

**State of Florida  
 Department of Business and Professional Regulation  
 Board of Architecture and Interior Design  
 Application for Licensure by Endorsement  
 Form # DBPR ID 4**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION	APPLICATION REQUIREMENTS
<b>Licensure by Endorsement</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Submit the non-refundable fee of \$30. Make check payable to the Florida Department of Business and Professional Regulation.</li> <li><input type="checkbox"/> Submit transcripts from ALL institutions of higher learning which you attended. Provide course curriculum for non-accredited programs for evaluation.</li> <li><input type="checkbox"/> Submit proof of passing the NCIDQ examination.</li> <li><input type="checkbox"/> Submit the Interior Design Experience Verification Form.</li> </ul>

**Please mail your completed application, documentation and required fee(s) to:**  
 Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-0783

General Information –

You must complete and submit the interior design examination application. You must meet the minimum education and experience requirements. Education and experience are combined to meet a minimum six years to be eligible for examination and licensure. Florida **does not** have a grandfathering provision and **does not** license solely on experience.

Education and professional experience requirements are defined in Rule 61G1-22, Florida Administrative Code.

Education	Experience	Total
Graduate from an interior design program of 5 years or more	Completion of 1 year or 1760 hours of diversified experience under the direction of a licensed interior designer or architect	6 years
Graduate from an interior design program of 4 years or more	Completion of 2 years or 3520 hours of diversified experience under the direction of a licensed interior designer or architect	6 years
Completion of at least 3 years in an interior design curriculum	Completion of 3 years or 5280 hours of diversified experience under the direction of a licensed interior designer or architect	6 years
Graduate from an interior design program of 2 years or more	Completion of 4 years or 7040 hours of diversified experience under the direction of a licensed interior designer or architect	6 years

**Education**

The statute requires that an applicant **graduate** from an accredited Council for Interior Design Accreditation (CIDA) program or board approved program in interior design. CIDA accredits four year interior design degree programs. CIDA was formally known as the Foundation for Interior Design Education Requirements (FIDER) and previously approved two year degree programs in interior design. If you have a two year FIDER accredited degree in interior design the board will accept that degree.

Applicants that do not graduate from an accredited Council for Interior Design Accreditation (CIDA) program may apply to the board for licensure but may not meet the educational requirements as set forth

in Florida Statutes and Rules. You must provide a copy of the course curriculum for board evaluation. Course curriculum is required for degrees conferred in any discipline other than interior design including **foreign graduates**; examples include architecture, fine arts, fashion design, industrial architecture, etc.

Please note: an architecture degree is not automatically accepted as proof of interior design education.

### **Interior Design Experience Verification Form**

Submit the Interior Design Experience Verification Form to the supervisor from which you gained diversified interior design experience. The supervisor must complete the form and return it to the Department or to you for submittal with your application.

Diversified interior design experience means experience which substantially encompasses the various elements of interior design services set forth under the definition of "interior design" in subsection eight (8) Florida Statutes, Chapter 481, Part I.

Applicants unable to verify experience gained under direct supervision in an employer/employee setting, may satisfy the requirement by substantiating a direct working relationship with either a licensed architect or registered interior designer on former projects or ventures. Such affiliation must be corroborated by the licensed architect or registered interior designer who will be required to identify the total number of hours evolving from such affiliation as well as elaborate on the type of work performed by the candidate.

Applicants cannot self certify their experience. If you cannot obtain experience verification by the employer/employee or by affiliation with a licensed architect or registered interior designer, the last option is to file a request for a waiver or variance from Rule 61G1-22, Florida Administrative Code. The information on filing a waiver or variance from the rule is located in Chapter 28-104, Florida Administrative Code.

### **Application Instructions**

#### **a. Section I-Application Type**

Check the box, Licensure by Endorsement.

#### **b. Section II- Applicant Information**

- i. Fill out each section completely.
- ii. In the Full Legal Name section provide your full legal name as it appears on your license. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- v. List any licenses that you currently hold or have previously held for a business or professional license/registration in Florida or elsewhere.

#### **c. Section III-Examination History**

Provide proof of passing the NCIDQ examination with an NCIDQ certification or have the state in which you took and passed the NCIDQ examination certify same.

#### **d. Section IV-Education Information**

Provide the name and address of the College or Universities you attended and include: the dates you attended, the date you graduated, and the degree received.

#### **e. Section V- Background Questions**

- i. Question 1:
  - (1) If you answer "yes" to this question, you must complete Section V (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.

- (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii. Question 2:
  - (1) If you answer “yes” to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iii. Question 3:
  - (1) If you answer “yes” to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- iv. Question 4:
  - (1) If you answer “yes” to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- f. Section VI- Experience Summary**

Complete the experience summary including; the supervisor’s name, mailing address, license number (if applicable), dates experience is verified, and the total number of hours worked.
- g. Section VII - Affirmation by Written Declaration**
  - i. Please read, sign, and date the affirmation by written declaration.
  - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Architecture and Interior Design**  
**Application for Licensure by Endorsement**  
**Form # DBPR ID 4**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the Instructions at the beginning of this application.**

**Section I- Application Type**

CHECK APPLICATION TYPE
<input type="checkbox"/> Licensure by Endorsement [0203/1031]

**Section II – Applicant Information**

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

\* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



**Section II – Applicant Information – continued**

<b>CURRENT/PRIOR LICENSE INFORMATION</b>			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
<b>PRIOR NAME INFORMATION</b>			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

**Section III – Examination History**

<b>EXAMINATION HISTORY</b>	
Have you previously taken and passed the NCIDQ examination? If yes, what state?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section IV – Education Information**

<b>EDUCATION</b>			
Name and Address of All Colleges or Universities Attended	From/To Date	Graduation Date	Degree Received

**Section V –Background Questions**

<b>BACKGROUND QUESTIONS</b>			
1.	<input type="checkbox"/> Yes (If yes, please complete Section V (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Instructions for details on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to question 1, and complete Section V (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V (c), attach additional pages as necessary.

**Section V (b) – Explanation(s) for Background Question 1**

<b>EXPLANATION</b>	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	



**Section VI – Experience Summary**

<b>EXPERIENCE SUMMARY</b>		
Experience for a period of at least three months but less than one year, obtained prior to graduation, shall be awarded 50% of the total work time toward the experience requirement. Experience for a period of one year or more, obtained prior to graduation, shall be awarded 75% of the total work time toward the experience requirement. Experience obtained after graduation shall be awarded 100% of the total work time toward the experience requirement.		
<b>Supervisor and/or Employer</b> Include name, mailing address, and license number	<b>Dates</b>	<b>Total Time in Hours</b>
	From: / / To: / /	
	From: / / To: / /	
	From: / / To: / /	
	From: / / To: / /	
	From: / / To: / /	
	From: / / To: / /	
	From: / / To: / /	
<b>Total Time in Hours:</b>		

**Section VII – Affirmation By Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b>	
Signature	Date
Print Name	



**Experience Verification Form**

TO BE COMPLETED BY APPLICANT		
Applicant Name (Print)	Social Security Number*	
Applicant Phone Number	Applicant Email	
Name of Supervisor	Total number of hours the Supervisor is validating/verifying	Dates Supervisor is validating/verifying (mm/dd/yy) From:                      To:
WORK EXPERIENCE		
Provide a detailed description of the work performed, including the quality and character/nature of the experience.		

TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE			
I am a: <input type="checkbox"/> Registered Interior Designer <input type="checkbox"/> Registered Architect			
License Number/State _____			
<input type="checkbox"/> Other who has passed the NCIDQ or the AID, Certificate Number/State _____			
<b>Experience included the following (check all that apply):</b>			
<input type="checkbox"/> Designs	<input type="checkbox"/> Consultations	<input type="checkbox"/> Studies	
<input type="checkbox"/> Drawings	<input type="checkbox"/> Specifications	<input type="checkbox"/> Administration of design construction contracts	
<input type="checkbox"/> Reflected ceiling plans	<input type="checkbox"/> Space planning	<input type="checkbox"/> Furnishings	
<input type="checkbox"/> Fabrication of nonstructural elements within and surrounding interior spaces of buildings			
I would consider the quality of the experience as: <input type="checkbox"/> Substantial <input type="checkbox"/> Adequate <input type="checkbox"/> Poor			
Any additional statement to further explain or describe the quality and character/nature of the experience:			
Signature of person verifying experience: _____			
Name and Title (print): _____ Date _____			
Address	City	State	Zip
<p><b>Please return this form to:</b>                      Department of Business and Professional Regulation                      2601 Blair Stone Road                      Tallahassee, FL 32399-0783</p>			

\*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal Statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.