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:
 - o be under the direct supervision of an interior designer, architect, or professional engineer;
 - o 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
 - o 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 <u>Council for Interior Design Accreditation</u> (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.

The University of the State of New York **Department Use Only** Interior Design Form 1 THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov **Application for Licensure** Applicants Must Complete All Four Pages Of This Application In Ink Check what you are applying for: **NYS License Number** \$377 ER 14 ☐ Interior Design Licensure \$105 PR ☐ Interior Design Limited Permit 14 **Date Issued** 2 **Social Security Number** Initials (Leave this blank if you do not have a U.S. Social Security Number) Telephone/E-Mail Address **Birth Date** Month Year Daytime Phone: ☐ Home or ☐ Business **Print Name** Area Code Phone Number Last E-Mail Address (Please print clearly): ☐ Home or ☐ Business First Middle <u>Licensee</u> 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. New York State DMV ID Number Mailing Address: ☐ Home or ☐ Business (Driver or Non-Driver ID) (You must notify the Department promptly of any address or name changes.) Line 1 (Leave this blank if you do not have a New York State DMV ID Number) Line 2 Line 3 City State Zip Code Country/ Province Name as it appears on degree or other credentials (if different from above): 9 Have you ever applied for licensure in New York State? ☐ YES If yes, which profession? 10 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or ☐ YES □ NO misdemeanor) in any court? ☐ YES □ NO Are criminal charges pending against you in any court? Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted ☐ YES □ NO surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Are charges pending against you in any jurisdiction for any sort of professional misconduct? ☐ YES □ NO NOTE: If you answer "Yes" to any questions numbered 10-13, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. Interior Design Form 1, Page 1 of 4, Rev. 6/16

14 In the spaces belo	In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school.	each school. Pleas	Please print. Attach a	Attach additional sheets if necessary.	if necessary.
	A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF	C. ATTENDANCE	IDANCE	D. TITLE OF DIPLOMA OR
		YEARS ATTENDED	Entrance Date	Leaving Date	DEGREE OBTAINED*
High School or Secondary School	lary School				
			,		
School Name	7		mo yr	mo yr	
City	State/Country				
Professional Education	Professional Education (College or University)				
School Name					
City	State/Country				
			/	/	
School Name	A	n	mo yr	mo yr	
City	State/Country State/Country				
School Name			/	mo /	
City	State/Country				
15 If you have taken t	I you have taken the NCIQD, or an equivalent examination for certification/licensure as an Interior Designer in the United States or its territories (Including New York State), please indicate below:	I Inited States or its te	rritories (Includin	g New York Stat	e), please indicate below:
State or territory: _	Name of exam:	Date of exam:mo.	_/day	Certification yr.	Certification # if granted:
State or territory: _	Name of exam:	Date of exam:			Certification # if granted:
		mo.	day	yr.	
16 GENDER AND E	GENDER AND ETHNICITY: (This item is optional.)				
Information on ge will be used only	Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.	concerning diversity is information has abso	n the licensed pro olutely no bearing	ressions. The et on your qualificat	hnic and gender data you provide ion for licensure.
GENDER:	☐ Male ☐ Female				
ETHNICITY:	White (not Hispanic) Black (not Hispanic) Asian Hispanic	☐ Native American	c		
	Interior Design Form 1, Page 2 of 4, F	4, Rev. 6/16			

7	CHILD SUPPORT OBLIGATION:								
	filing, she have faile suspensi	applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the 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 ed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to on of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written is for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal							
		complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their 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 on	ly A or B below. If you check B, you must check one of the five statements listed below it.							
	Α	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 Yor	s State General Obligations Law, section 3-503							
8	CITIZENS	HIP/IMMIGRATION STATUS:							
	and lim	law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations ited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete tion 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.								
		necked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and attion Services (USCIS): USCIS number:							
	BE DIR	IONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD ECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE W.USCIS.GOV.							
		Interior Design Form 1, Page 3 of 4, Rev. 6/16							

	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:
0	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
	NOTARY
	NOTARY State of County of
	NOTARY State of County of On the day of in the year before me, the above signed,
	NOTARY State of County of On the day of in the year before me, the above signed,
	NOTARY State of County of
	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
	State of County of 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
	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
	State of County of 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
	State of County of 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
	State of County of 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.
	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
	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
	State of
	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

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.

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services

www.op.nysed.gov

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.

4.	Effective date of change:	(Note: Changes	s connot be cocont	ed until <i>after</i> the effective d	lata \	
3.	Are you reporting an address and/or name change?	address change	name change	both		
	E-mail Home or Business:					
	Fax:					
	Telephone: Home:	Business:				
2.	Social Security Number:	Birth Date:	Birth Date: Month			
1.	Name (currently on record):					

Licensure status in New York State:

Section I: Your General Information

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)

OFFICE USE

(see list of professions on our web site at www.op.nysed.gov)

New York State license number:

New York State license number:

Address/Name Change Form, Page 1 of 2, Rev. 6/15

Section II: Address Change (please print)							
Information <u>C</u>	Currently On Record		New Information				
Apt./Bldg.			Apt./Bldg.				
Street			Street				
City			City				
State			State				
Zip Code			Zip Code				
Province or Country (if not	t U.S.)		Province or Country (if not U.S.)				
Is this new address a							
Home or							
Business addre	ss?						
Failure to answer this or	uestion will result in your addre	ess being deemed a b	business address and, therefore, public information.				
Section III: Name Chang		ng a name change, pl	ease sign using your NEW name in Section IV. If you are				
Information <u>C</u>	Currently On Record		New Information				
Last Name			Last Name				
First Name			First Name				
Middle or Initial			Middle or Initial				
Check here if you wis	sh to have your existing license pa	archment replaced with	n one in your NEW name. Enclose your original				
			k State Education Department with your request. You will 8.5 x II inches, and will not have your address on it.				
Section IV: Affidavit		5.11 VIII 50 151161 51254,	Cie X ii iiidiidd, aild iiiii ii d e iiard ydai addiiddd dii iii				
			understand that any false or misleading information in, or in sof licensure and may result in criminal prosecution.				
, , , , , , , , , , , , , , , , , , , ,	•		•				
Signature			Date				
Applicants New York State Education Department, Office of the Professions, Division of Professional Licensing Services,							
	<u>mail</u> to 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	you are applying for. For a list o	n professional titles	ilicensed under Education Law, visit our web site at				
Licensees	New York State Education Depart	rtment, Office of the P	rofessions, Division of Professional Licensing Services,				
mail to	Records and Archives Unit, 89 W						
	Address/Name	Change Form, Page	2 of 2, Rev. 6/15				

Interior Design Form 2

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov/prof/id/

Certification of Professional Education

Applicant Instructions

- 1. Complete Section I in ink. Enter your name as it appears on your licensure application (Form 1). Be sure to sign and date item 8.
- 2. Have the professional school you attended complete the appropriate parts of Section II. Be sure to include any fee required by the school. The registrar must return this form in a sealed school envelope directly to the Office of the Professions at the address at the bottom of page 2 of this form. This form will not be accepted if submitted by the applicant.

	bottom of page 2 of this form. This form will not be accepted if submitted by the applicant.									
Section I: Applicant Information										
1	Social Security Number (Leave this blank if you do not have a U.S. Social Security Number)									
2	Birth Date Month Day Year									
	Print Name									
3	Print Name									
	Last									
	First Niddle									
	Middle									
4	Mailing Address (You must notify the Department promptly of any address or name changes.)									
	Line 1									
	Line 2									
	Line 3 City									
	State Zip Code									
	Country/									
	Province									
5	Print name under which degree or diploma was awarded:									
6	Secondary institution attended:									
7	Professional school attended:									
	Address:									
	Date diploma was awarded: / / mo. day yr.									
	Name of degree/diploma issued:									
	Dates of attendance from / / to: / / / mo. day yr. mo. day yr.									
	7									
•	I request and give my permission to the school listed in item 7 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State									
	Education Department in connection with my application for licensure.									
	Applicant's signature: Date: / / mo. day yr.									
	mo. day yr. Interior Design Form 2, Page 1 of 2, Rev. 12/13									
	<u> </u>									

Se	ction II: Certification of Education for Interior Design
	tructions to Registrar: Please complete Part A and B or C as appropriate, sign the certification and return the completed form directly to New York State Education Department at the address at the end of this form. DO NOT return this form to the applicant.
Pai	rt 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. Part time Part tim
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).
aco	rt B - Accredited Programs - for New York State programs registered as licensure qualifying in Interior Design and programs credited at the time of graduation by the Council for Interior Design Accreditation (CIDA), formerly known as the Foundation for erior Design Education Research (FIDER).
The	e 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
Pa	rt 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
Се	rtification
	ereby 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 ucation of the individual named on this form.
Sig	nature of Registrar or designee// Date// mo. day yr.
	e or official position
Ins	titution
Ado	dress (College Seal)
Tel	ephone number Fax
E-n	nail
	turn Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, erior Design Unit, 89 Washington Avenue, Albany, New York 12234-1000
	Interior Design Form 2, Page 2 of 2, Rev. 12/13

FORM 4

INTERIOR

DESIGN

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

REPORT OF PROFESSIONAL EXPERIENCE

Applicant Instructions								
If you have completed experience required for licensure, complete this form (make a copy for your records) and return it with your Form 1 to the address at the end of this form. Be sure to sign and date item 6. Please type or print legibly. This form may be copied as needed.								
Applicant Information								
Social Security Number (Leave this blank if you do not have a U.S. Social Security Number)								
2 Birth Date Month Day Year								
3 Print Your Name Exactly as You Wish it to Appear on Your License								
Last								
First								
Middle Middle								
Mallian Address (Vancous and Address (Vancous and Address Addr								
4 Mailing Address (You must notify the Department promptly of any address or name changes.)								
Apt./Bldg.								
Street								
City								
State Zip Code Province/Country								
If not U.S.								
5 Telephone/E-Mail Address								
Daytime Phone E-Mail Address (Please print clearly)								
Area Code Phone Number Extension								
6 Attestation								
V Allestation								
I hereby certify that the work experience outlined on this form and the time claimed for that experience are true and accurate.								
Applicant's signature								
Date								
Date								
Interior Design Form 4, Page 1 of 2, December 2003								

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.

AIMED MOS)	Months	Months	Months	Months	Months	Months	Months	Months	Months	Months	Months	Mos.
TIME CLAIMED (YRS/MOS)	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Years	Yrs.
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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.

FORM 4A

INTERIOR DESIGN

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

VERIFICATION OF EXPERIENCE

APPLICANT INSTRUCTIONS Complete Section I. Enter your name as it appears on your licensure application (Form 1). Send this form to your employer/client for completion of Section II. If additional copies are needed, you may photocopy this form. **SECTION I: APPLICANT INFORMATION BIRTH DATE** 1 2 **SOCIAL SECURITY NUMBER** Month Day Year (Leave this blank if you have no U.S. Social Security Number) PRINT FULL NAME Last First Middle MAILING Line 1 4 **ADDRESS** Line 2 Line 3 City Zip Code State Country/ Province 5 Is/was employed by the firm of (give name and address) 6 Which rendered those services ☐ ARCHITECTURAL ☐ CONSTRUCTION MANAGEMENT ☐ INTERIOR DESIGN indicated by an "X": ☐ FACILITIES MANAGEMENT ☐ PLANNING OTHER (Explain) ☐ CORPORATION INTERIOR DATES OF EMPLOYMENT LENGTH OF TIME CHECK APPROPRIATE EXPERIENCES IN THE POSITION OF GENERAL PRACTICE OF COLLATERAL ACTIVITY PART TIME (LESS THAN CORPORATE DESIGN PRACTICE FROM TO **FULL TIME** EMPLOYEE/ASSOC PARTNER/OWNER (EXPLAIN) **ADMINISTRATION** PUBLIC SERVICE 35 HRS/WK) SPECIFICATION OR WORKING DRAWINGS TEACHING C CONTRACT WRITING OTHER (Hours Month Year Month Year Years Months Years Months per wk * Attach a brief explanation of how this experience provided experience equivalent to that obtained in an interior design office. Public Service includes experience gained in federal, state or local government departments and/or agencies. I hereby certify that the work experience and time claimed for that experience are true and accurate. Date: _ Signature:

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SEC	CTION II: VERIFIC	CATION OF EXPERIENCE							
INST	RUCTIONS TO EMPLO	YMENT/CLIENT:							
respo profe have by the	onsibility of recommending ssional experience in in knowledge of his or her e applicant in profession	f the licensing law safeguard life, health and only those who are qualified for the proterior design work. As one of the applican ability, character and reputation. The Board all work as well as your opinion of his or her paration in supplying this information and in	fession on the basis of the t's references, you are pre d would appreciate informatorofessional competence and	e exhibited satisfact sumably familiar wi tion that addresses nd character.	tory examina th his or her the extent of	tions and character of professional work and the experience gained			
Do n	ot return this sheet to	the applicant.							
1	To the best of my kr (if no, please explai	nowledge the information provided on the rev	rerse side is correct.		☐ YES	□ _{NO}			
2	The dates of employ (if no, please clarify)	yment in item 6, Section I, are correct.			☐ YES	□ _{NO}			
3	. ,	checked by the applicant for the dates of n item 6, Section I, are correct. fy)			☐ YES	□ NO			
4	Please state briefly	your opinion of the applicant's professional c	onduct and ability while thu	is employed.					
5	Comments								
6	ARE YOU AN:	☐ INTERIOR DESIGNER ☐ PROFESSIONAL ENGINEER *	REGISTERED ARC	1	FFIX STAMP	/SEAL BELOW)			
I have qualif form,	fied to attest to, the applic	esented by the applicant on this form. I herebeant's work and interior design ability and that, ondence, the work experience descried by the	except as otherwise noted of	on the front of this		not so certify. Letter planation attached.			
Signa	ature:			Date: /		-			
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