

Applicant Name _____

6-digit NCIDQ Control Number _____

Section I: Employer Information

Employer Name _____

Employer Address _____

City _____ **State/Province** _____ **Zip/Postal Code** _____

Phone _____ **Website** _____

Type of Business

- Interior Design Firm Corporate In-House Retail Store
 Architecture Firm Educator Other _____

Your Title _____

Responsibilities While Employed (Check all that apply)

- Programming Conceptual/Schematic Design Design Development
 Construction Documents Project Administration Other _____

Dates of Employment (mm/dd/yy) From _____ To _____

Hours Worked Pre-Graduation Up to 1,760 hours of interior design work experience, earned prior to graduation, may be included in overall work experience.

Avg. hours worked per week _____ x No. of weeks worked _____ = _____ **Total Hours (A)**

Hours Worked Post-Graduation (Earned after certificate, diploma, or degree has been awarded.)

Avg. hours worked per week _____ x No. of weeks worked _____ = _____ **Total Hours (B)**

GRAND TOTAL number of hours worked (add A and B from above) = _____

Type of Work Experience Oversight (Check one)

Hours must be earned and affirmed by either a Direct Supervisor and/or Sponsor who are themselves a qualified design professional (see pg 2 for details)

DIRECT SUPERVISOR (design professional who provides substantial oversight and control of candidate's work and possesses detailed knowledge of the tasks performed.)

SPONSOR (design professional who agrees to review a candidate's professional progress and affirm interior design work experience hours; may or may not work within the same firm as the candidate.)

*Meeting CIDQ's work experience requirements does not guarantee a candidate will meet their local jurisdiction's requirements to be a licensed, certified, registered interior designer. **Check local jurisdiction for requirements.***

(Page 1 to be Completed by Applicant)

Page 2 to be Completed by Supervisor/Sponsor

Finished form to be Uploaded by Applicant to their MyNCIDQ Account

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Section II: INFORMATION ON DIRECT SUPERVISOR (design professional who provides substantial oversight and control of candidate's work and possesses detailed knowledge of the tasks performed) **or SPONSOR** (design professional who agrees to review a candidate's professional progress and affirm interior design work experience hours; may or may not work within the same firm as the candidate) and **MUST MEET**

NCIDQ Certified Interior Designer

NCIDQ Certificate Number _____

State (U.S.) or Provincial (Canada) licensed/registered/certified interior designer

State/Province _____ License Number _____

State (U.S.) or Provincial (Canada) licensed or registered Architect who provides interior design services

State/Province _____ License Number _____

REQUIRED INFORMATION:

Name _____

Title _____

Firm Name _____

Firm Address _____

City _____ **State/Province** _____ **Zip/Postal Code** _____

Phone _____ **Email** _____

Is all of the information the applicant provided in Section I correct? Yes No

If no, please explain. _____

I verify that the information provided above and in Section I is correct.

Signature _____ **Date** _____

(Supervisor/Sponsor)

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