

Page 1 to be Completed by Applicant

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 (*May be earned between your 96th semester/144th quarter credit of education and your graduation date. If none, enter N/A.)

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 Employment (Check one)

- Direct Supervision** (A “direct supervisor” is a person who has detailed knowledge and direct control over you work, such as your immediate supervisor. This person may or may not work in the same physical location.)
 Sponsored (A “sponsor” is a design professional who agrees to oversee your work but does not have detailed knowledge and direct control over your work, such as an interior designer outside your firm.)
 Self-employed (Not directly supervised or sponsored.)

Page 2 to be Completed by Supervisor or Sponsor

Applicant Name _____

6-digit NCIDQ Control Number _____

Section II: Direct Supervisor/Sponsor Information

Employment Setting/Type of Supervisor or Sponsor (Check one)

NCIDQ Certified Interior Designer (*Hours worked count at 100%*)

NCIDQ Certificate Number _____

State/provincial licensed/registered/certified interior designer in the U.S. or Canada
(*Hours worked count at 100%*)

State/Province _____ License Number _____

Licensed Architect who provides interior design services (Hours worked count at 100%)

State/Province _____ License Number _____

Interior Designer who is neither NCIDQ Certified nor licensed/registered/certified in the U.S. or
Canada (*Hours worked count at 75% for a Director Supervisor or 50% for a Sponsor*)

Not supervised by a design professional (*Hours worked count at 25%*)

Self-employed (*Hours worked count at 25%*)

*If you are self-employed, please write N/A in the fields below.

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** _____