

Registration Drive!

Are you NCIDQ certified, but not Registered with the State of Illinois yet?

We'll help you complete your application to become a *Registered Interior Designer!*



let's get started!



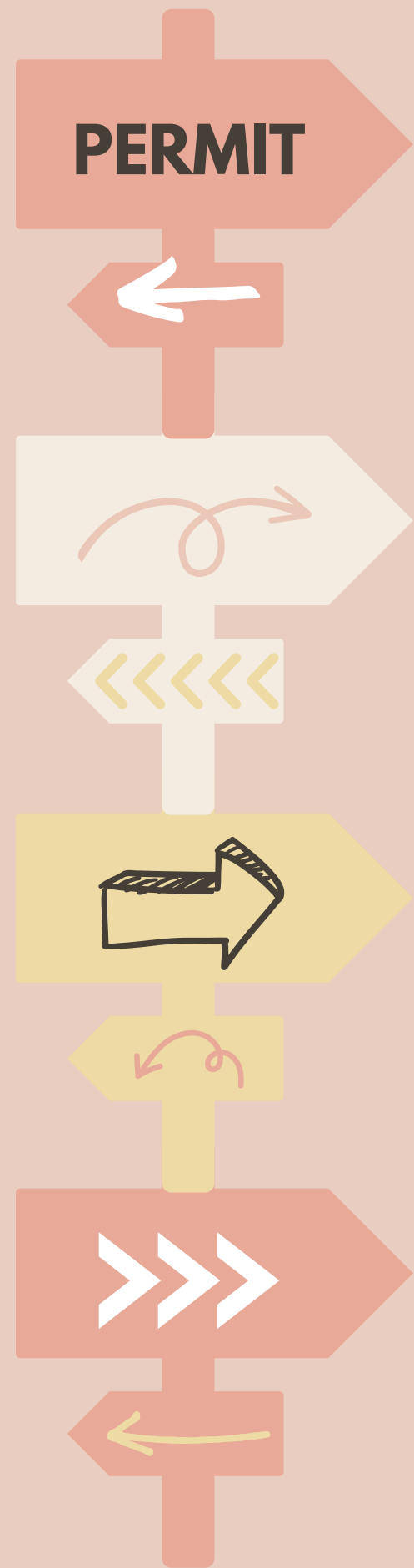
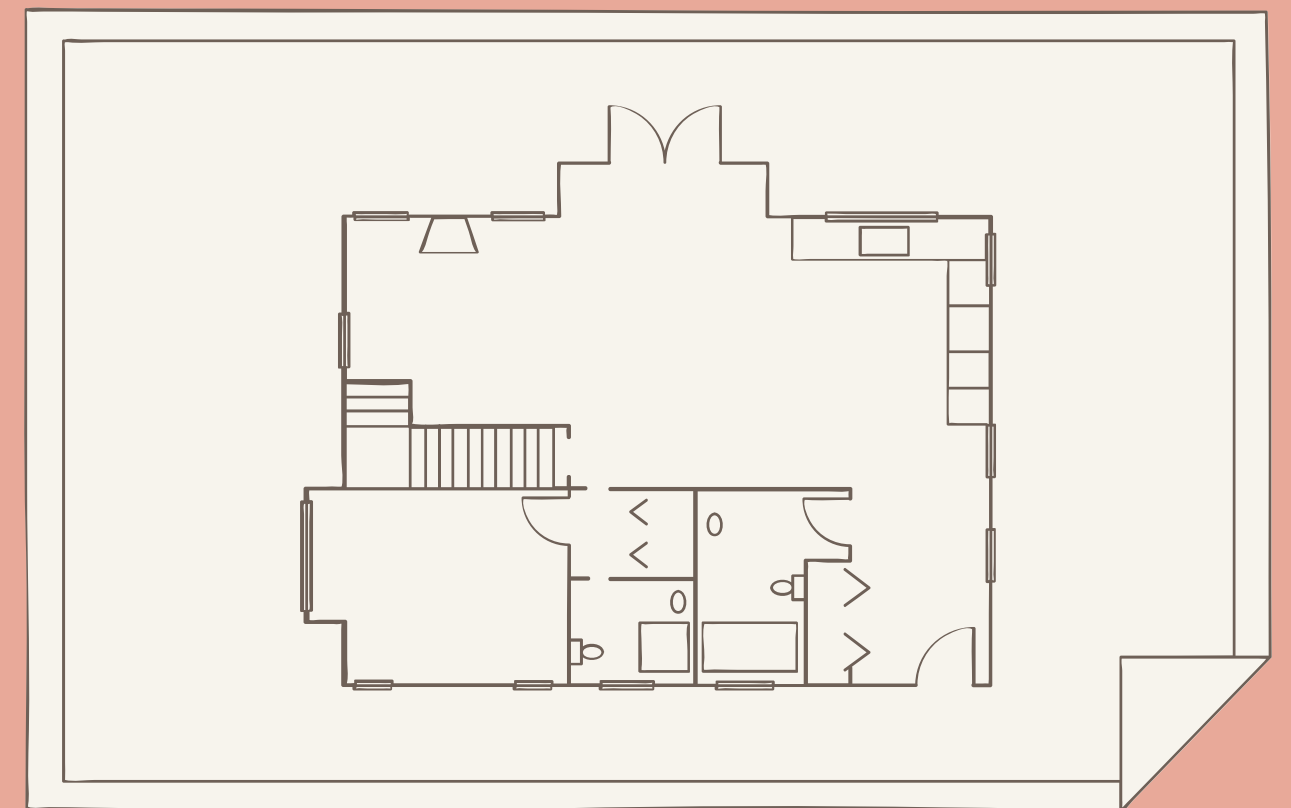
IIDA
ILLINOIS
chapter

AMERICAN
SOCIETY OF
INTERIOR
DESIGNERS
ILLINOIS



7 Steps to Registered Interior Design Permitting

1. Pass the NCIDQ
2. Fill Out the Forms
3. Know What to Mail
4. WAIT (Exercising Patience!)
5. Purchase Your Stamp
6. Update Your Appellations
7. Start Submitting



You passed the NCIDQ!



CONGRATULATIONS!!!!
OK, NOW WHAT?

FIRST,
CELEBRATE BECAUSE THAT WAS HARD WORK!

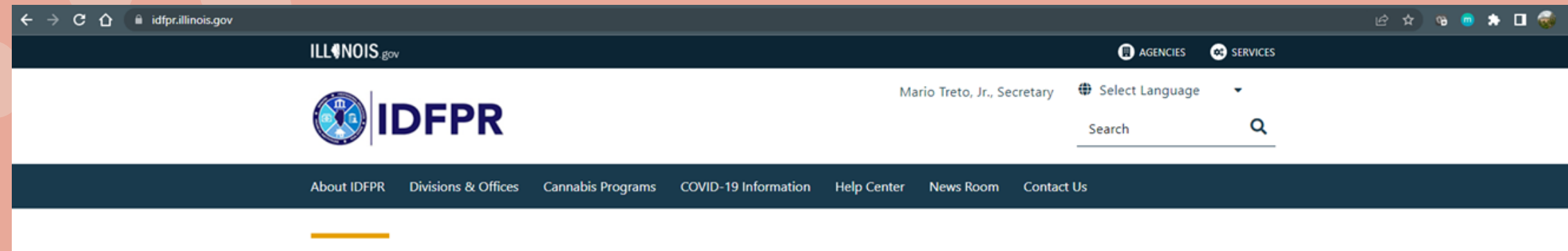


NOW, IT'S TIME TO REGISTER WITH THE STATE OF ILLINOIS AND OFFICIALLY BECOME A REGISTERED INTERIOR DESIGNER

why should you register?

1. **YOU ARE MORE LIKELY TO HAVE A HIGHER SALARY AND BE PROMOTED.** MOST IF NOT ALL SENIOR LEVEL STAFF, ASSOCIATES, PRINCIPLES, AND PARTNERS IN FIRMS ARE REGISTERED AND/OR LICENSED DESIGN PROFESSIONALS.
2. **WANT TO START YOUR OWN BUSINESS? REGISTRATION MAKE YOU MARKETABLE AND SAYS YOU ARE AN EXPERT.** THIS ATTRACTS CLIENTS AND INCREASES THEIR CONFIDENCE IN YOU.
3. **SHOWS YOU ARE A DESIGN PROFESSIONAL ON PAR WITH ARCHITECTS AND ENGINEERS** FOR YOUR SPECIFIC AREA OF EXPERTISE.
4. **BEING REGISTERED CONTRIBUTES TO THE ADVANCEMENT OF OUR FIELD.** WE CAN ONLY CONVINCED LEGISLATORS TO FIGHT FOR OUR RIGHTS WHEN WE HAVE STRENGTH IN NUMBERS. THIS MEANS MORE REGISTERED INTERIOR DESIGNERS SO WE CAN PASS NEW LEGISLATION.
5. **ALLOWS REGISTERED INTERIOR DESIGNERS TO FILE A LIEN AGAINST THE PROPERTY OWNER IF YOUR CLIENT DOES NOT PAY YOU.** REGISTERED INTERIOR DESIGNERS AS OF JANUARY 1ST, 2019, HAVE BEEN ADDED TO THE ILLINOIS MECHANICS LIEN ACT. THIS MEANS THE CLIENT CANNOT SELL THEIR PROPERTY OR PAY OTHER CONTRACTORS OR SUBCONTRACTORS UNTIL THEY PAY YOU FIRST. THIS GIVES YOU A LOT OF LEVERAGE. THIS IS IMPORTANT IF YOU PLAN TO HAVE YOUR OWN DESIGN BUSINESS.
6. **GIVES ELIGIBILITY TO OBTAIN A STAMP TO SEAL YOUR OWN INTERIOR, NONSTRUCTURAL DRAWINGS.** AS OF APRIL 20, 2023, THE REGISTERED INTERIOR DESIGNERS ACT - HB 4715 WAS FINALIZED. THIS PROVIDES REGISTERED INTERIOR DESIGNERS IN ILLINOIS THE ABILITY TO STAMP AND SEAL THEIR OWN INTERIOR, NONSTRUCTURAL CONSTRUCTION PLANS FOR PERMITTING.

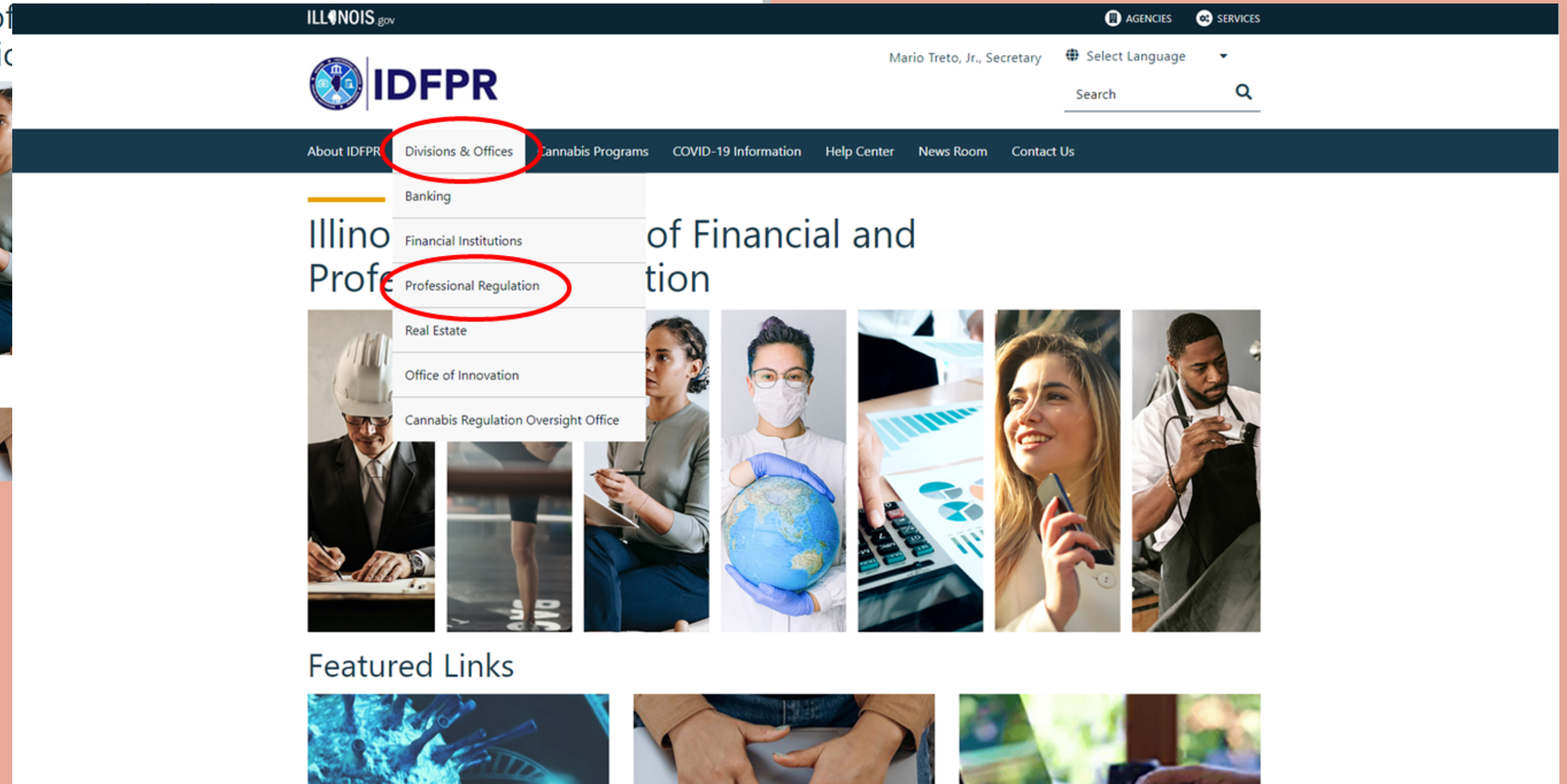
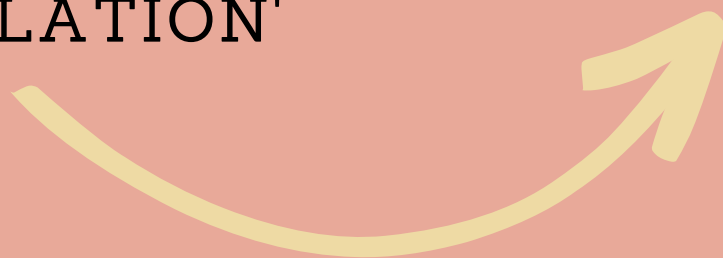
how do you start?



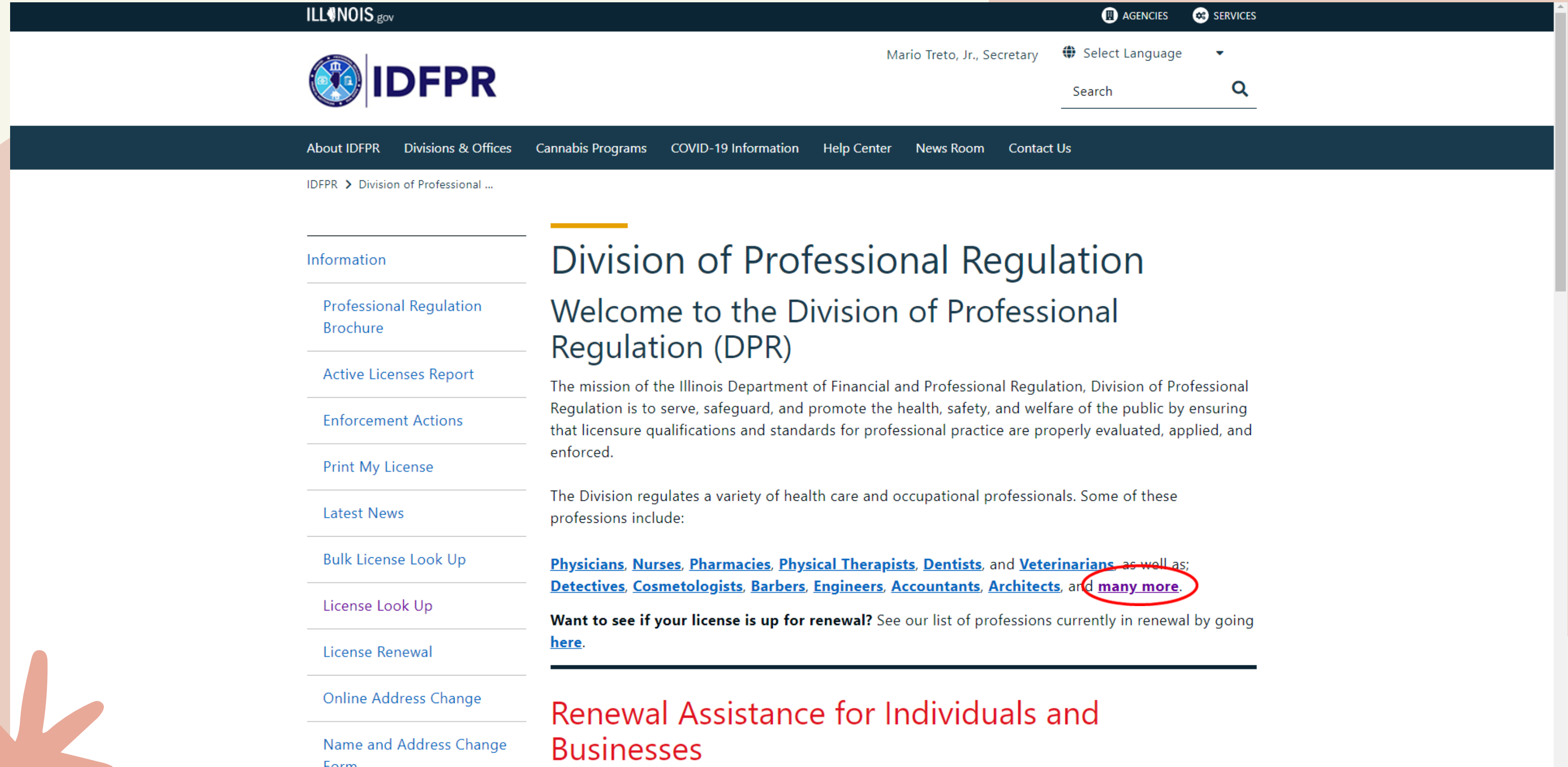
HEAD TO
WWW.IDFPR.ILLINOIS.GOV



THEN NAVIGATE TO
'DIVISIONS & OFFICES'
AND TO 'PROFESSIONAL
REGULATION'



AT TO TOP OF THE PAGE, YOU'LL SEE THE WELCOME SECTION LISTING PROFESSIONS THAT ARE REGULATED. CLICK "MANY MORE"



The screenshot shows the IDFPD website. At the top, there is a dark blue header with the Illinois state logo and 'ILLINOIS.gov' on the left, and 'AGENCIES' and 'SERVICES' on the right. Below this is a white navigation bar with the IDFPD logo on the left, 'Mario Treto, Jr., Secretary' in the center, and a 'Select Language' dropdown menu on the right. A search bar is also present. Below the navigation bar is a dark blue menu bar with links: 'About IDFPD', 'Divisions & Offices', 'Cannabis Programs', 'COVID-19 Information', 'Help Center', 'News Room', and 'Contact Us'. The main content area has a breadcrumb trail: 'IDFPD > Division of Professional ...'. On the left is a sidebar with a list of links: 'Information', 'Professional Regulation Brochure', 'Active Licenses Report', 'Enforcement Actions', 'Print My License', 'Latest News', 'Bulk License Look Up', 'License Look Up', 'License Renewal', 'Online Address Change', and 'Name and Address Change Form'. The main content area features a yellow horizontal line above the heading 'Division of Professional Regulation'. Below the heading is the sub-heading 'Welcome to the Division of Professional Regulation (DPR)'. The text describes the mission of the division and lists regulated professions: 'Physicians, Nurses, Pharmacies, Physical Therapists, Dentists, and Veterinarians, as well as; Detectives, Cosmetologists, Barbers, Engineers, Accountants, Architects, and many more.' The phrase 'many more' is circled in red. Below this is a link: 'Want to see if your license is up for renewal? See our list of professions currently in renewal by going here.' At the bottom, there is a red heading: 'Renewal Assistance for Individuals and Businesses'.

ILLINOIS.gov

AGENCIES SERVICES

Mario Treto, Jr., Secretary Select Language

Search

About IDFPD Divisions & Offices Cannabis Programs COVID-19 Information Help Center News Room Contact Us

IDFPD > Division of Professional ...

Information

Professional Regulation Brochure

Active Licenses Report

Enforcement Actions

Print My License

Latest News

Bulk License Look Up

License Look Up

License Renewal

Online Address Change

Name and Address Change Form

Division of Professional Regulation

Welcome to the Division of Professional Regulation (DPR)

The mission of the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation is to serve, safeguard, and promote the health, safety, and welfare of the public by ensuring that licensure qualifications and standards for professional practice are properly evaluated, applied, and enforced.

The Division regulates a variety of health care and occupational professionals. Some of these professions include:

[Physicians](#), [Nurses](#), [Pharmacies](#), [Physical Therapists](#), [Dentists](#), and [Veterinarians](#), as well as; [Detectives](#), [Cosmetologists](#), [Barbers](#), [Engineers](#), [Accountants](#), [Architects](#), and [many more](#).

Want to see if your license is up for renewal? See our list of professions currently in renewal by going [here](#).

Renewal Assistance for Individuals and Businesses

SCROLL TO THE LETTER "I" - INTERIOR DESIGN IS THE ONLY PROFESSION LISTED THERE

- IDFPR**
Funeral Director and Embalmer >
- G**
- Genetic Counselor >
 - Geologist >
- H**
- Hair Braider >
 - Home Inspection >
 - Home Medical Equipment & Service Provider >
- I**
- Interior Designer >**
- L**
- Land Surveyor >
 - Landscape Architect >
 - Professional Limited Liability Company >
 - Loan Originator >
 - Locksmith >
- M**
- Mail Order Ophthalmic Provider >
 - Marriage and Family Therapy >
 - Massage Therapist >

ILLINOIS gov

Mario Treto, Jr., Secretary | AGENCIES | SERVICES

Select Language | Search

About IDFPR | Divisions & Offices | Cannabis Programs | COVID-19 Information | Help Center | News Room | Contact Us

IDFPR > Interior Design

Interior Design

Professions Licensed by IDFPR:

- Interior Designer, Registered

License Renewals | **License Look Up** | **File a Complaint**

License Information

Online Renewal & Instructions

- [General License Instructions](#)
- [Click Here to Start Your Online Renewal!](#)
Please allow 2-4 business days for your license to post in our systems and your license status to update.

Notices


- [2019 Rule Changes for the Administration of the Registered Interior Designer Act](#)
- Interior Design Registration Application**
- [Registered Interior Designer - Application](#)
- [Petition for Restoration From Discipline](#)

WE'RE HERE! CLICK TO DOWNLOAD THE APPLICATION!



filling out the form...

FIRST PAGE EXPLAINS (5) PATHS TO REGISTRATION

 IDFPR Illinois Department of Financial and Professional Regulation Division of Professional Regulation	REGISTERED INTERIOR DESIGNER QUALIFICATIONS, INFORMATION & APPLICATION
<p>Before completing the application, read these instructions and then follow the directions as they apply to your specific situation. This will aid you in accurately completing your application and eliminate any delay in processing. All Illinois Registered Interior Designer registrations expire on August 31st of odd-numbered years, regardless of issuance date.</p> <p>Important Information:</p> <ul style="list-style-type: none">◆ An application is active for three years from the date of receipt by the Department.◆ Fees must be a check or money order in U.S. currency made payable to IDFPR FEES ARE NON-REFUNDABLE.◆ Before contacting the Department, please review our FAQ's (http://www.idfpr.illinois.gov/About/FAQ.asp) for answers to most questions. If your specific question is not addressed in our FAQ's, please contact the Department at 800.560.6420 for assistance.◆ We recommend that you review the Registered Interior Designers Act and Administrative Rules here: https://www.idfpr.illinois.gov/prof/IntDesign.asp	
REGISTRATION QUALIFICATIONS	
<p>Education & Experience:</p> <ol style="list-style-type: none">1. Graduate of a 5 year accredited interior design program with at least 2 years of full time interior design experience.2. Graduate of a 4 year accredited interior design program with at least 2 years of full time interior design experience.3. Graduate of a 3 year accredited interior design program with at least 3 years of full time interior design experience.4. Graduate of a 2 year accredited interior design program with at least 4 years of full time interior design experience.5. Illinois Architect with an active license. <p>Foreign Educated applicants:</p> <ul style="list-style-type: none">◆ All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation. <p>Examination:</p> <ul style="list-style-type: none">◆ Illinois utilizes the National Council for Interior Design Qualification (NCIDQ) examination for registration.◆ All examinations must be taken through NCIDQ.	
SUPPORTING DOCUMENTS	
<p>A. VE-IND. This is not required if you are applying as an Illinois Architect. This document must be completed to provide documentation of your employment/experience and must be completed by the supervising interior designer, architect, appropriate supervisor or sponsor and returned directly to you OR emailed directly from the supervisor to the department at EPR.DesignUnit@illinois.gov</p>	

REGISTRATION QUALIFICATIONS

Education & Experience:

1. Graduate of a 5 year accredited interior design program with at least 2 years of full time interior design experience.
2. Graduate of a 4 year accredited interior design program with at least 2 years of full time interior design experience.
3. Graduate of a 3 year accredited interior design program with at least 3 years of full time interior design experience.
4. Graduate of a 2 year accredited interior design program with at least 4 years of full time interior design experience.
5. Illinois Architect with an active license.

Foreign Educated applicants:

- ◆ All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Examination:

- ◆ Illinois utilizes the National Council for Interior Design Qualification (NCIDQ) examination for registration.
- ◆ All examinations must be taken through NCIDQ.

IF YOU ARE AN ARCHITECT, YOUR VE-IND IS NOT REQUIRED

SUPPORTING DOCUMENTS

A. VE-IND.

This is not required if you are applying as an Illinois Architect.

This document must be completed to provide documentation of your employment/experience and must be completed by the supervising interior designer, architect, appropriate supervisor or sponsor and returned directly to you **OR** emailed directly from the supervisor to the department at EPR.DesignUnit@illinois.gov

filling out the form...

APPLICATION INSTRUCTIONS

IMPORTANT:

This four (4) page application is used by over 100 professions by the Department. Read and follow the below steps carefully as they will explain exactly how to complete for this application. Wait at least four (4) weeks from the date you submit your application to contact the Department for a status update.

The numbers below will correspond with the specific parts of the four (4) page application.

1. APPLICATION CATEGORY INFORMATION AND FEES.

Use the chart below to complete **PART 1** of the application based upon what you are applying for. Use the rows to locate the method of licensure you are applying for. If you are an Illinois Architect applying for registration, you will use **Non-Examination**. If you are applying for your first registration, you will use **Acceptance of Examination**. If you are registered as an Interior Designer in another U.S. jurisdiction your method is **Endorsement**. There is only one fee required.

Profession Name:	Profession Code	Registration Method	Fee
Registered Interior Designer	161	Non-Examination	\$40
Registered Interior Designer	161	Acceptance of Examination	\$100
Registered Interior Designer	161	Endorsement	\$100

2. APPLICANT IDENTIFICATION INFORMATION.

All applicants must complete this section. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME CHANGE**; i.e. (copy of marriage license, divorce decree, affidavit or court order). **A valid email address is required to receive all department notifications, license download link and renewal notices.** If you do not have a US Social Security Number, contact the Department for the appropriate affidavit form.

3. EDUCATION INFORMATION.

All applicants must complete this section. All applicants must submit an official transcript from each college listed on the application. Refer to page one for the educational requirements and additional requirements for foreign graduates.

4. RECORD OF REGISTRATION INFORMATION.

All applicants must complete this section. Please list the registration(s) you hold. If you have never been registered as an Interior Designer or Illinois Architect, simply write **N/A** in the *State of Original Licensure field*.

5. RECORD OF EXAMINATION.

All applicants must complete this section. Please list **NCIDQ** for the name of the exam, the state in which the exam was passed, month/year of the last portion passed and list passed. Do not list each portion individually or list portions that were failed.

6. PERSONAL HISTORY INFORMATION.

All applicants must complete this section. If you answer YES to any question, you must submit the required documentation set forth by that question and include a personal statement.

7. CHILD SUPPORT AND TAX INFORMATION.

All applicants must complete this section by law.

8. CERTIFYING STATEMENT.

All applicants must sign and date the application for it to be accepted.

HOT TIP: THIS IS NEEDED LATER ON WHEN YOU'RE LOOKING FOR YOUR PROFESSION CODE AND YOUR PATH TO REGISTRATION.

1. APPLICATION CATEGORY INFORMATION AND FEES.

Use the chart below to complete **PART 1** of the application based upon what you are applying for. Use the rows to locate the method of licensure you are applying for. If you are an Illinois Architect applying for registration, you will use **Non-Examination**. If you are applying for your first registration, you will use **Acceptance of Examination**. If you are registered as an Interior Designer in another U.S. jurisdiction your method is **Endorsement**. There is only one fee required.

Profession Name:	Profession Code	Registration Method	Fee
Registered Interior Designer	161	Non-Examination	\$40
Registered Interior Designer	161	Acceptance of Examination	\$100
Registered Interior Designer	161	Endorsement	\$100

IF YOU HAVE TAKEN THE NCIDQ, PASSED THE EXAM, AND ARE NOW REGISTERING FOR THE FIRST TIME, YOU SHOULD USE '**ACCEPTANCE OF EXAMINATION**' AS YOUR PATH.

filling out the form...

APPLICATION CHECKLIST

ALL APPLICANTS MUST SUBMIT:

1. A completed original application
2. An application fee - check or money order (payable to IDFPR) in U.S. currency

ILLINOIS ARCHITECT APPLICANTS MUST SUBMIT:

1. A copy of your active Illinois Architect license


INITIAL REGISTRATION APPLICANTS MUST SUBMIT:

1. An official **NCIDQ** certification
2. Official transcripts for your Interior Design degree
3. VE-IND form for your experience

ENDORSEMENT REGISTRATION APPLICANTS MUST SUBMIT:

1. An official **NCIDQ** certification or certification of passage of the NCIDQ exam from the state you passed the exam in
2. Official transcripts for your Interior Design degree
3. VE-IND form for your experience
4. Certification from the **current** state of active practice

MAIL TO:

 Illinois Department of Financial and Professional Regulation,
Attn: Division of Professional Regulation, Design/PSS4
P.O. Box 7007
Springfield, Illinois 62791

HAVE QUESTIONS:

Phone (800) 560-6420
Email: FPR.DesignUnit@illinois.gov

ALL APPLICANTS MUST SUBMIT:

1. A completed original application
2. An application fee - check or money order (payable to IDFPR) in U.S. currency

ILLINOIS ARCHITECT APPLICANTS MUST SUBMIT:

1. A copy of your active Illinois Architect license

INITIAL REGISTRATION APPLICANTS MUST SUBMIT:

1. An official **NCIDQ** certification
2. Official transcripts for your Interior Design degree
3. VE-IND form for your experience

ENDORSEMENT REGISTRATION APPLICANTS MUST SUBMIT:

1. An official **NCIDQ** certification or certification of passage of the NCIDQ exam from the state you passed the exam in
2. Official transcripts for your Interior Design degree
3. VE-IND form for your experience
4. Certification from the **current** state of active practice

TIPS:

1. **DO NOT SEND YOUR ORIGINAL NCIDQ CERTIFICATE** - SEND AN OFFICIAL COPY FROM YOUR NCIDQ LOG IN ACCOUNT AS PART OF YOUR PACKET.
2. ORDER **A HARD COPY OF YOUR TRANSCRIPTS** EARLY - **DO NOT OPEN THEM.**

filling out the form...

TIPS:

1. DON'T FORGET WHERE TO FIND YOUR PROFESSION CODE - SEE PAGE (2) OF INSTRUCTIONS (**PROFESSION NAME: REGISTERED INTERIOR DESIGNER**) (**PROFESSION CODE: 161**)
2. DETERMINE YOUR PATH TO LICENSURE SO YOU CAN DETERMINE YOUR FEE - MOST LIKELY YOUR FEE WILL BE \$100, BUT PLEASE VERIFY BECAUSE FEES ARE NON-REFUNDABLE.
3. **FILL OUT THE FORM IN BLACK INK** - DON'T GET FANCY ON US. :)

APPLICATION FOR LICENSURE AND/OR EXAMINATION		IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	
The following materials are required to make Application for Licensure and/or Examination in Illinois:		Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:	
1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION. 2. INSTRUCTION SHEET, which gives step by step application instructions for your profession. 3. REFERENCE SHEET, which gives detailed coding information for your profession. 4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application. 5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.		A. Type or print legibly with black ink only. B. FEES ARE NOT REFUNDABLE. C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-451 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.	
PART I: Application Category Information			
A. Check the box indicating the appropriate information regarding your application. <input type="checkbox"/> Military <input type="checkbox"/> Military Spouse <input type="checkbox"/> Not Military <input type="checkbox"/> Decline to Answer <small>Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Service member's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license; a certified DD1172 verifying marital status; or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.</small>			
B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4			
1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE \$
C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION			
<input type="checkbox"/> This is the first time I have made application for this profession in Illinois.		<input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.	
<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.		<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.	
<input type="checkbox"/> Other: _____			
PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.			
1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.	
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY	
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY	
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME	
8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male	
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED		12. REQUIRED E-MAIL ADDRESS	
Work: (_____) _____ Home: (_____) _____ <small>(Area Code) (Area Code)</small>			
Fax: (_____) _____ Fax: (_____) _____ <small>(Area Code) (Area Code)</small>			

filling out the form...

TIPS:

1. COMPLETE THE FORM AND IDENTIFY EACH EDUCATIONAL INSTITUTION YOU ATTENDED – **PLEASE NOTE THAT TRANSCRIPTS ARE REQUIRED FOR ALL COLLEGES OR UNIVERSITES LISTED ON THIS FORM**

3. EDUCATION INFORMATION.

All applicants must complete this section. All applicants must submit an official transcript from *each* college listed on the application. Refer to page one for the educational requirements and additional requirements for foreign graduates.

Education & Experience:

1. Graduate of a 5 year accredited interior design program with at least 2 years of full time interior design experience.
2. Graduate of a 4 year accredited interior design program with at least 2 years of full time interior design experience.
3. Graduate of a 3 year accredited interior design program with at least 3 years of full time interior design experience.
4. Graduate of a 2 year accredited interior design program with at least 4 years of full time interior design experience.
5. Illinois Architect with an active license.

Foreign Educated applicants:

- ◆ All documents submitted in a foreign language must be accompanied by an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Examination:

- ◆ Illinois utilizes the National Council for Interior Design Qualification (NCIDQ) examination for registration.
- ◆ All examinations must be taken through NCIDQ.

PART III: Education Information				
1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)				
1 2 3 4 5 6 7 8 9 10 11 12		Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received OR G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED		3. LAST PRELIMINARY SCHOOL LOCATION (City and State)		4. DATE OF GRADUATION Month / Year
5. COLLEGE OR UNIVERSITY (Circle number of years completed)				
1 2 3 4 5 6 7 8		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	
7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM Month/Year	TO Month/Year	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

filling out the form...

PART IV: Record of Licensure Information				
<small>If you have ever been licensed to practice the profession for which you are now making an application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.</small>				
STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				
<small>(If additional space is needed, attach a separate sheet.)</small>				
PART V: Record of Examination				
<small>If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.</small>				
NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS	
			(Passed, Failed, Absent)	
<small>(If additional space is needed, attach a separate sheet.)</small>				

TIPS:

1. IF YOU ARE REGISTERED IN ANOTHER STATE AS AN INTERIOR DESIGNER OR AN ARCHITECT, YOU MUST DISCLOSE THIS INFORMATION AND INCLUDE A COPY OF YOUR REGISTRATION. **IF NOT, SIMPLY WRITE N/A.**

4. RECORD OF REGISTRATION INFORMATION.

All applicants must complete this section. Please list the registration(s) you hold. If you have never been registered as an Interior Designer or Illinois Architect, simply write **N/A** in the *State of Original Licensure* field.

TIPS:

1. ALL APPLICANTS MUST COMPLETE THE RECORD OF EXAMINATION SECTION. **YOU CAN LIST NCIDQ AS THE EXAM NAME, THE MONTH, THE YEAR, AND LIST PASSED.**

2. **DO NOT LIST EACH PORTION INDIVIDUALLY** OR LIST PORTIONS THAT WERE FAILED AND THEN SUBSEQUENTLY PASSED.

5. RECORD OF EXAMINATION.

All applicants must complete this section. Please list **NCIDQ** for the name of the exam, the state in which the exam was passed, month/year of the last portion passed and list **passed**. Do not list each portion individually or list portions that were failed.

filling out the form...

TIPS:

1. ALL APPLICANTS MUST FILL OUT THE PERSONAL HISTORY INFORMATION. SEE NOTES BELOW FOR ADDITIONAL SPECIFICS.

6. PERSONAL HISTORY INFORMATION.

All applicants must complete this section. If you answer YES to any question, you must submit the required documentation set forth by that question and include a personal statement.

7. CHILD SUPPORT AND TAX INFORMATION.

All applicants must complete this section by law.

8. CERTIFYING STATEMENT.

All applicants must sign and date the application for it to be accepted.

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO		
NAME (Last, First, MI):					
1. Have you been convicted of or pled guilty or no contest to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.					
2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.					
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.					
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? If yes, attach a detailed statement including an explanation whether or not you are currently under treatment.					
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.					
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.					
PART VII: Examination Coding Information (This part is for examination applicants only)					
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:					
a) CHART II - Select examination(s) you desire and enter Test Codes					
b) CHART III - Select the examination site you desire and enter Test Center Code:					
c) CHART IV - Find your School of Graduation and enter school code:					
d) Record the number of times you have taken this exam in Illinois or any other state:					
PART VIII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)					
1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.					
Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."					
Are you delinquent in the filing of state taxes?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
PART IX: Certifying Statement					
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.					
Signature of Applicant		Date			
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.					

filling out the form...

TIPS:

1. THIS PAGE IS THE CERTIFICATION BY LICENSING AGENCY FORM. AS THE APPLICANT, YOU MUST FILL OUT THE TOP HALF OF THE FORM SHOWN BELOW.
2. THE REVIEW BOARD WILL COMPLETE THE BOTTOM HALF AND PAGE 2 OF THIS DOCUMENT.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.		CERTIFICATION BY LICENSING AGENCY / BOARD		SUPPORTING DOCUMENT	
				CT	
APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.					
1. NAME LAST FIRST MIDDLE		2. DATE OF BIRTH ____/____/____ Month Day Year		3. SOCIAL SECURITY NUMBER ____-____-____	
4. ADDRESS STREET, CITY, STATE, ZIP CODE			5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code		
6. MAIDEN OR GIVEN SURNAME			7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____		
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)		8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)		
I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below. Signature _____ Date _____					
RETURN COMPLETED FORM TO APPLICANT					
LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.					
PART I - CERTIFICATION OF EXAMINATION STATUS					
A. The applicant <input type="checkbox"/> has written <input type="checkbox"/> is scheduled to write the following examination: _____ Name of Examination Date of Examination					
B. The applicant has or will have written the above-named examination _____ number of times.					
PART II - CERTIFICATION OF LICENSURE					
A. NAME OF PROFESSION AS IT APPEARS ON LICENSE			B. LICENSE NUMBER		
C. ISSUANCE DATE OF LICENSE			D. EXPIRATION DATE OF LICENSE		
E. LICENSURE METHOD					
<input type="checkbox"/> Examination (Administered in Your State)		<input type="checkbox"/> Reciprocity with (State) _____			
<input type="checkbox"/> National (Name) _____		<input type="checkbox"/> Waiver/Grandfather			
<input type="checkbox"/> State Constructed		<input type="checkbox"/> Credentials			
<input type="checkbox"/> Other (Name) _____		<input type="checkbox"/> Other (Describe) _____			
<input type="checkbox"/> Endorsement of License (State)		Acceptance of Examination Results (Administered in Another State) _____			
F. CURRENT LICENSURE STATUS			G. IF LICENSED BY EXAMINATION, RECORD SCORES		
<input type="checkbox"/> Active			Type of Examination _____ Score _____		
<input type="checkbox"/> Inactive			Written _____		
<input type="checkbox"/> Lapsed			Practical _____		
<input type="checkbox"/> Other (Explain) _____			Other (Describe) _____		
_____			Received no Grade Below _____		
_____			Examination Period ____ days ____ hours		

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.					
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4. ADDRESS STREET, CITY, STATE, ZIP CODE			5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code		
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8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)		8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)		
I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below. Signature _____ Date _____					

**we're not done yet,
but we're soo close.**

A large, white, stylized arrow pointing to the right, positioned in the lower half of the image. The arrow has a thick, rounded shaft and a wide, flat head. The background is a solid gold color, and the text is in a bold, dark blue font.

filling out the form...

TIPS:

1. THE APPLICANT SHOULD **FILL OUT THE TOP SECTION** OF THIS FORM, **INCLUDING THEIR NCIDQ NUMBER & PROVIDE TO THEIR EMPLOYER**
2. EMPLOYER SHOULD COMPLETE THE REMAINDER OF THE FORM (2 PAGES TOTAL) AND **RETURN TO APPLICANT IN SEALED ENVELOPE** TO BE INCLUDED IN APPLICATION

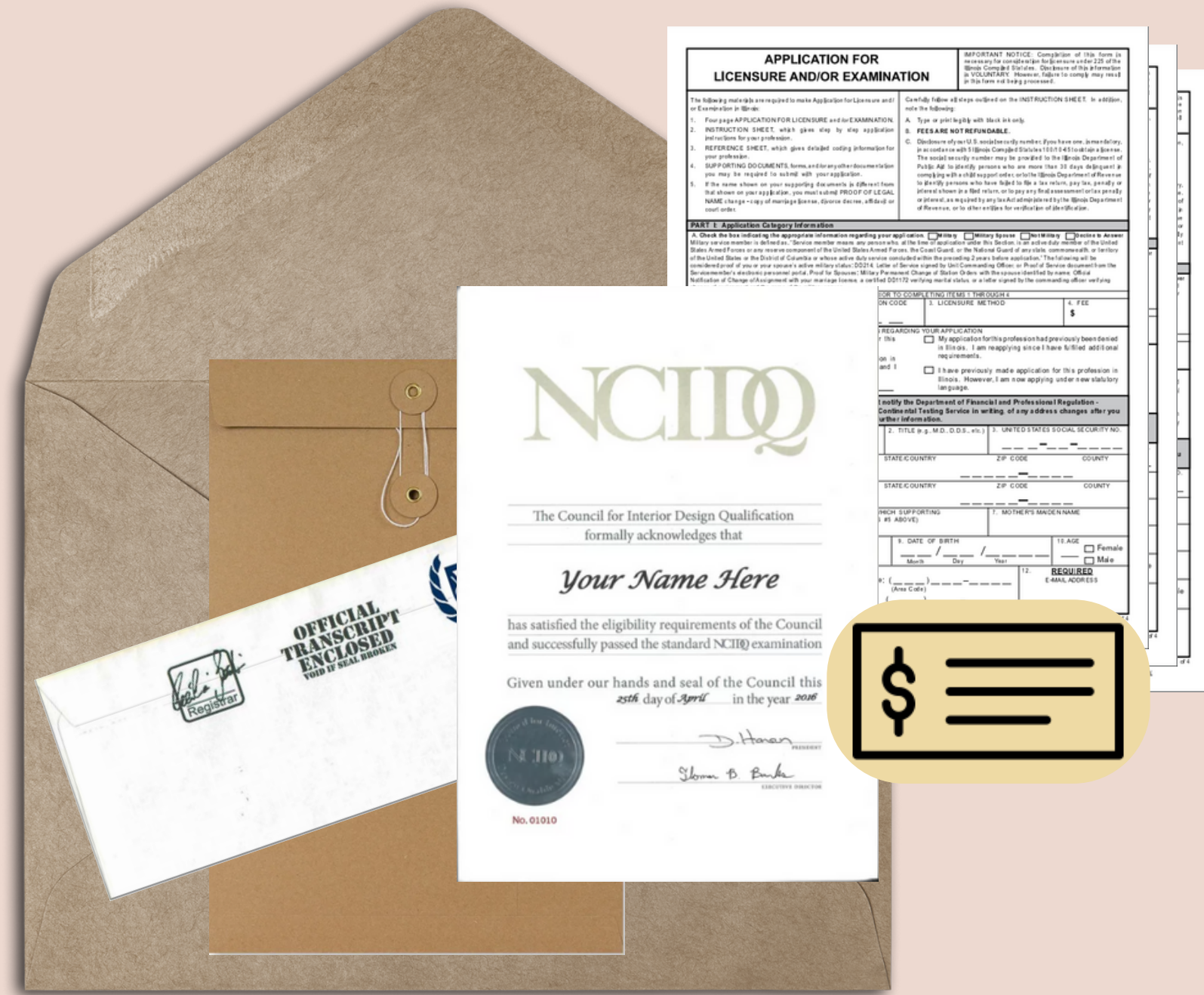
<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 310/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>		<p>SUPPORTING DOCUMENT</p> <p>VERIFICATION OF EMPLOYMENT/EXPERIENCE</p> <p>VE - IND</p>																																																						
<p>APPLICANT: The purpose of this document is to provide verification of work experience. Complete the applicant section of this form. Forward the form to the licensed professional employer or supervisor from whom you obtained your experience. Your employer/supervisor must return the completed form directly to you. IF SELF-CERTIFYING, COMPLETE THE ENTIRE FORM and also submit at least 3 notarized affidavits from peers or clients in support of the Interior Design projects described in Part II, Section D.</p>																																																								
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<p>EMPLOYER: Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.</p>																																																								
PART I - EMPLOYER INFORMATION																																																								
A. SUPERVISOR NAME		B. EMPLOYER'S NAME																																																						
C. SUPERVISOR'S PROFESSION AND REGISTRATION NUMBER		D. EMPLOYER'S ADDRESS STREET, CITY, STATE, ZIP CODE																																																						
E. NATURE OF BUSINESS (Architect, Design Firm, etc.)		F. EMPLOYER'S TELEPHONE NUMBER																																																						
PART II - APPLICANT EMPLOYMENT INFORMATION																																																								
A. CHECK THE APPROPRIATE BOXES REGARDING INTERIOR DESIGN ACTIVITIES IN WHICH THE APPLICANT WAS ENGAGED.		B. DATES AND STATUS OF EMPLOYMENT																																																						
<input type="checkbox"/> Administer contracts for fabrication, procurement or installation in the implementation of designs, drawings, and specifications. <input type="checkbox"/> Offer or furnish consultations, studies, drawings, and specifications in connection with location of lighting fixtures, lamps, and ceiling finishes. <input type="checkbox"/> Offer or furnish consultations, studies, drawings and specifications in connection with space planning, furnishings or fabrication of nonloadbearing structural elements.		<table border="1"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> <th colspan="2">STATUS</th> <th rowspan="2">Hours Per Week</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Full-time</th> <th>Part-time</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> </tbody> </table>		FROM			TO			STATUS		Hours Per Week	Month	Day	Year	Month	Day	Year	Full-time	Part-time							<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	
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C. INDICATE ALL FIELDS OF ACTIVITIES.																																																								
<input type="checkbox"/> Commercial Design <input type="checkbox"/> Institutional/Educational <input type="checkbox"/> Governmental <input type="checkbox"/> Hospitality/Restaurant <input type="checkbox"/> Facilities Management <input type="checkbox"/> Kitchen/Bath <input type="checkbox"/> Store Planning/Retail <input type="checkbox"/> Industrial/Manufacturing <input type="checkbox"/> Health Care																																																								

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<p>EMPLOYER: Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.</p>			

**now your form is
complete!**

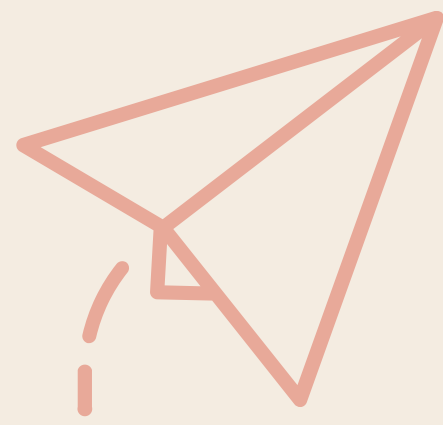


what to put inside?



- Your completed application paperwork
- A check or money order made payable to IDFP in U.S. currency
- An official NCIDQ Certification
 - a. Or A copy of your active Illinois Architecture License (if this is your path, you're complete)
- Official sealed transcripts from your Interior Design Degree
- VE-IND form for your experience, in a sealed envelope
- If you are an endorsement candidate, include your certification from the current state of active practice.

send it out!



Mail To:

Illinois Department of Financial & Professional Regulation

Attn: Division of Professional Regulation, Design/PSS4

P.O. Box 7007

Springfield, IL 62791

**TIP! We recommend
sending this with a
tracking option so
you can make sure
it arrives!**



If you have any questions that weren't answered here or on IDFPD's website prior to sending your packet, call

800.560.6420

or email FPR.DesignUnit@illinois.gov

**reviews can take up to 8
weeks after receipt ...**

SO DON'T STRESS

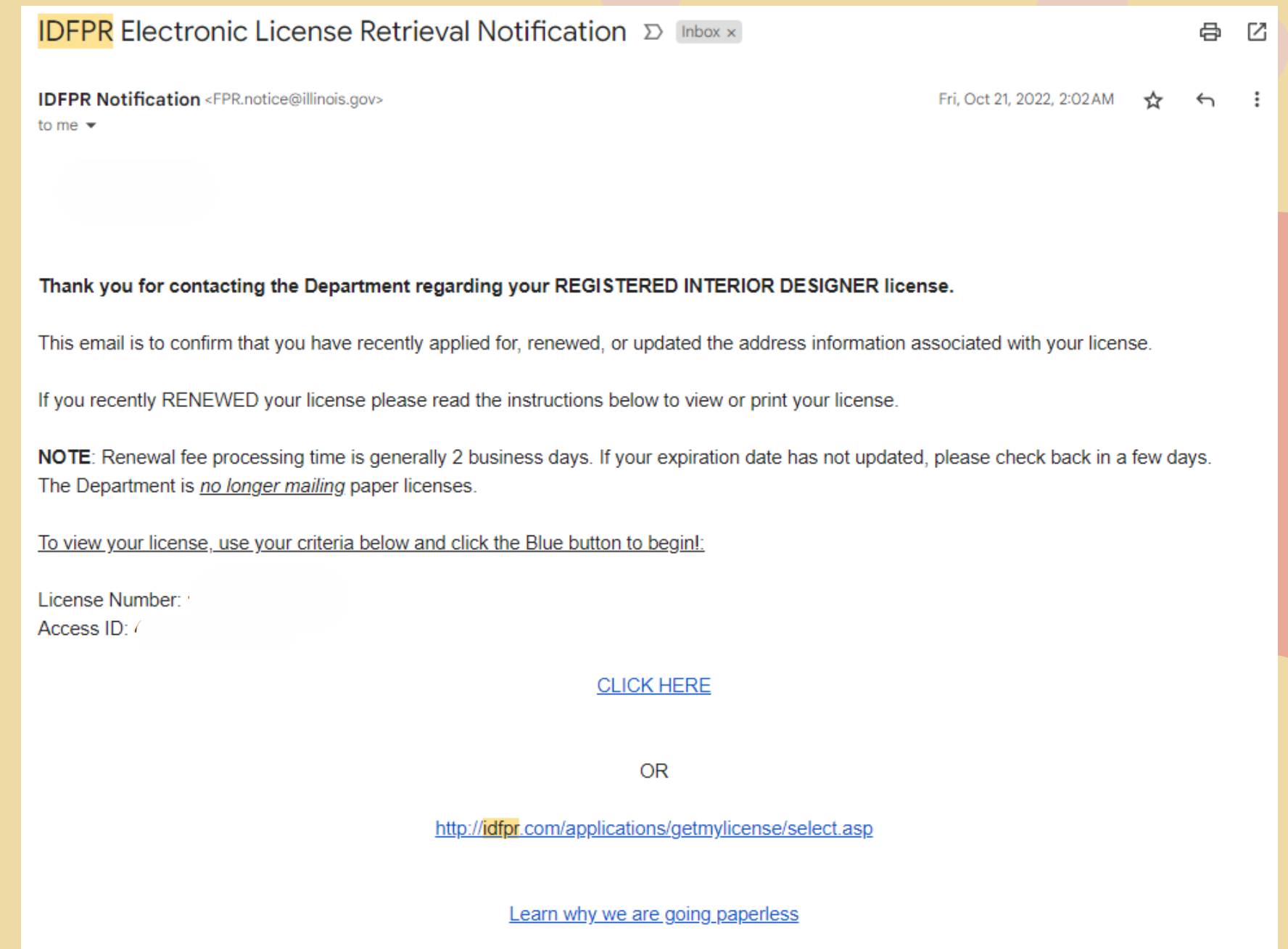


you will receive an email from IDFPR...

THIS IS THE GOOD NEWS
YOU'VE BEEN WAITING FOR!

Your registration paperwork is here!
Use your "Click Here" link to get to the
Log In page and use your new
"License Number" and your "Access ID"
as your password.

This will let you set up your account!



download your license



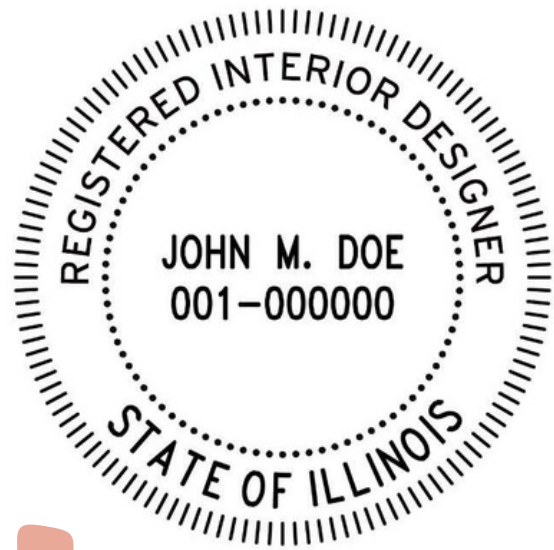
For future reference, IDFP is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFP. Your Access ID is:



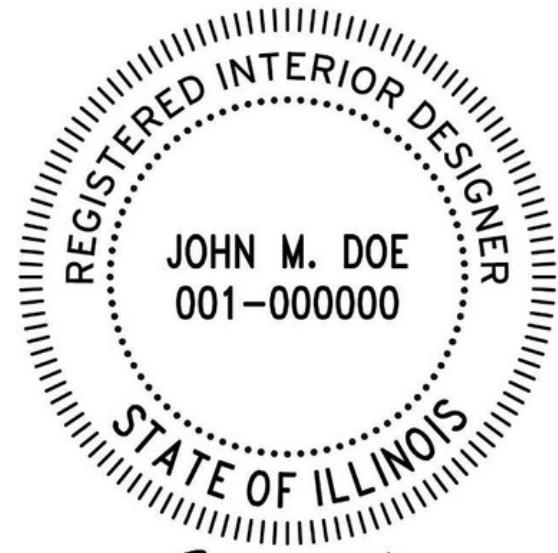
your stamp doesn't come from the State...

SO YOU WILL NEED TO PROCURE YOUR OWN STAMP.
IT SHOULD LOOK LIKE THIS:

Example of Stamp to be purchased.



Example of Stamp with handwritten signature, date signed, and registration expires date. Stamped drawings must have the handwritten info below the Stamp.



John Doe
01/01/23
Expires 01/01/25

There are many places to procure your stamp, but we will review just one. Others are:

<https://prostamps.com/>

<https://www.simplystamps.com/>

<https://www.thestampmaker.com/>

& many more!

purchase your stamp

www.winmark.com

winmarkstampandsign.com/product-category/custom-stamps/professional-stamps/interior-design-stamps/

Summer Special 🌞 Free Shipping on Orders Over \$50

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Interior Design Stamps & Seals

Winmark > Custom Stamps > Professional Engineer Stamps > Interior Design Stamps & Seals

× Interior Design Stamps & Seals

Clear filters

Press Enter to Search

Product keywords

CATEGORIES

Filter terms

- Engineer Stamps
- Land Surveyor Stamps
- Architect Stamps
- Geologist Stamps
- Interior Design Stamps & Seals

Illinois Trodat Self-inking Interior Designer Stamp

REGISTERED INTERIOR DESIGNER
JOHN M. DOE
001-000000
STATE OF ILLINOIS

~~\$47.61~~ **\$45.35**

Select options

TEXAS Pre-inked Registered Interior Designer Stamp

REGISTERED INTERIOR DESIGNER
JOHN H. DOLE
0000
STATE OF TEXAS

~~\$60.42~~ **\$57.55**

Select options

MARYLAND Pre-inked Certified Interior Designer Stamp

STATE OF MARYLAND
ROBERT J. SMITH
12345
CERTIFIED INTERIOR DESIGNER

~~\$69.02~~ **\$66.50**

Select options

GEORGIA Pre-inked Registered Interior Designer Stamp

STATE OF GEORGIA
JOHN DOE
REGISTERED INTERIOR DESIGNER
CERTIFICATE NO. 12345

~~\$60.42~~ **\$57.55**

Select options

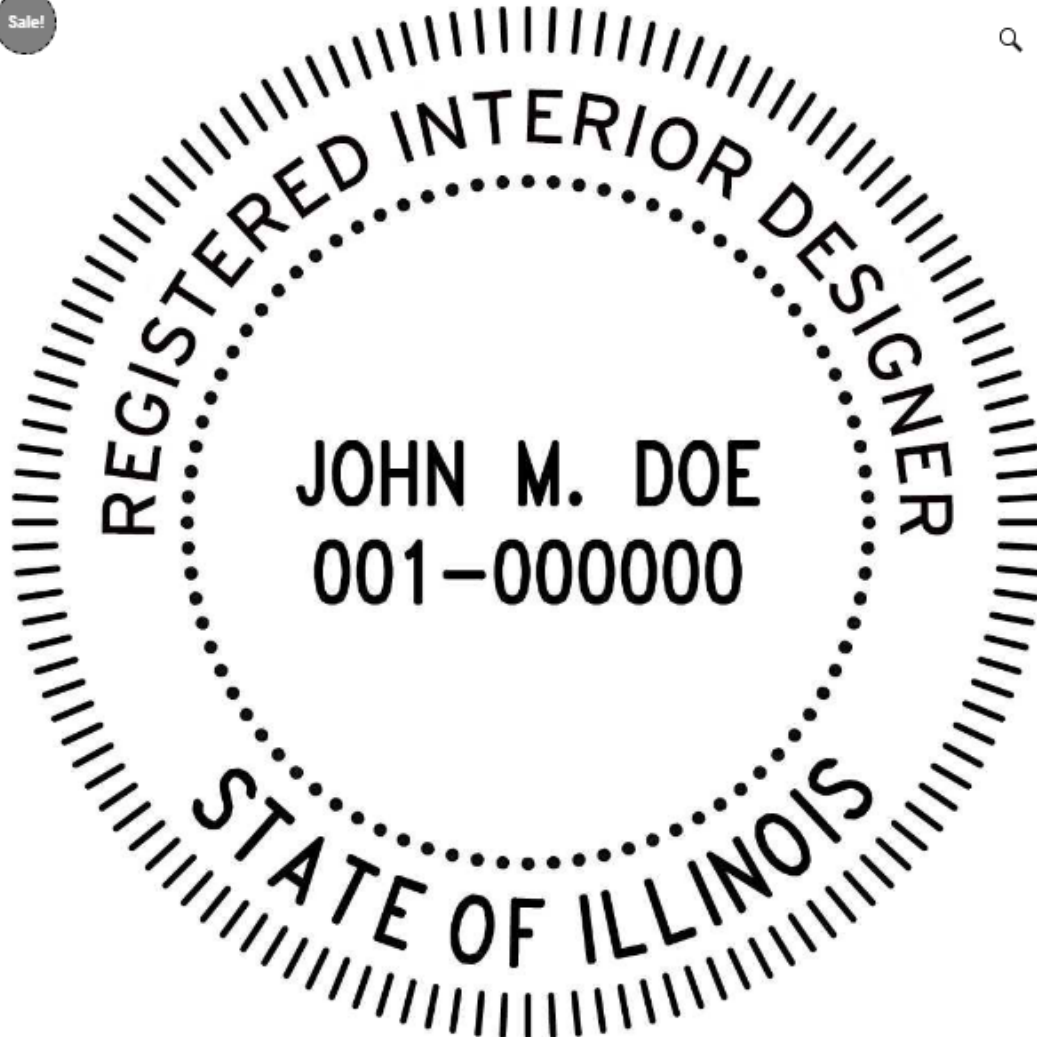
Welcome back Jill Dexter, how can we help you today?

purchase your stamp

www.winmark

Home / Custom Stamps / Professional Engineer Stamps / Interior Design Stamps & Seals / Illinois Trodat Self-inking Interior Designer Stamp

Safe!



Illinois Trodat Self-inking Interior Designer Stamp

~~€47.64~~ \$45.35

The Trodat Illinois Interior Designer stamp conveniently creates thousands of crisp, clean stamp impressions time after time. The Illinois Interior Designer stamp must be circular. Simply enter in your legal name as issued on your license and your license number below and we will do the rest. Illinois Interior Designer stamps have no restrictions on ink colors. Our Illinois Interior Designer stamps meet all state approved guidelines.

First Name

Middle Initial (if applicable)

Last Name

Certificate Number

Ink Color *
Select an option...

Special Instructions

Would you like a proof? *

Yes (+ \$5.00)

No

Electronic File (purchase with stamp only) *

None


JPG-Image (+ \$15.00)

PDF (+ \$15.00)

JPG & PDF (+ \$18.00)

1x Illinois Trodat Self-inking Interior Designer Stamp \$45.35

Subtotal \$45.35



Add your information **as it is shown on your registration paperwork**


For "Certificate Number", **add your Illinois Registration Number** shown on your License – **Not your NCIDQ number.**

Number format is recommended as 001-000000, don't use a dot instead.

Black Ink is recommended

update your appellations


TO AVOID ALPHABET SOUP!



HERE YOU WILL ADD YOUR MEMBER ORGANIZATION - ALL CAPS!
ASID OR IIDA (SEE LEVELS ON NEXT PAGE)

HERE YOU CAN ADD ANY ADDITIONAL CERTIFICATIONS YOU HAVE LIKE LEED AP OR WELL AP, ETC.

Your Name, ORG, RID, CERT



HERE, YOU CAN SWAP OUT YOUR NCIDQ CREDENTIALS FOR YOUR NEW "RID" CREDENTIALS

If you are a member of multiple organizations, list them all together at the beginning

update your appellations

TO AVOID ALPHABET SOUP!



PRACTITIONER MEMBER

CATEGORY	Appellation	Example
Professional	ASID	Jane Doe, ASID
Allied	Allied ASID	Jane Doe, Allied ASID
Associate	Associate ASID	Jane Doe, Associate ASID
Fellow	FASID	Jane Doe, FASID

STUDENT OR EDUCATOR MEMBER

CATEGORY	Appellation	Example
Educator Partner	Educator Partner ASID	Jane Doe, Educator Partner ASID
Allied Educator	Allied ASID	Jane Doe, Allied ASID
Professional Educator	ASID	Jane Doe, ASID
Student	Student ASID	Jane Doe, Student ASID

INDUSTRY PARTNER MEMBER

CATEGORY	Appellation	Example
Industry Partner Company	Industry Partner ASID	ABC Company, Industry Partner of ASID
Industry Partner Representative	Industry Partner Representative of ABC Company	Jane Doe, Industry Partner Representative of ABC Company



STATUS	APPELLATION	EXAMPLE
Associate	Associate IIDA or Assoc. IIDA	Joe Doe, Associate IIDA or Joe Doe, Assoc. IIDA
College of Fellows	FIIDA	John Smith, FIIDA
Emeritus	Emeritus IIDA or EIIDA	Jean Smith, Emeritus IIDA or Jean Smith, EIIDA
Emeritus College of Fellows	Emeritus FIIDA	Jane Doe, Emeritus FIIDA or Jane Doe, EFIIDA
Honorary	Honorary IIDA or Hon. IIDA	Jean Smith, Honorary IIDA or Jean Smith, Hon. IIDA
Industry	Industry IIDA or Ind. IIDA	Joan Smith, Industry IIDA or Joan Smith, Ind. IIDA
Professional	IIDA	Jane Doe, IIDA
Student	Student IIDA	John Smith, Student IIDA



Use your updated appellations on business cards, websites, resumes, your LinkedIn profile, and your email signature! This can also be used in press releases, newsletters, publications, and when being interviewed in the media!

start submitting for permit!

From the Bill:

Practice of registered interior design" means **the design of interior spaces as a part of an interior alteration or interior construction project in conformity with public health, safety, and welfare requirements, including the preparation of documents relating to building code descriptions, project egress plans that require no increase capacity of exits in the space affected, space planning, finish materials, furnishings, fixtures, equipment, and the preparation of documents and interior technical submissions relating to interior construction.**

"Practice of registered interior design" does not include:

- The practice of structural engineering as defined in the Structural Engineering Practice Act of 1989, the practice of professional engineering as defined in the Professional Engineering Practice Act of 1989, or the practice of land surveying as defined in the Professional Land Surveyor Act of 1989
- The practice of Architecture as defined in the Illinois Architecture Practice Act of 1989 except as provided in this act

As a Registered Interior Designer, familiarize yourself with the Bill language and your rights to practice -

IT'S IMPORTANT

start submitting for permit!

FOR ANY REGISTERED INTERIOR DESIGNER'S WHO
CARRY THEIR OWN INSURANCE

CHECK WITH YOUR CARRIER

TO CONFIRM THAT INDEPENDENT PRACTICE IS
COVERED BY YOUR CURRENT POLICY.

this will vary case by case, so be sure you
know what your plan entails to cover your bases!

IIDA offers insurance discounts through it's Affinity Program
ASID offers insurance discounts through it's Member Program



start submitting for permit!

IF YOU GET ANY PUSH BACK FROM JURISDICTIONS THAT ARE NEW TO THE UPDATED REGULATIONS IN ILLINOIS, DON'T WORRY.

TELL THE JURISDICTION THAT THIS IS THE NEW STATE LAW GOVERNED BY SECTION 1255.45 OF ADMINISTRATIVE RULES.

YOUR LOCAL ASID IL AND IIDA IL CHAPTERS ARE HERE FOR MORAL SUPPORT AND QUESTION ANSWERING TOO!



SUBMIT



**thank you for
making registration
a priority!**

FOR YOURSELF. FOR YOUR CAREER. FOR OUR PROFESSION.