

Access NYS CID Documents Digitally Here:

View Instructions on NYS Office of Professions Website:

<http://www.op.nysed.gov/prof/id/interiorlic.htm>



Download Forms:

<http://www.op.nysed.gov/prof/id/interiorforms.htm>



License Requirements

General Requirements

Any use of the title "Certified Interior Designer," within New York State requires licensure.

To be licensed as a certified interior designer in New York State you must:

- be at least 21 years of age
- meet education and examination requirements
- meet experience requirements
- be of good moral character

You must submit an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. It is your responsibility to follow up with anyone you have asked to send us material.

The specific requirements for licensure are contained in Title 8, Article 161, Section 8305 of New York Education Law and Section 52.18 and Subpart 79-3 of the Commissioner's Regulations.

You should also read the general licensing information applicable for all professions.

Fees

The licensure fee for Certified Interior Design is \$377.

The fee listed is the fee that is currently in place when this page was posted. Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). We will bill you for the difference if fees have been increased.

- Do not send cash.
- Make your check or money order payable to the New York State Education Department
- Mail the appropriate form and fee to:

New York State Education Department
Office of the Professions
PO Box 22063
Albany, NY 12201

NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned. Your canceled check is your receipt.

Partial Refunds

- Partial refunds may be granted only if you submit a written request, fax, or email to withdraw your licensure application.

- The New York State Education Department is not responsible for any fees paid to an outside testing agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant and be required to pay the licensure and registration fees and meet the licensure requirements in place at the time of reapplication.

Education and Experience Requirements

Eligibility for licensure is based on a combination of education and experience for which years of credit are awarded. The credit awarded for education determines the required number of years of experience.

You must accrue at least seven years of acceptable education and experience credits, including the following:

- At least two but no more than five years of postsecondary education in an approved program of interior design, including an associate degree or its equivalent; and
- At least two years of interior design work experience satisfactory to the State Board for Interior Design. To be acceptable for licensure your practical experience must:
 - be under the direct supervision of an interior designer, architect, or professional engineer;
 - within the bounds of interior design practice as set forth in section 8303 of the Education Law, demonstrate diverse experience in all aspects of project planning and execution; and
 - reflect increased levels of professional growth.

Credit for Education

You may earn two years of education/experience credit for completion of an associate degree interior design program or four years credit for completion of a baccalaureate degree interior design program if the program is:

- registered by the New York State Education Department as licensure-qualifying, or
- accredited by an acceptable accrediting agency, or
- considered to be an "equivalent" program.

The [Council for Interior Design Accreditation](#) (CIDA - formerly FIDER, Foundation for Interior Design Education Research) is an acceptable professional accrediting agency for interior design for programs accredited at the professional level.

Earlier programs that were CIDA-accredited at the pre-professional assistant level will be reviewed for equivalency to an associate-degree curriculum.

For a program to be considered "equivalent:"

- A baccalaureate degree curriculum must contain at least 48 semester hours of coursework in the following content areas:
 1. drafting and presentation techniques;
 2. fundamentals of space planning and design;
 3. materials and methods of construction;
 4. furniture, finishes, and equipment;
 5. history of architecture and the decorative arts;
 6. codes - construction, fire, safety, and accessibility;
 7. environmental and building systems;

8. color theory and application;
 9. business practices and ethics; and
 10. construction documents.
- An associate degree curriculum must contain at least 30 semester hours of coursework in content areas (1) through (6) listed above for a baccalaureate degree curriculum.

Additionally, you may also earn education/experience credit for postsecondary-level courses completed in the content areas listed for a baccalaureate degree curriculum if the courses are offered through an approved program as described at the beginning of this section.

Examination Requirement

You are required to pass all three sections of the National Council for Interior Design Qualification (NCIDQ) Examination which is administered twice yearly in April and October. The examination consists of the following three sections:

- Section I -Principles and Practices of Design (Building and Barrier Free Codes is now included in this section)
- Section II - Contract Development and Administration
- Section III - Schematics and Design Development

If you have taken the NCIDQ examination prior to October 2000, and were not successful in passing all sections of the examination, then you must take all three sections of the new examination.

If you have passed the NCIDQ examination prior to 1990, you must have also taken and passed the Building & Barrier Free Codes section of the examination prior to October 2000 or taken and passed Section I of the examination between October 2000 and January 2004.

Contact NCIDQ for eligibility requirements, fees, and other examination information at:

NCIDQ
1602 L Street NW
Suite 200
Washington, DC 20036-5681
Phone 202-721-0220, Fax: 202-721-0221
Email NCIDQ@NCIDQ.ORG
Web www.ncidq.org

You must request NCIDQ to send verification of your passing examination(s) to the New York State Education Department.

If you have a disability and may require reasonable testing accommodations for the examination, please contact the National Council for Interior Design Qualification (NCIDQ) for information on the procedures for requesting such accommodations.

17**CHILD SUPPORT OBLIGATION:**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support

OR

B I am under an obligation to pay child support *and* (please check only one of the following):

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

* New York State General Obligations Law, section 3-503

18**CITIZENSHIP/IMMIGRATION STATUS:**

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

19 EDUCATION REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: _____

20 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

ADDRESS/NAME CHANGE FORM

INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by e-mailing oparchiv@nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation includes:

A photocopy of a court, marriage certificate, or divorce papers authorizing your name change **and** a photocopy of a photo ID in your new name.

Or

Two (2) of the following sets of supporting documents:

- A letter from the Social Security Administration indicating both your old and new names.
- Copies of both old **and** new driver's licenses.
- Copies of both old **and** new New York State non-driver photo ID cards.
- Copies of both old **and** new Social Security Cards.
- Copies of both old **and** new passports.
- Copies of both old **and** new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records and Archives Unit by calling 518-474-3817 Ext. 380 or by e-mailing oparchiv@nysed.gov before submitting.

Be sure to sign and date Section IV. Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it). If your parchment has been lost, stolen or destroyed, be sure to include a note to that effect.

- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

Section I: Your General Information

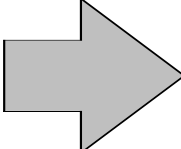
1. Name (currently on record):
2. Social Security Number: Birth Date: Month Day Year
 Telephone: Home: Business:
 Fax:
 E-mail Home or Business:
3. Are you reporting an address and/or name change? address change name change both
4. Effective date of change: **(Note: Changes cannot be accepted until after the effective date.)**
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of:
 I am currently licensed in New York State in the profession(s) of: *(see list of professions on our web site at www.op.nysed.gov)*
(see list of professions on our web site at www.op.nysed.gov)

New York State license number:

New York State license number:

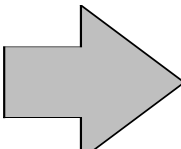
Section II: Address Change (please print)

Information <u>Currently On Record</u>		New Information
Apt./Bldg. Street City State Zip Code Province or Country (if not U.S.)		Apt./Bldg. Street City State Zip Code Province or Country (if not U.S.)

Is this new address a
Home or
Business address?

Failure to answer this question will result in your address being deemed a business address and, therefore, public information.

Section III: Name Change (please print) If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Information <u>Currently On Record</u>		New Information
Last Name First Name Middle or Initial		Last Name First Name Middle or Initial

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

Section IV: Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

 Signature

 Date

Applicants
mail to New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
 Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Indicate the profession you are applying for. For a list of professional titles licensed under Education Law, visit our web site at
www.op.nysed.gov

Licensees
mail to New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
 Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

Section II: Certification of Education for Interior Design

Instructions to Registrar: Please complete Part A and B or C as appropriate, sign the certification and return the completed form directly to the New York State Education Department at the address at the end of this form. DO NOT return this form to the applicant.

Part A - Program Information

1. Name of Applicant: _____
2. Exact name of the program (major) applicant completed: _____
Exact name of the program option or concentration, if any: _____
3. Credential required for admission: _____
4. Entrance Date: ____ / ____ / ____ Completion/withdrawal date: ____ / ____ / ____ Full time Part time
mo. day yr. mo. day yr.
5. Exact name of degree conferred, if any: _____
6. Date degree conferred: ____ / ____ / ____
mo. day yr.
7. If not clearly identified on transcript, list any course convalidated or accepted for transfer credit by your school and the name of the institution from which credit was transferred (Attach additional sheet if necessary).

Part B - Accredited Programs - for New York State programs registered as licensure qualifying in Interior Design and programs accredited at the time of graduation by the Council for Interior Design Accreditation (CIDA), formerly known as the Foundation for Interior Design Education Research (FIDER).

The applicant graduated from a program, which at the time of graduation, was:

- a New York State Education Department licensure qualifying interior design program at the:
 - associate level baccalaureate level masters level (official transcript of a baccalaureate degree needs to be attached.)
- a CIDA (FIDER) accredited program at the:
 - associate level or certificate level (official transcript needs to be attached.) baccalaureate level

Part C - All other programs, including graduate and foreign programs - complete this section.

- Official school transcript or mark sheet(s)* is attached.
*official academic record with applicant dates, courses and grades

Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar or designee _____ Date ____ / ____ / ____
mo. day yr.

Title or official position _____

Institution _____

Address _____

(College Seal)

Telephone number _____ Fax _____

E-mail _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Interior Design Unit, 89 Washington Avenue, Albany, New York 12234-1000

PROFESSIONAL EXPERIENCE

EMPLOYMENT

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. Your application will not be reviewed by the Board until all Form 4A's for employers listed below have been received.

<u>ENDORSER #</u>	<u>FIRM NAME</u>	<u>NAME OF ENDORSER</u>	<u>BEGIN DATE/END DATE</u>	<u>TIME CLAIMED (YRS/MOS)</u>
1	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
2	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
3	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
4	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
5	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
6	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
7	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
8	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
9	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
10	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months
11	_____	_____	Mo. / Day / Yr. to Mo. / Day / Yr.	Years Months

TOTAL TIME CLAIMED = _____ Yrs. _____ Mos.

(NOTE: Total time claimed cannot exceed calendar time.)

Send This Form
To: _____ ➔

New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

SECTION II : VERIFICATION OF EXPERIENCE

INSTRUCTIONS TO EMPLOYMENT/CLIENT:

To ensure the provisions of the licensing law safeguard life, health and property, the State Board for Interior Design has been charged with the responsibility of recommending only those who are qualified for the profession on the basis of the exhibited satisfactory examinations and character of professional experience in interior design work. As one of the applicant's references, you are presumably familiar with his or her professional work and have knowledge of his or her ability, character and reputation. The Board would appreciate information that addresses the extent of the experience gained by the applicant in professional work as well as your opinion of his or her professional competence and character.

The Board asks your cooperation in supplying this information and in forwarding it as soon as possible to the address given below. Do not return this sheet to the applicant.

1 To the best of my knowledge the information provided on the reverse side is correct.
(if no, please explain) YES NO

2 The dates of employment in item 6, Section I, are correct.
(if no, please clarify) YES NO

3 The experience(s) checked by the applicant for the dates of
Employment listed in item 6, Section I, are correct.
(if "no," please clarify) YES NO

4 Please state briefly your opinion of the applicant's professional conduct and ability while thus employed.

5 Comments

6 ARE YOU AN: INTERIOR DESIGNER REGISTERED ARCHITECT *
 PROFESSIONAL ENGINEER * OTHER (IDENTIFY) **(* AFFIX STAMP/SEAL BELOW)**

ENDORSER'S AFFIDAVIT

I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and interior design ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.

I cannot so certify. Letter of explanation attached.

Signature: _____ Date: ____ / ____ / ____
mo. day yr.

Name: _____

States/Dates of Registration(s): _____

Telephone: _____ Fax: _____

E-mail: _____

(STAMP OR SEAL IF APPLICABLE)

RETURN DIRECTLY TO →

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, **Interior Design Unit**, 89 Washington Avenue, Albany, New York 12234-1000