INSTRUCTION SHEET

REGISTERED INTERIOR DESIGNER

Non-Examination - For Licensed Architects
Acceptance of Examination
● Endorsement of Registration
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 eliminate any delay in processing. All Illinois Registered Interior Designer registrations expire on August 31 of 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 Registration, or Restoration. All applicants must complete the 4-page Application for Registration 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 Registered Interior Designer so you can determine under which profession you qualify.

**Registered Interior Designer**

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.

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**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.*

1. All applicants must complete the 4-page Application for Registration and submit those supporting documents as required for the method of registration under which you are applying. Instructions detailing the completion of the application and the supporting documents follow. The methods of application for registration are: non-examination (for licensed architects applying for registration), acceptance of examination, endorsement of registration 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.

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*For Assistance*

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

1-800-560-6420
TTY - 1-866-325-4949

You may obtain copies of the Act and Rules by calling:
1-800-560-6420
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 Registration**

**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 Registration as follows:

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

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.

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**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.

**See Supporting Document RS for fee amount.**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Registered Interior Designer</td>
<td>161</td>
<td>Non-Examination</td>
<td>$40</td>
</tr>
<tr>
<td>Registered Interior Designer</td>
<td>161</td>
<td>Acceptance of Examination</td>
<td>$100</td>
</tr>
<tr>
<td>Registered Interior Designer</td>
<td>161</td>
<td>Endorsement</td>
<td>$100</td>
</tr>
<tr>
<td>Registered Interior Designer</td>
<td>161</td>
<td>Restoration</td>
<td>**</td>
</tr>
</tbody>
</table>

Registered Interior Designer - Page 3
5. Part IV, Record of Licensure/Registration Information. Individuals must state whether or not they have ever held licensure/registration to practice as an 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 (NCIDQ).

7. Part VI, Personal History Information--Must be completed by all applicants.

8. Part VII, Child Support and Student Loan Information--Must be completed by all applicants.

9. Part VIII, 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.

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**Non-Examination**

For Licensed Architects Applying for Registration

**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.

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**Acceptance of Examination**

**Educational/Experience Requirements**

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

**Registered 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.

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.
Supporting Documentation

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**--Must submit Identification Number from NCIDQ in Box 7 of the VE-IND form.

2. **Proof of Education**--Submit the following to substantiate your Interior Design education qualifications:
   a. **ED (Certification of Education)**-- 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**--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 other Colleges and Universities attended, since this course work may be applicable to substantiate your eligibility.

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, architect, appropriate supervisor or sponsor and returned directly to you.

   The VE-IND is required from EACH professional supervisor or sponsor verifying 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 registration requirements for your registration 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/Registration)**--If you hold a license or registration as an 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

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):

1. Submit the following to substantiate your Interior Design education qualifications:
   a. **ED (Certification of Education)** -- 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** -- 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 Colleges and Universities attended, since this course work may be applicable to substantiate your eligibility.

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, architect, appropriate superior or sponsor and returned by the supervisor to you.

   The VE-IND is required from EACH professional supervisor verifying 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.

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.

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

Registered Interior Designer - Page 6
These Restoration Instructions apply only to those interior 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 1-800-560-6420 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/Registration)**—If you hold a license or registration as an Interior Designer in another jurisdiction, 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 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 registration requirements for your registration 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

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.

<table>
<thead>
<tr>
<th>Licensure Methods</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>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.</td>
</tr>
<tr>
<td>Endorsement of License</td>
<td>Original license issued in another state and that state’s requirements were substantially equivalent to Illinois requirements at time license was issued.</td>
</tr>
<tr>
<td>Acceptance of Examination</td>
<td>Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.</td>
</tr>
<tr>
<td>Restoration</td>
<td>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.</td>
</tr>
<tr>
<td>Grandfather/Waiver</td>
<td>Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).</td>
</tr>
<tr>
<td>Non-examination</td>
<td>Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.</td>
</tr>
</tbody>
</table>
Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Application Checklist for Registered 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!

<table>
<thead>
<tr>
<th>FOUR-PAGE APPLICATION REVIEW</th>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I. Application Category Information</td>
<td></td>
</tr>
<tr>
<td>Part II. Applicant Identifying Information</td>
<td></td>
</tr>
<tr>
<td>Part III. Education Information</td>
<td></td>
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<tr>
<td>Part IV. Record of Licensure/Registration Information</td>
<td></td>
</tr>
<tr>
<td>Part V. Record of Examination</td>
<td></td>
</tr>
<tr>
<td>Part VI. Personal History Information</td>
<td></td>
</tr>
<tr>
<td>Part VII. Examination Coding Information (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Part VIII. Child Support and/or Student Loan Information</td>
<td></td>
</tr>
<tr>
<td>Part IX. Certifying Statement--Signed and Dated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>SUBMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td></td>
</tr>
<tr>
<td>ED Form--with seal and signature affixed</td>
<td></td>
</tr>
<tr>
<td>Transcript--must be official with school seal affixed</td>
<td></td>
</tr>
<tr>
<td>NCIDQ Certificate (submit original unless NCIDQ Certificate Number is added to VE-IND)--interior design</td>
<td></td>
</tr>
<tr>
<td>VE-IND Form</td>
<td></td>
</tr>
<tr>
<td>CT Form (original and current state(s) where predominantly practice)</td>
<td></td>
</tr>
<tr>
<td>RS Form (restoration method only)</td>
<td></td>
</tr>
<tr>
<td>Copy of DD214 (if restoring from active military service)</td>
<td></td>
</tr>
<tr>
<td>Proof of Name Change (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

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

IL486-1971 (ID) 01/11
**APPLICATION FOR LICENSURE AND/OR EXAMINATION**

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. 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.

**PART I: Application Category Information**

A. Check the box indicating the appropriate information regarding your application.

<table>
<thead>
<tr>
<th></th>
<th>Military</th>
<th>Military Spouse</th>
<th>Not Military</th>
<th>Decline to Answer</th>
</tr>
</thead>
</table>

B. Disclose 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 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 Male Female
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED
   - Work: ( ) ______-______-______  Home: ( ) ______-______-______
   - Fax: ( ) ______-______-______  Fax: ( ) ______-______-______

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.

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).
### PART III: Education Information

1. **PRELIMINARY EDUCATION** (Elementary and High School or G.E.D. Circle number of years completed)

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<tbody>
<tr>
<td>Graduated High School?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Received OR G.E.D.?</td>
<td>Yes</td>
<td>No</td>
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</table>

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)

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<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>5</th>
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<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tbody>
</table>

6. **COLLEGE OR UNIVERSITY NAME** (Undergraduate and Graduate)

<table>
<thead>
<tr>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>TYPE OF DEGREE EARNED</th>
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</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>Did You Complete Training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Month/Year</td>
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<table>
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<tr>
<th>Yes</th>
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<td>Yes</td>
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<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION NAME</th>
<th>LICENSE NUMBER</th>
<th>DATE OF ISSUANCE</th>
<th>LICENSE STATUS (Active, Lapsed, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Original Licensure</td>
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<tr>
<td>State of Current Licensure where you most recently have been practicing.</td>
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<tr>
<td>Other States of Licensure</td>
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</table>

(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.

<table>
<thead>
<tr>
<th>NAME OF EXAMINATION</th>
<th>STATE</th>
<th>MONTH/YEAR</th>
<th>EXAM RESULTS (Passed, Failed, Absent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(If additional space is needed, attach a separate sheet.)
PART VI: Personal History Information (This part must be completed by all applicants)

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. 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.

2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.

3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.

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? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

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? If yes, attach a detailed explanation.

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.

PART VII: Child Support and Tax 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 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 [ ]

PART VIII: 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.
CERTIFICATION BY LICENSING AGENCY / BOARD

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 ___ / ___ / ___ ___ ___
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. 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 __________________________________________________________________________________________
Name of Licensing Agency or Board
to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.

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
   ☐ Examination (Administered in Your State)
   ☐ National (Name) ____________________________________________________________________________
   ☐ State Constructed ____________________________________________________________________________
   ☐ Other (Name) ________________________________________________________________________________
   ☐ Endorsement of License (State) __________________________________________________________________
   Acceptance of Examination Results (Administered in Another State) __________________________________________________________________________
   ☐ Reciprocity with (State) ______________________________________________________________________
   ☐ Waiver/Grandfather __________________________________________________________________________
   ☐ Credentials __________________________________________________________________________________
   ☐ Other (Describe) ____________________________________________________________________________

F. CURRENT LICENSURE STATUS
   ☐ Active
   ☐ Inactive
   ☐ Lapsed
   ☐ Other (Describe) ____________________________________________________________________________

G. IF LICENSED BY EXAMINATION, RECORD SCORES
   Type of Examination
   Written Score
   Practical Score
   Other (Describe) ______________________________________________________________________________
   Received no Grade Below __________________________________________________________________________
   Examination Period _____ days _____ hours

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.
**PART III - CERTIFICATION OF EXAMINATION SCORES**

A1. National or other Profession Specific Examination

*(Record all available information)*

<table>
<thead>
<tr>
<th>Scaled Score</th>
<th>Raw Score</th>
<th>Standard Deviation</th>
<th>Corrected Score</th>
<th>National Mean</th>
<th>Percent Score</th>
</tr>
</thead>
</table>

A2.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
<th>SUBJECT</th>
<th>DATE</th>
<th>SCORE</th>
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**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.

__________________________
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 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

**CERTIFICATION OF EDUCATION**

**APPLICANT:** Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

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.

6. **MAIDEN OR GIVEN SURNAME**

7. **NAME OF INSTITUTION ATTENDED**

8. **DATE OF GRADUATION / COMPLETION**
   - Month
   - Day
   - Year

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

**SCHOOL OFFICIAL:** Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

9. **NAME OF INSTITUTION**
10. **ADDRESS OF INSTITUTION**
    - STREET, CITY, STATE, ZIP CODE

11. **DEPARTMENT OF INSTITUTION**
12. **SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT**
13. **MAJOR AREA OF STUDY OF THE APPLICANT**
14. **DATE OF ATTENDANCE**
    - From Month
    - Day
    - Year
    - To Month
    - Day
    - Year

15. **CREDIT HOURS Earned (CHECK ONE AND COMPLETE)**
    - Semester Hours
    - Quarter Hours
    - Course Hours

16. **DATES OF ATTENDANCE**
    - From Month
    - Day
    - Year
    - To Month
    - Day
    - Year

17. **TOTAL ACADEMIC YEARS ATTENDED**
    - Years
    - Months
    - Days

18. **COMPLETE OR**
    - Total calendar years attended
    - Years
    - Months
    - Days

19. **DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET**
    - Month
    - Day
    - Year

20. **DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED**
    - Month
    - Day
    - Year

21. **CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE**
    - Applicant has graduated on Month
    - Day
    - Year

22. **Applicant has completed program on Month**
    - Day
    - Year

23. **Applicant will graduate on Month**
    - Day
    - Year

24. **Applicant will complete program on Month**
    - Day
    - Year

25. **IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:**
I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

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

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

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.
**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.

**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.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
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<tr>
<th>2. DATE OF BIRTH</th>
<th>3. SOCIAL SECURITY NUMBER</th>
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<td>_ / _ / _ _ _ _ _</td>
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<tr>
<th>4. ADDRESS</th>
<th>STREET, CITY, STATE, ZIP CODE</th>
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| 5. REFER TO PAGE 3 OF INSTRUCTIONS. Record profession name and three digit profession code for which you are making Illinois application. |

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Profession Code</th>
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<tr>
<th>6. MAIDEN OR GIVEN SURNAME</th>
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<tr>
<th>7. NCIDQ CERTIFICATE NUMBER</th>
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<thead>
<tr>
<th>8. DATES OF EMPLOYMENT (Use exact dates not &quot;present.&quot;)</th>
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</thead>
<tbody>
<tr>
<td>From _ / _ / _ _ _ _ _ To _ / _ / _ _ _ _ _</td>
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<tr>
<th>9. SUPERVISOR NAME</th>
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</table>

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

**PART I. - EMPLOYER INFORMATION**

<table>
<thead>
<tr>
<th>1. SUPERVISOR NAME</th>
<th>B. EMPLOYER'S NAME</th>
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<tbody>
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<thead>
<tr>
<th>C. SUPERVISOR'S PROFESSION AND REGISTRATION NUMBER</th>
<th>D. EMPLOYER'S ADDRESS STREET, CITY, STATE, ZIP CODE</th>
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<tbody>
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<table>
<thead>
<tr>
<th>E. NATURE OF BUSINESS (Architect, Design Firm, etc.)</th>
<th>F. EMPLOYER'S TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area Code ( _ _ _ ) _ _ _ - _ _ _ _</td>
</tr>
</tbody>
</table>

**PART II. - APPLICANT EMPLOYMENT INFORMATION**

<table>
<thead>
<tr>
<th>A. CHECK THE APPROPRIATE BOXES REGARDING INTERIOR DESIGN ACTIVITIES IN WHICH THE APPLICANT WAS ENGAGED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Administer contracts for fabrication, procurement or installation in the implementation of designs, drawings, and specifications.</td>
</tr>
<tr>
<td>✗ Offer or furnish consultations, studies, drawings, and specifications in connection with location of lighting fixtures, lamps, and ceiling finishes.</td>
</tr>
<tr>
<td>✗ Offer or furnish consultations, studies, drawings and specifications in connection with space planning, furnishings or fabrication of nonloadbearing structural elements.</td>
</tr>
</tbody>
</table>

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<tr>
<th>B. DATES AND STATUS OF EMPLOYMENT</th>
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<tbody>
<tr>
<td>FROM</td>
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<tr>
<td>Month</td>
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</table>

<table>
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<tr>
<th>C. INDICATE ALL FIELDS OF ACTIVITIES.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Commercial Design</td>
</tr>
<tr>
<td>☐ Institutional/Educational</td>
</tr>
<tr>
<td>☐ Hospitality/Restaurant</td>
</tr>
<tr>
<td>☐ Facilities Management</td>
</tr>
<tr>
<td>☐ Kitchen/Bath</td>
</tr>
<tr>
<td>☐ Store Planning/Retail</td>
</tr>
<tr>
<td>☐ Industrial/Manufacturing</td>
</tr>
<tr>
<td>☐ Governmental</td>
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<tr>
<td>☐ Health Care</td>
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</tbody>
</table>
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