

**COUNCIL FOR INTERIOR DESIGN QUALIFICATION (CIDQ)**  
**POST-NCIDQ EXAMINATION REVIEW REQUEST FORM**

If you wish to request a review of your examination, complete this form and enclose the appropriate review fee listed below, **otherwise it will NOT be processed.**

**PLEASE PRINT**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone No. (Home and Business): \_\_\_\_\_

Profession: \_\_\_\_\_ Specialty: \_\_\_\_\_

Examination Date: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

Candidate I.D. Number: \_\_\_\_\_

Interior Design \$50.00 (Fee Payable to DBPR, Check or Money Order)

Candidates requesting a review of any section of the NCIDQ Examination must pay the following fees directly to the Council for Interior Design Qualification (CIDQ):

1. Multiple Choice Interior Design Fundamentals Exam (IDFX): \$300\*
2. Multiple Choice Interior Design Professional Exam (IDPX): \$300\*
3. Practicum Exam: \$300 per exercise reviewed (7 total)

*\*Challenges to individual questions after the overall IDFX or IDPX has been reviewed are subject to additional fees established by CIDQ.*

Information and instructions will be forwarded to each candidate with procedures for contacting CIDQ/The NCIDQ Examination once a request for review is received by the Department of Business and Professional Regulation.

Candidate Signature: \_\_\_\_\_

**NOTE: The fee for review is non-refundable.**

*\*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 4098.2598, 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.*

**MAKE CHECK OR MONEY ORDER PAYABLE TO: D.B.P.R.  
RETURN THIS FORM WITH FEES TO THE ADDRESS ABOVE:  
ATTENTION: REVIEW COORDINATOR**