

INTERIOR DESIGN EXAMINING BOARD  
1920 SE Hulsizer Road  
Ankeny, IA 50021  
Phone: 515-281-7356 Fax: 515-281-7411

INSTRUCTION LETTER  
FOR  
APPLICATION FOR REGISTERED INTERIOR DESIGNER  
BY ARCHITECTURAL ENDORSEMENT

In order to use the title “Registered Interior Designer”, registration is required.

1.  **OBTAIN LETTER(S) OF GOOD STANDING**

Obtain a letter of good standing from all state licensing boards in which you hold an active certification or license as an architect. The letter must come from the state board and bear their seal, and arrive in a sealed envelope addressed to the State of Iowa, Interior Design Examining Board.

2.  **COMPLETE EMPLOYER VERIFICATION AND REFERENCE FORM**

The form included with this application must be completed by each employer you list on the application.

3.  **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**

Be sure that all items are filled out and accurate. Include any supporting documentation as needed. The application must be notarized.

4.  **INCLUDE PAYMENT WITH THIS APPLICATION**

Include the appropriate fee for this request. A fee schedule is attached with this application. All checks should be made payable to “State of Iowa”.

**IMPORTANT NOTE**

All applicants are responsible for knowing Iowa licensing and administrative law pertaining to their profession. You may review Code of Iowa 544C and Iowa Administrative Rules 193G on the Board’s website at [www.state.ia.us/ideb](http://www.state.ia.us/ideb)

**FOR BOARD USE ONLY**

Certificate Number:

Date Received:

\$350 Application Fee:

 Check  Credit Card

STATE OF IOWA  
 INTERIOR DESIGN EXAMINING BOARD  
 1920 SE Hulsizer Road  
 Ankeny, IA 50021  
 Phone: 515-281-7356 Fax: 515-281-7411

**APPLICATION FOR CERTIFICATION AS A REGISTERED INTERIOR DESIGNER  
 BY ARCHITECTURAL ENDORSEMENT**

All information (except signature) must be printed in ink or typewritten.

**SECTION 1 – ADMINISTRATIVE INFORMATION**

Name (Last, first, middle):		Other names used:
Preferred Name for Registration Documents:		
Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month, day, year):
<b>Privacy Act Notice:</b> Disclosure of your Social Security number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.		
Home Address (Street and PO Box Number, City, State, Zip):		
Home Email Address:		Home Telephone:
Business Name and Address (Street with Suite and PO Box Number, City, State, Zip):		
Business Telephone:	Business Fax:	Business Email Address:
Which address is your preferred mailing address? <input type="checkbox"/> Home <input type="checkbox"/> Business		
Iowa Architect License Number:	Date Issued:	Currently registered and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2 – FELONY/FRAUD/DISCIPLINE INFORMATION**

Provide a detailed, separate statement for any yes answer

1. Have you ever had a professional license, certificate or registration denied, suspended, revoked, conditioned, limited, restricted or otherwise disciplined? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever withdrawn an application for a professional examination, licensure, certification, or registration in lieu of denial of the right to examine or denial of licensure, certification or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever surrendered a professional license, certificate or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of any criminal offense (include guilty pleas, deferred judgments, or a finding of guilt before a judge or jury, even if imposition of sentence was suspended) in any state or in federal court (other than minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 3 – PRACTICAL AND PROFESSIONAL EXPERIENCE

The Board reserves the right to ask for references or additional documentation when necessary to validate interior design experience.

“Interior Design” means the design of interior spaces including the preparation of documents relating to space planning, finish materials, furnishings, fixtures, and equipment, and the preparation of documents relating to interior construction that does not affect the mechanical or structural systems of a building. “Interior Design” does not include services that constitute the practice of architecture or the practice of professional engineering. Minimum interior design experience required is 3,250 hours.

Name and Current Address of Employer (including contact information for the person(s) who supervised your work) (Begin with most recent)	Dates of Employment	Description of Duties Pertaining to Interior Design

**SECTION 4 – AFFIDAVIT & NOTARIZATION**

*This form of attestation must be completed by applicant before a notary public.*

I state that I am the person referred to in this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for conviction of a crime and revocation of my credential or other disciplinary action. I also understand that any information provided on this application may be verified and validated by the Iowa Interior Design Examining Board. If I am issued a credential, failure to comply with the laws and rules of the Board will be cause for disciplinary action.

Signature of applicant (affiant) \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_: before me, a notary public in and for the State of \_\_\_\_\_ personally came \_\_\_\_\_, to me known to be the person herein described and subscribing hereto, and as having signed the foregoing form of application, and an oath deposes and says (or affirms) that all statements herein made are true.

Signature of applicant (affiant) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

*NOTARIAL SEAL*

Notary Public

My commission expires on \_\_\_\_\_.

**SECTION 5 – PAYMENT & PROCESSING INFORMATION**

See attached fee schedule for payment information.

METHOD OF PAYMENT:

Check or money order payable to "State of Iowa"

Please charge \$\_\_\_\_\_ to my:

MasterCard     Visa    (These are the only credit cards accepted)

Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration date \_\_\_\_\_ / \_\_\_\_\_  
Month    Year

Name of cardholder (please print)\_\_\_\_\_ Signature\_\_\_\_\_

This application is a public record under Iowa Code chapter 22. The application and the information supplied by the applicant in support of the application will be generally open to the public for examination. Some of the specific information in the application or supplied by the applicant, however, is confidential under state or federal law and will be shielded from public examination, including your social security number, college transcripts, and your report of criminal convictions or other prior misconduct. If you would like to request that the Board keep confidential your home address or other identifying information regarding your home location, please read the following excerpt from the Board rules:

## FEE SCHEDULE

Per 193G 2.1(4)(a):

All applications filed on or prior to June 30, 2007	\$350.00
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Per 193G 2.1(4)(c):

Commencing with applications for initial or renewal registration filed on or after July 1, 2007, certificates issued to registrants with last names beginning with A through K shall expire on June 30 of even numbered years and certificates issued to registrants with last names beginning with L through Z shall expire on June 30 of odd numbered years. Registration fees and continuing education requirements shall be applied pro rata to those registrants whose certificates expire in less than two years.



BUSINESS/EMPLOYMENT VERIFICATION FORM

Iowa Interior Design Examining Board
1920 SE Hulsizer Road
Ankeny, Iowa 50021
Phone 515.281.5910 or 515.281.7356
www.state.ia.us/ideb

TO BE COMPLETED BY THE APPLICANT

Applicant's Name:
Business Name and Address:
Name and Position of Person/Employer Completing this Form:
Period of Employment (Month and Year)
FROM TO

TO BE COMPLETED BY THE EMPLOYER or CLIENT
Board is requesting 3 submissions (either client or employer) for each applicant
If employer verification meets or exceeds 3,250 hours then no client verification is required.

Please refer to the following definition when evaluating the applicant's experience. Board reserves the right to ask for references or additional documentation when necessary to validate interior design experience.
'Interior Design' means the design of interior spaces including the preparation of documents relating to space planning, finish materials, furnishings, fixtures, and equipment, and the preparation of documents relating to the interior construction that does not affect the mechanical or structural systems of a building. 'Interior design' does not include services that constitute the practice of architecture or professional engineering.
Please indicate if services or employment experience included the following areas:
Yes No Interior space planning
Yes No Specification of interior finish materials
Yes No Specifications of interior furnishings, fixtures and equipment
Yes No Preparation of documents relating specifically to interior construction that does not affect the mechanical or structural systems of a building

Would you recommend this applicant for registration? [ ] Yes [ ] No

If you answered negatively or wish to comment on any of the above questions, please use this space to explain. Use additional sheets if necessary.

UNDER PENALTIES OF PERJURY, I DECLARE THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Reference Date Signed
Printed Name of Reference Title

PLEASE SEAL THIS FORM IN AN ENVELOPE AND SIGN OVER THE FLAP.

RETURN THE SEALED ENVELOPE TO THE INDIVIDUAL FOR INCLUSION IN THE APPLICATION.