Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506



www.dpor.virginia.gov

# BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS Interior Designers Information Sheet

All applicants must meet the current eligibility requirements at the time the completed application package is received at the Board office. Completed application packages must include all required documentation, references, verifications, and fees. All forms must be legible. It is the applicant's responsibility to ensure the Virginia Board receives the completed package prior to the established deadline. Submission of applications just prior to the deadline date may result in late notification of eligibility to sit for the scheduled examination. Review of incomplete applications and applications received after the examination application deadline will be deferred to the next examination cycle.

## **EXAMINATION ON BOARD REGULATIONS & STATUTES**

Applicants for licensure or certification are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* prior to applying for licensure or certification. Pursuant to Regulation 18VAC10-20-85, all applicants for licensure or certification must achieve a passing score on a Board-supplied examination pertaining to the Board's regulations and relevant statutes. After your application is received in the Board office, you will be sent an examination, which you are required to complete and return to the Board office for scoring; you will be notified if you do not achieve a passing score on this examination.

#### NCIDQ EXAMINATION

In order to qualify for certification as an Interior Designer in Virginia, an applicant must first pass the NCIDQ Examination. If you have already passed the NCIDQ Examination, NCIDQ must provide verification to the Board office. If you have not passed the NCIDQ Examination, an application for examination may be obtained from their office at (202) 721-0220.

#### REQUIRED DOCUMENTATION

#### Applicants for Initial Certification

- ➤ a completed <u>Interior Designer Certification Application</u> and fee;
- completed <u>Interior Designer Degree Verification Form(s)</u>;
- > completed Interior Designer Experience Verification Form(s); and
- ➤ a completed <u>Verification of Interior Designer Examination and Certification Form</u> to provide evidence of having passed the NCIDQ Examination.

Comity Applicants (for those who have been licensed in another state, jurisdiction or territory of the United States)

- ➤ a completed <u>Interior Designer Certification Application</u> and fee;
- > completed <u>Interior Designer Degree Verification Form(s)</u>;
- > completed <u>Interior Designer Experience Verification Form(s)</u>; and
- ➤ a completed <u>Verification of Interior Designer Examination and Certification Form</u> to provide evidence of having passed the NCIDQ Examination and verification of current certification in another jurisdiction.

## Reinstatement Applicants (for those whose licenses expired 5 or more years ago)

- ➤ a completed <u>Interior Designer Certification Application</u> and reinstatement fee; and
- ➤ completed <u>Interior Designer Experience Verification Form(s)</u> to document experience from the date of expiration of the certificate to the present.

#### **EDUCATION**

An <u>Interior Designer Degree Verification Form</u> is provided for all applicants. At a minimum, all applicants must hold a four-year professional degree from an institution accredited by the Council for Interior Design Accreditation (CIDA or other equivalent accrediting organization); a professional degree in architecture obtained by completing an NAAB-approved curriculum; or a professional program approved by the Board. The definition of "a professional program approved by the Board" is provided in Regulation 18VAC10-20-460.

## **EXPERIENCE**

A minimum of two years of monitored experience must be documented on <u>Interior Designer Experience Verification Form(s)</u>. Any experience verified on forms other than those provided by the Department of Professional and Occupational Regulation will not be considered. Resumes are not acceptable. A separate <u>Experience Verification Form</u> should be completed for each employment engagement. No credit is allowed for non-verified employment. Credit will only be given for full-time work experience (minimum of 35 hours per week) under the supervision of a certified or licensed interior designer, architect or professional engineer. Experience gained under the supervision of a professional engineer shall be reduced by 50 percent with a maximum of six months.

# TOEFLIBT (formerly known as TOEFL & TSE)

Applicants for licensure must be able to speak and write English to the satisfaction of the Board. Applicants from a non-English speaking country or a country where the primary language is not English, who have not graduated from a college or university in which English is the language of instruction, shall submit to the Board a TOEFLIBT (Test of English as a Foreign Language) score report that reflects a score acceptable to the Board. Score reports shall not be more than two years old at the time of application.

# VERIFICATION OF LICENSURE, CERTIFICATION OR REGISTRATION

All applicants for certification by comity must meet Virginia eligibility requirements in effect at the time of application. A <u>Verification of Interior Designer Examination and Certification Form</u> is provided for the verification of out of state exams and/or certification. Any person licensed or certified in another state must submit a verification form to document their good standing in the jurisdiction. It is the applicant's responsibility to ensure that the Virginia Board receives the verification along with other supporting documents as noted in these instructions.

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Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects INTERIOR DESIGNER CERTIFICATE APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

All applicants are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* available at: www.dpor.virginia.gov prior to applying for licensure.

Select the **one** method by which you are applying for a Virginia Interior Designer Certificate.

| Method of Certification             |   |                    |                         |               |  | Trans      | Fee           | ×      |
|-------------------------------------|---|--------------------|-------------------------|---------------|--|------------|---------------|--------|
| nitial certification by examination |   |                    |                         |               |  | 1020       | \$45.00       |        |
| By comity                           |   |                    |                         |               |  | 1021       | \$45.00       |        |
| Reinsta                             | einstatement of VA Interior Designer Cert. No. 0 4 1 2 that expired 5 or more years                 |                    |                         |               | that expired 5 or more years ago   | 4020       | \$295.00      |        |
| #.                                  | Full Legal Name (As it appears  | on your gove       | ernment is              | ssued ID      | or other legal documentation.)   |            |               |        |
|                                     | Last (required)   | First              | First (required) Middle |               |  |            | Gene          | ration |
| 2.                                  | Provide at least one of the following identification numbers*:                                      |                    |                         |               |  |            |               |        |
|                                     | Social Security Number and/or   |                    |                         |               |  |            |               |        |
|                                     | Virginia DMV Control Number   |                    |                         |               |  |            |               |        |
|                                     |   |                    |                         |               |  |            |               |        |
|                                     | * State law requires every applicant for  | or a license, cert | ficate, regis           | stration or o | other authorization to engage in a business, trade,<br>other issued by the <u>Virginia</u> Department of Motor V |            | or occupation | issued |
| 3.                                  | Date of Birth   |                    |                         |               |  |            |               |        |
|                                     | MM/DD/YYYY  | ,                  |                         |               |  |            |               |        |
| #.                                  | Maiden or Former Name(s)  |                    |                         |               |  |            |               |        |
| 5.                                  | Mailing Address (PO Box accepted)  The mailing address will be printed on the license.  City  State |                    |                         |               |  |            | Zip Code      | e.     |
| 6.                                  | Street Address (PO Box <u>not</u> a<br>PHYSICAL ADDRESS REQUI                                       | ccepted)           |                         | eck here if   | Street Address is the <u>same</u> as the Mailing Addres  |            | •             |        |
|                                     |   |                    | City                    |               |  | State      | Zip Code      | e      |
|                                     | □ If you are using your busines   | s address, ple     | ase includ              | de busine     | ss name, full street address and any floor   | or suite n | umbers.       |        |
| #.                                  | Contact Numbers   | Dalan and Talanka  |                         |               | Allowed Tollahar   |            |               |        |
| #                                   |   | Primary Telepho    | le                      |               | Alternate Telephone  | F          | ах            |        |
| #.                                  | Email Address   |                    |                         |               | PRELIMINARY - P  | ENIDINIC   | : ADDDC       | \/     |
|                                     | DATE FEE  | TRANS CODE         | EN                      | TITY#         | FILE #/LICENSE #   | רוזטווזע   | ISSUE DA      |        |
| OFFICE<br>USE<br>ONLY               |   |                    |                         |               | 0412   |            | ı             |        |

# PRELIMINARY - PENDING APPROVAL

Email address is considered a public record and will be disclosed upon request from a third party.

8. Education

|           | Institution | CIDA Accredited? | Degree<br>(BS, BA) | Major | MM/YY<br>Completed |
|-----------|-------------|------------------|--------------------|-------|--------------------|
| Bachelors |             | ☐ Yes ☐ No       |                    |       |                    |
| Masters   |             | ☐ Yes ☐ No       |                    |       |                    |
| Ph.D.     |             | ☐ Yes ☐ No       |                    |       |                    |

- ⇒ All applicants must hold <u>one</u> of the following:
  - 1. A four-year degree from an institution accredited by the Council for Interior Design Accreditation (CIDA);
  - 2. A professional degree in architecture obtained by completing an NAAB-approved curriculum; or
  - 3. Completion of a "professional program approved by the Board," meaning a four-year degree in an interior design program or a master's degree in interior design combined with a four-year degree which has been evaluated and is deemed by the Board to be substantially equivalent (at the time of the applicant's graduation) to a four-year interior design degree program accredited by CIDA.

|      |  | •   |  |                     |  |  |  |  |
|------|--|---|--|---------------------|--|--|--|--|
| 9.   | Are you applying through   | comity?                                   |  |                     |  |  |  |  |
|      | No 🗌   |   |  |                     |  |  |  |  |
|      | Yes If yes, list a   |   |  |                     |  |  |  |  |
|      | Attach a <u>Verification of Examination and Licensure Form</u> from each jurisdiction in which you passed the  |   |  |                     |  |  |  |  |
|      | NCIDQ exam or currently hold an interior designer license, certification or registration.  |   |  |                     |  |  |  |  |
|      | State/Jurisdiction   | Did you pass the NCIDQ exam?              | License, Certification or Registration Number  | Expiration Date     |  |  |  |  |
|      |  | ☐ Yes ☐ No                                |  |                     |  |  |  |  |
|      |  | ☐ Yes ☐ No                                |  |                     |  |  |  |  |
| 10.  | Have you ever been sub   | Yes No                                    | n by <u>any (including Virginia) local, state or r</u>   | national regulatory |  |  |  |  |
| -10. | body?  No  | nplete the <u>Disciplinary Action Rep</u> |  | iational rogulatory |  |  |  |  |
| #.   | <ul> <li>A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.</li> <li>No</li></ul> |   |  |                     |  |  |  |  |
|      | United States of a conviction.  No   |   | rdless of the manner of adjudication, in any rears? Any plea of nolo contendere shall on Reporting Form. |                     |  |  |  |  |

- #. By signing this application, I certify the following statements:
  - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
  - I authorize the Department to verify information concerning me or any statement in this application from any
    person, or any source the department may contact. I also agree to present any credentials or documents
    required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 4, of the Code of Virginia and the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations.

| Signature | Date |
|-----------|------|

# INTERIOR DESIGNER REVIEW SUMMARY SHEET

| Applicant's Name                  | e |                              |                | Social Security N | 0. |
|-----------------------------------|---|------------------------------|----------------|-------------------|----|
|                                   |   |                              |                |                   |    |
|                                   |   | BOARD REVIEW -               | For Office Use | e Only            |    |
| Review Board Member Date Initials |   |                              | (              | Comments          |    |
|                                   |   |                              |                |                   |    |
|                                   |   |                              |                |                   |    |
|                                   |   |                              |                |                   |    |
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|                                   |   |                              |                |                   |    |
|                                   |   |                              |                |                   |    |
| APPROVED                          |   | Board Member Initials & Date |                |                   |    |
| Initial Certification             |   |                              |                |                   |    |
| Comity with                       |   |                              |                |                   |    |
| Reinstatement                     |   |                              |                |                   |    |