STATE OF MINNESOTA

BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN
85 EAST 7TH PLACE, SUITE 160, ST. PAUL, MN 55101-2113
(651) 296-2388
HEARING IMPAIRED • 1-800-627-3529

APPLICATION FOR USE OF THE TITLE CERTIFIED INTERIOR DESIGNER

FOR BOARD'S USE ONLY
Application Number
Date Application Received
Application Fee $

FOR BOARD'S USE ONLY
Certification Number
Certification Fee $
Date Certificate Issued

DATA PRACTICES ACT WARNING

The data which you supply on this application will be used to assess your qualification for Certification. You are not legally required to provide this data, but we will not be able to consider your application without it. This data will constitute a public record if and when a certification number is issued, and at that time copies may be issued to anyone.

➢ **All Information, EXCEPT SIGNATURE, Must Be Printed In Ink or Typewritten**

Last Name	First Name	Middle Name	Social Security Number	
Mailing Street Address ____ Home or ____ Business?		City	State	Zip Code
Business Name (if Business Address)	Contact Telephone Number	Present Position		
Present Employer			Date of Birth (month, day, year)	
Present Age	Place of Birth (city and state)		Are you a resident of Minnesota? ☐ Yes ☐ No	

Under the Act, there are two methods by which one may obtain Certification in Interior Design.

a) by examination, or

b) by reciprocity or comity from any state or territory of the United States, the District of Columbia, or in any province of Canada provided requirements in the original state of registration were equal to, or greater than, requirements in Minnesota at the time of original registration.

I hereby apply for Certification by:

☐ Examination ☐ Reciprocity or Comity

Have you ever had a license disciplined, denied, surrendered, suspended or revoked?

☐ NO ☐ YES If yes, please provide a separate statement of explanation.

Applicant Name: _____

EDUCATION

All statements made under items (a), (b) and (c) must be substantiated by submitting, with this application, an official transcript from each educational institution.

	Name and Location of Institution:	Month and Year		Date of Graduation	Degree Received
		From	To		
(a) **College or University** (Include night or extension work below under (c))					
(b) **Postgraduate Work**	Describe any postgraduate work, giving name of institution, nature of work and degree(s) received.				
(c) **Extension, Night or Correspondence Courses**	Give name of institution, courses pursued, dates and indicate whether course was completed.				

CERTIFICATION OR REGISTRATION HELD AS AN INTERIOR DESIGNER

State(s) Certified in:	**Data Pertaining to Certificate**				**Check method by which it was obtained**				
	Profession (including discipline of Engineering)	License Number	Mo. And Year Issued	Is License Current ?	Written Exam. (No. of hours)	Oral Exam.	Exam. Of Qualifi-cations	Exemption (Grand-father Clause)	Comity

17. Have you ever had a certificate or registration denied, suspended, revoked, conditioned, limited, restricted, or otherwise disciplined. ☐ Yes ☐ No
Give details, including circumstances, date or dates, and jurisdiction by a separate statement.

18. Have you ever withdrawn an application for examination, certification, or registration in lieu of denial of the right to examine or denial of certification or registration? ☐ Yes ☐ No
Give details, including circumstances, date or dates, and jurisdiction, by a separate statement.

19. Have you ever surrendered a certificate or registration in lieu of discipline? ☐ Yes ☐ No
Give details, including circumstances, date or dates, and jurisdiction, by separate statement.

PRACTICAL AND PROFESSIONAL EXPERIENCE

Print or type on the *Practical and Professional Experience* forms a complete record of your entire professional experience in chronological order, starting with your most recent experience.

Account for all time from receipt of degree to present. Include any intern or co-op experience prior to graduation. Be sure to indicate full-time or part-time and if part-time, include the number of hours per week. All gaps in employment must be explained.

- Include all dates of employment by month, day, year, list the name and address of employer(s) and include a description of work performed and the degree of responsibility. Experience must be diversified in the practice of interior design for public spaces and include all ten of the following knowledge areas:

  (1) space planning;

  (2) building code research and analysis;

  (3) programming;

  (4) schematic design and design development;

  (5) preparation of construction documents;

  (6) cost estimating;

  (7) specification of building materials and finishes;

  (8) specification of furnishings, fixtures, and equipment;

  (9) bidding/negotiating procedures; and

  (10) construction administration.

NOTE: Attach a copy of this completed form(s) to each experience reference form before distributing to your employers. Instruct your employers to initial in the space where the supervisor's name is listed for the experience they can substantiate.

Also include a copy of this form with your application being submitted to the Board.

EXAMPLE: Applicant Name: ____Susan Brown_____

PRACTICAL AND PROFESSIONAL EXPERIENCE

DATES OF EMPLOYMENT (Month, Day, Year)		**ASSIGNMENT OR ENGAGEMENT** **Complete all information for each assignment or engagement.** Description of work must accurately describe the character of the work, the degree of responsibility and the location of the project work (including clients).
FROM 1/01/2010	TO 2/01/2011	A. Position Title: Interior Designer B. Name and Address of Employer: B & B Interior Design 1019 Watertown Rd Rock Rapids, MN 55120 C. Name and Title of Supervisor/Person to Whom You Reported: Jane Doe, Principal, Certified Interior Designer D. Part-time, 20 hours per week

Description of experience:

Client,: **Project Size:** **Location**:	**Work performed: experience shall be diversified in the practice of interior design for public spaces and comprised of all ten experience tasks. Provide a detailed description of the experience task performed.**	**Supervisor's name. Supervisors please initial below or next to your name.**
Sky Blue Water Casino 84, 000 SF New Construction Casino Hotel Hermantown, SD	Cost estimating; • Developed construction cost per square foot (sf). • Estimated total F, F & E for project. Selection of materials & furnishings; • Chose products that met flammability & durability requirements.	Jane Doe
Mercy Medical Center Addition of 100,000 SF wing. St. Paul, WI	Schematic design & design development • Developed 100,000 sf of conceptual plans. Preparation of construction documents • Met aggressive project schedule. Cost estimating • Researched alternate cost-saving interior products. Selection of materials & furnishings • Researched code compliant flooring and wall finishes. • Construction observation • Progress site visits, final punch list.	Jane Doe

Applicant Name_____

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FROM	TO	A. Position Title B. Name and Address of Employer: C. Name and Title of Supervisor/Person to Whom You Reported: D. Full- time or part-time, if part-time list number of hours per week.

Description of experience:

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Description of experience:

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REFERENCES

References must document required chronological work history. References may be from employers, co-workers, and clients. Experience must be under the direct supervision of a certified interior designer, NCIDQ certificate holder, licensed architect, or prior to **JUNE 1, 2013**, an interior designer. The candidate is responsible for sending the reference form to their references. Please indicate the state or states and profession or professions in which the reference is registered or certified.

	Name	Address (street and number, city, state, zip)	State(s) Licensed in	Profession (including discipline Of Engineering)
1.				
2.				
3.				
4.				
5.				

AFFIDAVIT FOR INITIAL LICENSE OR CERTIFICATE
This form of attestation must be filled in by applicant before the notary public.

State of _____)

County of _____)

I, _____, being duly sworn, do hereby depose and swear that:

1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2006) and the Rules and Regulations adopted thereunder;
2. I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
3. I have never been convicted of a felony;
4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and
5. I have not performed or offered to perform architectural, professional engineering, land surveying, landscape architectural, professional geological, professional soil scientific, or certified interior designer services, without proper licensure or certification in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.

_____
Signature of Applicant

SUBSCRIBED and sworn to before me this _____ day of _____, 20____.

My Commission Expires:

_____
Notary Public

_____

RECORD OF BOARD (This space not to be used by applicant.)

Application Withdrawn Date:	Date

RECOMMEND DENIAL OF APPLICATION
Board Member Signature
Date Signed

RECOMMEND APPROVAL OF APPLICATION
Board Member Signature
Date Signed