Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects

INTERIOR DESIGNER EXPERIENCE VERIFICATION FORM

Instructions:
Applicant: Complete items #1 through #9, then forward this form to the firm named in #4.
Verifier: Complete items #10 through #22. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail directly to the board section at the address listed above. Your prompt response is appreciated.

1. Applicant’s Name

   Last               First               Middle               Generation

2. Social Security Number or Virginia DMV Control Number*

   State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address

   City               State               Zip Code

4. Employer (firm where experience was obtained)

5. Employer’s Mailing Address

   City               State               Zip Code

6. Time period in which experience was obtained

   From (MM/YY)   To (MM/YY)

7. Was this a full-time (minimum of 35 hours per week) position?

   Yes    No    If no, hours worked/week

8. Indicate the percentage of time spent in each category (percentages must add up to 100%). Please be mindful of how your work has enhanced and protected the health, safety and welfare of the public in completing this section. As some of the categories overlap, please note that your work experience may be relevant to more than one category; therefore, please check all categories that apply.

   1. Client Interviews
   2. Needs & Relationship Analysis
   3. Space Planning
   4. Design Concepts
   5. Presentations
   6. Code Analysis (*)
   7. Fire Safety Considerations (*)
   8. Barrier Free Evaluations (*)
   9. Product & Material Selection
   10. Inventory & Analysis
   11. Budgeting & Cost Projections
   12. Architect/Engineer Coordination
   13. Building System Considerations (HVAC, lighting, acoustics & environment)
   14. General Drafting
   15. Custom Project Design
   16. Furniture & Equipment Specifications & Plans
   17. Non-load Bearing Interior Construction Specs/Plans
   18. Bid/Purchase Order Preparation
   20. Project Scheduling
   21. Shop Drawings & Submittal Reviews
   22. Site Visits/Punch Lists
   23. Personnel Management
   24. Marketing
   25. Business Office Operation

   Other: _____________________________________________

9. Applicant’s Signature ___________________________ Date ____________

0412EXP
04/06/2012
The applicant's employer or supervisor (during the time that the applicant is claiming credit for work experience) should complete Questions #10 through #23.

10. Verifier's Name
   - Last
   - First
   - Middle
   - Generation

11. Relationship to Applicant
   - Supervisor
   - Employer
   - Other [___________]

12. Type of Business
[______________________]

13. Mailing Address
[________________________]
   - City
   - State
   - Zip Code
[________________________]

[________________________]

15. Position held in (or relationship to) the firm listed in #4.
[________________________]

16. Do you hold any of the following licenses? Check all that apply.
   - Architect
     - State [___________]
     - License No. [___________]
     - Expiration Date [___________]
   - Interior Designer
     - State [___________]
     - License No. [___________]
     - Expiration Date [___________]
   - Professional Engineer
     - State [___________]
     - License No. [___________]
     - Expiration Date [___________]

17. Are the dates of employment shown in #6 correct?  
   - Yes [_____]
   - No [_____]
   - If no, clarify.
[________________________]

18. Have you directly supervised the applicant for the entire period of time listed in #6?
   - Yes [_____]
   - No [_____]
   - If no, what is your professional relationship to the applicant?
[________________________]
   - How did you obtain knowledge of the applicant's professional experience?
[________________________]

19. Are the areas of practice selected by the applicant in #8 correct?  
   - Yes [_____]
   - No [_____]
   - If no, explain.
[________________________]

20. Was the applicant employed full-time (35 hours or more per week)?
   - Yes [_____]
   - No [_____]
   - If no, how many hours did the applicant work each week?
[________________________]

21. In your judgment, has the applicant's work been of a satisfactory quality and has the applicant exhibited good moral character?
[________________________]

22. Additional Comments.
[________________________]

23. Signature [________________________]  Date [________________________]