residence, excluding the common areas.

General Instructions

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

~For Assistance~

Call the Department of Financial and Professional Regulation at one of the following numbers and state that you are applying to become licensed as a Interior Designer or Residential Interior Designer and need help with your application:

**217/782-8556
TDD - 217/524-6735**

You may obtain copies of the Act and Rules by calling:

217/782-0458.

1. All applicants must complete the 4-page Application for Licensure and/or Examination and submit those supporting documents as required for the method of licensure under which you are applying. Instructions detailing the completion of the application and the supporting documents follow. The methods of application for licensure are: non-examination (for licensed architects applying for registration), acceptance of examination, endorsement of licensure and restoration.
2. All areas of the application that require a signature must contain an original signature; copies are not acceptable.
3. The application form(s) must be completed by typewriter or with black ink (print).
4. Fees which must accompany your application are NOT REFUNDABLE.
5. If the name shown on your application is different than that shown on any documentation, you must submit proof of a legal name change such as a marriage license, divorce decree, or court order.

**General Instructions
(cont'd)**

- 6. 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.

4-Page Application for Licensure and/or Examination

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Complete the four-page Application for Licensure/Examination as follows:

- 1. Part I-A, Application Category Information--Select method of application and complete Part I-A as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Interior Designer	161	Non-Examination	\$40
Interior Designer	161	Acceptance of Examination	\$100
Interior Designer	161	Endorsement	\$100
Interior Designer	161	Restoration	**
Residential Interior Designer	185	Non-Examination	\$40
Residential Interior Designer	185	Acceptance of Examination	\$100
Residential Interior Designer	185	Endorsement	\$100
Residential Interior Designer	185	Restoration	**

**See Supporting Document RS for fee amount.

- 2. Part I-B, Check the box indicating the appropriate information regarding your application.
- 3. Part II, Applicant Identifying Information--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
- 4. Part III, Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Indicate all post secondary education which you have attended since graduation from high school. Please indicate beginning and ending dates by year.

Send Application and Supporting Documents to:

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

Fee--Payment must be in the form of a check or money order made payable to:

Department of Financial and Professional Regulation

See chart at right for Amount.

**4-Page Application
(cont'd)**

5. Part IV, Record of Licensure Information. Individuals must state whether or not they have ever held licensure/registration to practice as an interior designer or residential interior designer.
6. Part V, Record of Examination--Must be completed by all applicants. Indicate in this part if you have ever taken the National Council for Interior Design Qualification Examination or the Council for Qualification of Residential Interior Designer Examination.
7. Part VI, Personal History Information--Must be completed by all applicants.
8. Part VII, Examination Coding Information--Do not complete this portion of the application.
9. Part VIII, Child Support and Student Loan Information--Must be completed by all applicants.
10. Part IX, Certifying Statement--Read the certifying statement and then sign and date your application.

The remainder of this booklet lists the type of documentation needed to support your claim that you have met the experience and education requirements for licensure.

	Non-Examination For Licensed Architects Applying for Registration	
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Application

To qualify under this method, you must hold an active Illinois Architect License.

1. Complete and submit the four-page Application for Licensure and/or Examination with appropriate fee to the address listed on page 3 of this packet.
2. Include your active Illinois Architect license number in Part IV, (page three) of the application.

	Acceptance of Examination	
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**Educational/Experience
Requirements**

Diversified interior design experience or residential interior design experience, and formal education necessary to meet the licensure requirements may be earned in the manner described below:

Interior Designer

1. Graduate of 5 year accredited interior design program with at least 2 years of full time diversified interior design experience.
2. Graduate of a 4 year accredited interior design program with at least 2 years full time diversified interior design experience.

**Acceptance of Examination -
Educational/Experience
Requirements
(cont'd)**

3. Graduate of a 3 year accredited interior design program with at least 3 years of full time diversified interior design experience.
4. Graduate of a 2 year accredited interior design program with at least four (4) years of full time diversified interior design experience.

Residential Interior Designer Registration

1. Graduate of a 5 year interior design program from an accredited institution and has completed at least 2 years of full time diversified interior design experience;
2. Graduate of a 4 year interior design program from an accredited institution and has completed at least 3 years of full time diversified interior design experience;
3. Completed at least 3 years of interior design curriculum from an accredited institution and has completed 3 years of full time diversified interior design experience; or
4. Graduate of a 2 year interior design program from an accredited institution and has completed 4 years of full time diversified interior design experience.
5. Holds a high school diploma or G.E.D. and has completed 5 years of full-time diversified residential interior design experience.

Supporting Documentation

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/Examination onto the supporting document.

Send Application and Supporting Documents to:

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

To apply for registration on the basis of acceptance of examination you must provide the following documentation with the 4-page application and required fee (see page 3):

1. **Proof of Examination**--Verification of successful completion of the NCIDQ or CQRID examination. Must submit original certificate from either NCIDQ or CQRID as it applies.

For NCIDQ only--in lieu of including NCIDQ certificate, you may add your NCIDQ certificate number in Box 7 of the VE-IND form.

2. **Proof of Education**--Submit one of the following to substantiate your Interior Design education qualifications:
 - a. **ED (Certification of Education)**--If you are a graduate of a Council for Interior Design Accreditation (CIDA), formerly FIDER, approved Interior Design curriculum, Supporting Document ED must be completed by the Dean or Registrar of the institution from which you received your interior design education and must have school seal affixed. If a school seal is not available, form must be notarized.
 - b. **Transcript**--If you are a graduate of a non Council for Interior Design Accreditation (CIDA), formerly FIDER, approved Interior Design curriculum, an official transcript of your interior design course work from the institution attended, with school seal affixed, must be submitted. It is suggested that you also submit official transcripts of all post-graduate level course work, since this course work may be applicable to substantiate your eligibility.

**Acceptance of Examination
(cont'd)**

3. **VE-IND (Verification of Employment/Experience)**--This document must be completed to provide documentation of your employment/experience. This document must be completed by the supervising interior designer, residential interior designer, architect or appropriate supervisor and returned directly to you.

The **VE-IND** is required from EACH professional supervisor verifying interior design or residential interior design experience. You are authorized to photocopy the number of forms needed to appropriately verify the number of years of work experience necessary to complete the licensure requirements for your licensure method.

Those applicants who are self-certifying their experience must also submit at least 3 affidavits from clients or colleagues attesting to the experience listed on the **VE-IND** form.

4. **CT (Certification of Licensure)**--If you hold a license or registration as an Interior Designer or Residential Interior Designer in another jurisdiction, this document must be completed by the jurisdiction of original licensure and the jurisdiction of the current licensure where you predominately practice. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed document directly to you.

	ENDORSEMENT OF LICENSE	
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Supporting Documentation

To apply for registration on the basis of endorsement you must provide the following documentation with the four-page application and fee (see page 3 of this packet):

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/Examination onto the supporting document.

1. One of the following to substantiate your Interior Design education qualifications:
 - a. **ED (Certification of Education)**--If you are a graduate of a Council for Interior Design Accreditation (CIDA), formerly FIDER, approved Interior Design curriculum, Supporting Document ED must be completed by the Dean or Registrar of the institution from which you received your interior design education and must have school seal affixed. If a school seal is not available, form must be notarized.
 - b. **Transcript**--If you are a graduate of a non Council for Interior Design Accreditation (CIDA), formerly FIDER, approved Interior Design curriculum, an official transcript of your interior design course work, with school seal affixed, must be submitted. It is suggested that you also submit official transcripts of all post-graduate level course work, since this course work may be applicable to substantiate your eligibility.

**Endorsement of License
(cont'd)**

Send Application and Supporting Documents to:

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

2. **VE-IND (Verification of Employment/Experience)**--This document must be completed to provide documentation of your employment/experience. This document must be completed by the supervising interior designer, residential interior designer, architect or appropriate superior and returned by the supervisor to you.

The **VE-IND** is required from EACH professional supervisor verifying interior design or residential interior design experience. You are authorized to photocopy the number of forms needed to appropriately verify the number of years of work experience necessary to complete the licensure requirements for your licensure method.

Those applicants who are self-certifying their experience must also submit at least 3 affidavits from clients or colleagues attesting to the experience listed on the **VE-IND** form.

NOTE: In lieu of the **ED** form or the transcript and the **VE-IND** form, you may submit an original certification from the National Council for Interior Design Qualification (NCIDQ) if applying for interior design registration or an original certification from the Council for Residential Interior Designers (CQRID) if applying for residential interior design registration.

For NCIDQ only--in lieu of including NCIDQ certificate, you may add your NCIDQ certificate number in Box 7 of the **VE-IND** form.

3. **CT (Certification of Licensure)**--You must have this document completed by the jurisdiction of original licensure and the jurisdiction of the current licensure where you predominately practice. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed document directly to you.

RESTORATION

These Restoration Instructions apply only to those interior designers and/or residential designers whose registrations have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

Supporting Documentation

If your Illinois license has lapsed for over 5 years, you must submit the following documentation, together with the 4-page application and appropriate fee (see page 3), to apply for restoration of the license. Based on the Illinois Board of Interior Design Professionals' evaluation of your application, you may be required to submit additional documentation or appear for a personal interview.

1. **CT (Certification of Licensure)**--If you hold a license or registration as an Interior Designer or Residential Interior Designer in another jurisdiction,

**Restoration
Supporting Documentation
(cont'd)**

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part I-A of the four-page Application for Licensure/Examination onto the supporting document.

Send Application and Supporting Documents to:

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

this document must be completed by the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return the completed document directly to you.

2. **VE-IND (Verification of Employment/Experience)**--This form must be completed to provide documentation of your employment/experience since your registration lapsed.

The **VE-IND** is required from EACH professional supervisor verifying interior design or residential interior design experience. You are authorized to photocopy the number of forms needed to appropriately verify the number of years of work experience necessary to complete the licensure requirements for your licensure method.

Those applicants who are self-certifying their experience must also submit at least 3 affidavits from clients or colleagues attesting to the experience listed on the **VE-IND** form.

3. **DD214**--Submit a copy of this document if you are restoring after active military service.
4. **RS (Restoration)**--This document must be completed by all applicants. The fee payment amount is indicated in the Official Use Only Box located on this document. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.

	REAPPLICATION APPLIES TO APPLICANTS WHOSE APPLICATIONS ARE OVER 3 YEARS OLD	
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Supporting Documentation

You must comply with the instructions which apply to your method of licensure. All documents and fees must be submitted as instructed.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Registered Interior Design/Residential Interior Design

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure/Registration Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
ED Form --from a Council for Interior Design Accreditation (CIDA) approved program with seal and signature affixed	
Transcript --from a non-CIDA program; must be official with school seal affixed	
NCIDQ Certificate (submit original unless NCIDQ Certificate Number is added to VE-IND)--interior design	
CQRID Certificate (submit original)--residential interior design	
VE-IND Form	
CT Form (original and current state(s) where predominantly practice)	
RS Form (restoration method only)	
Copy of DD214 (if restoring from active military service)	
Proof of Name Change (if applicable)	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

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. 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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B. 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"/> 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, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

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. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
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: (____) ____ - ____ (Area Code) (Area Code) Fax: (____) ____ - ____ Fax: (____) ____ - ____ (Area Code) (Area Code)		12. PREFERRED e-MAIL ADDRESS(ES) [If available]

NAME (Last, First, MI):

SS#:

Profession:

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.)

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>			
2. Have you been convicted of a felony?			
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. Have you had or do you now have any disease or condition that interferes with 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, that presently interferes with your ability to practice your profession? <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:

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

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

PART VIII: Child Support and/or Student Loan Information (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 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? 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.

 Signature of Applicant

 Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

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.

S E A L	_____	_____
	Print Name	Signature
	_____	_____
	Title	Date
	_____	_____
	Agency/Board Street Address	Area Code ()
	_____	_____
	City, State, ZIP Code	Telephone Number

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

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, 20__.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE 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: The purpose of this document is to provide verification of work experience. Complete the applicant section of this form. Forward the form to the licensed professional employer or supervisor from whom you obtained your experience. Your employer/supervisor must return the completed form directly to you. **IF SELF-CERTIFYING, COMPLETE THE ENTIRE FORM** and also submit at least 3 notarized affidavits from peers or clients in support of the Interior Design projects described in Part II, Section D.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
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. NCIDQ CERTIFICATE NUMBER	
8. DATES OF EMPLOYMENT (Use exact dates not "present.") From ____/____/____ To ____/____/____ Month Day Year Month Day Year	9. SUPERVISOR NAME	

EMPLOYER: Complete the remainder of this form. **RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.**

PART I. - EMPLOYER INFORMATION

A. SUPERVISOR NAME	B. EMPLOYER'S NAME
C. SUPERVISOR'S PROFESSION AND REGISTRATION NUMBER	D. EMPLOYER'S ADDRESS STREET, CITY, STATE, ZIP CODE
E. NATURE OF BUSINESS (Architect, Design Firm, etc.)	F. EMPLOYER'S TELEPHONE NUMBER Area Code (____) ____ - ____

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> <p>C. INDICATE ALL FIELDS OF ACTIVITIES. NOTE: RESIDENTIAL INTERIOR DESIGNER APPLICANT'S EXPERIENCE MUST HAVE BEEN ACQUIRED EXCLUSIVELY IN THE FIELDS OF KITCHEN/BATH AND/OR RESIDENTIAL DESIGN.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Commercial Design</td> <td><input type="checkbox"/> Institutional/Educational</td> <td><input type="checkbox"/> Governmental</td> </tr> <tr> <td><input type="checkbox"/> Hospitality/Restaurant</td> <td><input type="checkbox"/> Facilities Management</td> <td><input type="checkbox"/> Residential Design</td> </tr> <tr> <td><input type="checkbox"/> Kitchen/Bath</td> <td><input type="checkbox"/> Store Planning/Retail</td> <td> </td> </tr> <tr> <td><input type="checkbox"/> Industrial/Manufacturing</td> <td><input type="checkbox"/> Health Care</td> <td> </td> </tr> </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"/>		<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"/> Residential Design	<input type="checkbox"/> Kitchen/Bath	<input type="checkbox"/> Store Planning/Retail		<input type="checkbox"/> Industrial/Manufacturing	<input type="checkbox"/> Health Care	
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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 OR RESIDENTIAL 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