

# STATE OF NEVADA

## REGISTERED INTERIOR DESIGNER APPLICATION AND INSTRUCTIONS

Following are the instructions and application for registered interior designer registration in the state of Nevada. Please read the qualifications necessary to be eligible for registered interior designer registration. If you qualify, please complete the application form and return it to our office. Applications will not be processed unless the application is complete.

### QUALIFICATIONS FOR REGISTERED INTERIOR DESIGNER REGISTRATION

The state of Nevada requires that all candidates for registration meet the following three requirements:

#### 1. Education

- Have successfully completed a program of interior design accredited by the Council for Interior Design Accreditation (CIDA); or
- Received a degree from an architectural program accredited by the National Architectural Accrediting Board (NAAB).
- Applicants who have a bachelor's degree in interior design that is not accredited by CIDA, or a bachelor's degree in architecture that is not accredited by NAAB, should contact the board office to discuss the options available.

#### 2. Experience

- Have at least two years of experience in interior design.

#### 3. Examination

- Pass all three sections of the October 2000 (or later) version of the National Council for Interior Design Qualification (NCIDQ) Exam; or
- Pass any prior version of the NCIDQ Exam and the Nevada Supplemental Examination for Registered Interior Designers. For more information about this exam, please contact the board office.

### INSTRUCTIONS

- Complete the application fully and sign on the last page.
- Indicate if your business or home address will be your public address. If no indication is made, your business address will be public. Please note, your public address cannot be a P.O. Box.
- The photograph should be 2.5" x 2.5" and similar to a passport photo. It must be recent, taken in the past 12 months. Photographs can be digital.
- The applicant shall request an official transcript from the registrar of each institution attended. The transcripts must be sent directly to the board office from the institution via mail or email. Transcripts received through the applicant are not acceptable.
- Proof of NCIDQ certification must be included with the application.
- Completed applications can be submitted via email to [nsbaidrd@nsbaidrd.nv.gov](mailto:nsbaidrd@nsbaidrd.nv.gov) or mailed to NSBAIDRD, 2080 E. Flamingo Rd., Suite 120, Las Vegas, NV 89119.
- The applicant will be required to take an open-book jurisprudence quiz. The quiz will be sent to you once your application has been processed and reviewed. Please download the following documents to familiarize yourself with Nevada law:
  - [Nevada Revised Statutes, Chapter 623](#)
  - [Nevada Administrative Code, Chapter 623](#)
  - ["The Blue Book"](#)
  - [Rules of Conduct for Architects](#)
  - [Nevada Lien Law](#)
- The applicant must be sworn-in as the final step in the registration process.



**NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN**

2080 E. Flamingo Rd., Suite 120  
Las Vegas, NV 89119  
(702) 486-7300 - Phone  
(702) 486-7304 - Fax  
email: nsbaidrd@nsbaidrd.nv.gov  
website: nsbaidrd.org

**APPLICATION FOR REGISTERED INTERIOR DESIGNER**

I hereby apply for registration to practice as a registered interior designer in the state of Nevada by examination.

**\*PLEASE TYPE APPLICATION\***

Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

**Public Address (cannot be P.O. Box):**  Residence  Business

Street: \_\_\_\_\_

Residence Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street: \_\_\_\_\_

Business Address City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

Present Position with Firm: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City/State or Country

Citizenship:

- U.S.  By Birth  
 Naturalized  Other (Explain):

AFFIX A CLEAR PHOTO IN THIS SPACE.  
  
APPROXIMATE PHOTO SIZE:  
2 1/2" x 2 1/2"

**FOR BOARD USE ONLY**

Entered in database (date/initials) \_\_\_\_\_ Fee received (date/amount) \_\_\_\_\_

Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

**A. EDUCATION**

Indicate, in chronological order, the name and address of each college, university or technical school attended and the information requested below:

Name/Address of Institution				Years (From-To)
Course of Study	Credits Earned	Year Graduated	Name of Degree	
Name/Address of Institution				Years (From-To)
Course of Study	Credits Earned	Year Graduated	Name of Degree	
Name/Address of Institution				Years (From-To)
Course of Study	Credits Earned	Year Graduated	Name of Degree	

**B. PROFESSIONAL AND FRATERNAL ORGANIZATION MEMBERSHIP**

Name/Address of Organization	Grade of Membership	Date (From-To)
Name/Address of Organization	Grade of Membership	Date (From-To)
Name/Address of Organization	Grade of Membership	Date (From-To)
Name/Address of Organization	Grade of Membership	Date (From-To)
Name/Address of Organization	Grade of Membership	Date (From-To)
Name/Address of Organization	Grade of Membership	Date (From-To)

**C. PUBLIC AND COMMUNITY SERVICE**

Describe below those public and community activities in which you have been involved:

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

Date: \_\_\_\_\_

**D. PRACTICAL EXPERIENCE.**

Read all of the following instructions before completing this section. **Begin with first employer.**

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Full Name and Complete Current Address of Employer		Date of Employment		
		From _____ To _____		
Total Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Sub-Professional	Other (Explain)	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Professional		

Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

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**E. ARREST RECORD**

Have you ever been arrested for any offense (misdemeanor or felony) for anything other than a traffic violation?

Yes     No

If your answer is yes, explain by attachment in full detail, giving dates, offense, places, names, the outcome and penalties, if any.

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**F. CHILD SUPPORT**

Pursuant to NRS 623.225, payment of child support, an applicant for the issuance or renewal of a certificate of registration to practice architecture is required to answer the following questions. A certificate of registration may not be issued or renewed by the board if the applicant fails to do so.

1. Are you currently subject to a court order or a plan approved by the district attorney or other public agency enforcing the amounts owed under a court order for the support of a child?

Yes     No

2. If so, are you currently in compliance with the court order and/or plan?

Yes     No

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**G. SPOUSE/DOMESTIC PARTNER OF ACTIVE MILITARY**

Are you the spouse/domestic partner of an active military member of the Armed Forces of the United States?

Yes     No

If your answer is YES, you must provide supporting documentation to verify that this information is true. Per Nevada Executive Order 2012-11, expedited application processing will be granted to the applicant upon receiving verifying documentation.

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

Date: \_\_\_\_\_

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**AFFIDAVIT**

I do not have any architectural or interior design commissions that require registration under Chapter 623, nor have I solicited any work or prepared any sketches for any client or associate for any project located in Nevada prior to or at the time of this application. Nor do I propose same prior to my registration. I do realize that practicing architecture or registered interior design for any project located in Nevada without a Nevada registration is a violation of Chapter 623 of the Nevada Revised Statutes.

**AUTHORIZATION AND RELEASE**

I hereby authorize any individual, company or institution with whom I have been associated, to furnish the Nevada State Board of Architecture, Interior Design and Residential Design with any information concerning my qualifications for registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith, from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I, \_\_\_\_\_, being the applicant named in this application, do hereby attest under penalty of perjury that on \_\_\_\_\_, 20\_\_\_\_, I have personally:

- 1) Read the contents thereof and to the best of my knowledge and belief the foregoing statements are true and correct.
- 2) Do realize that a fraudulent statement in this application is probable cause to have my application denied or revoked, should I be issued one.
- 3) Read and do understand Chapter 623 of the Nevada Revised Statutes.

Signed and attested to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant