

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR INTERIOR DESIGNER REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, phone number, address and e-mail address are available to the public. Check box to withhold phone number, street address/PO Box number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
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Address (street, city, state, zip code) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
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Mailing Address (if different) <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
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Social Security Number <input style="width: 95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin as an Interior Designer? Yes No If yes, list your credential number:

E-mail Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

Initial Credential
 \$59.00 Total Fee Attached

Reciprocal Credential
 \$59.00 Total Fee Attached

Late Renewal (credential expired more than 5 years)
 \$59.00 Renewal Fee
 \$25.00 Late Fee
 \$84.00 Total Fee Attached

For Receipting Use Only (109)

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ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dspd.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dspd.wi.gov> and select "Professions," then Interior Designer.

QUALIFICATION FOR REGISTRATION: Check the box in front of the "Track" you wish to select to qualify for registration. The application is not complete until all of the following documents are received.

<p><input type="checkbox"/> Track I- Registration based on degree programs, experience and exams</p> <p>Applicant must meet requirements under 1, 2, 3, and 4. Complete the sections on the following pages relating to education, exams, experience and references and attach required documentation.</p> <p>1. I have satisfied ONE of the following, as indicated below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have graduated from a 5-year interior design or architecture program, and I have completed at least 1 year of practical experience in interior design. <input type="checkbox"/> I have graduated from a 4-year interior design or architecture program, and I have completed at least 2 years of practical experience in interior design. <input type="checkbox"/> I have completed at least 3 years of an interior design program, and I have at least 3 years of practical experience in interior design. <input type="checkbox"/> I have graduated from a 2-year interior design program, and I have at least 4 years of practical experience in interior design. <p>2. I have passed the interior design examination administered by the National Council for Interior Design Qualification (NCIDQ).</p> <p style="padding-left: 20px;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have passed the interior design examination administered by the Council for Qualification of Residential Interior Designers (CQRID). <p>3. I have passed the building and barrier-free codes section of the NCIDQ examination administered in 1990 or later.</p> <p>4. I have provided the names of five references, three of whom have personal knowledge of my interior design experience.</p>	<p><input type="checkbox"/> Track II- Registration based on registration as an Architect</p> <p>Applicant must meet requirements under 1, 2, and 3. Complete the sections on the following pages relating to education and experience and attach a copy of transcript(s).</p> <ol style="list-style-type: none"> 1. I hold a credential as a registered architect in Wisconsin. 2. I have graduated from a 4-year architecture program. 3. I have at least 6 years of experience in interior design. <hr/> <p><input type="checkbox"/> Track III- Registration based on reciprocity</p> <p>Applicant must enclose the following: (do not complete the sections on education, examination, experience, or references):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have enclosed a certificate of licensure or a letter from the proper authority in any state or U.S. territory or in any country in which the requirements for registration of Interior Designers are of a standard not lower than those specified in Wis. Stats. § 440, Subchapter IX, showing that I have an unexpired certificate of similar registration issued to me by that licensing authority.
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EDUCATION: Attach a copy of official transcript(s), if required by the track selected above.

Name of Institution	Location of Institution (street, city, state, zip code)
Date of Attendance	Major
Date of Degree	Degree

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EXAMINATION(S) PASSED: Attach a copy of the exam score report, if required by the track selected above.

Name of Exam	Entity which Administered Exam	Date Exam Passed
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DEFINITION OF "INTERIOR DESIGN" means the design of interior spaces in conformity with public health, safety, and welfare requirements, including the preparation of documents relating to space planning, finish materials, furnishings, fixtures and equipment and the preparation of documents relating to interior construction that does not substantially affect the mechanical or structural systems of a building. "Interior design" does not include services that constitute the practice of architecture or the practice of professional engineering.

INTERIOR DESIGN EXPERIENCE: The experience you list must have consisted of your personal performance of tasks listed in the definition of "Interior Design" above.

Name of Employer	Job Title	Employment Dates		Ave. Hrs per Week
		Begin Date	End Date	
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REFERENCES: Complete this section only if applying under Track I or II.

Name	Address (street, city, state, zip code)	Occupation
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ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature:
(Print and Sign Form)

Date: / /