Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects
INTERIOR DESIGNER EXPERIENCE VERIFICATION FORM

Instructions:

Applicant: Complete items #1 through #9, then forward this form to the firm named in #4.
Verifier: Complete items #10 through #22. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail directly to the board section at the address listed above. Your prompt response is appreciated.

1. Applicant’s Name
   Last
   First
   Middle
   Generation

2. Social Security Number or Virginia DMV Control Number*
   ☐ ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐
   * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address
   ____________________________________________________________
   ____________________________________________________________
   City State Zip Code

4. Employer (firm where experience was obtained)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   City State Zip Code

5. Employer’s Mailing Address
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   City State Zip Code

6. Time period in which experience was obtained
   From (MM/YY) _________ To (MM/YY) _________

7. Was this a full-time (minimum of 35 hours per week) position? Yes ☐ No ☐ If no, hours worked/week _________

8. Indicate the percentage of time spent in each category (percentages must add up to 100%). Please be mindful of how your work has enhanced and protected the health, safety and welfare of the public in completing this section. As some of the categories overlap, please note that your work experience may be relevant to more than one category; therefore, please check all categories that apply.

   1. Client Interviews
   2. Needs & Relationship Analysis
   3. Space Planning
   4. Design Concepts
   5. Presentations
   6. Code Analysis ●
   7. Fire Safety Considerations ●
   8. Barrier Free Evaluations ●
   9. Product & Material Selection
   10. Inventory & Analysis
   11. Budgeting & Cost Projections
   12. Architect/Engineer Coordination
   13. Building System Considerations (HVAC, lighting, acoustics & environment)
   14. General Drafting
   15. Custom Project Design
   16. Furniture & Equipment Specifications & Plans
   17. Non-load Bearing Interior Construction Specs/Plans
   18. Bid/Purchase Order Preparation
   20. Project Scheduling
   21. Shop Drawings & Submittal Reviews
   22. Site Visits/Punch Lists
   23. Personnel Management
   24. Marketing
   25. Business Office Operation
   26. Other: ________________________________

9. Applicant’s Signature ________________________________ Date ____________

04/06/2012
The applicant's employer or supervisor (during the time that the applicant is claiming credit for work experience) should complete Questions #10 through #23.

10. Verifier's Name
   Last Name: [ ]
   First Name: [ ]
   Middle Name: [ ]
   Generation: [ ]

11. Relationship to Applicant
   [ ] Supervisor
   [ ] Employer
   [ ] Other

12. Type of Business
    _____________________________________________________________

13. Mailing Address
    _____________________________________________________________
    _____________________________________________________________
    City: [ ]
    State: [ ]
    Zip Code: [ ]

    _____________________________________________________________

15. Position held in (or relationship to) the firm listed in #4.
    _____________________________________________________________

16. Do you hold any of the following licenses? Check all that apply.
   - [ ] Architect
     State [ ]
     License No. [ ]
     Expiration Date [ ]
   - [ ] Interior Designer
     State [ ]
     License No. [ ]
     Expiration Date [ ]
   - [ ] Professional Engineer
     State [ ]
     License No. [ ]
     Expiration Date [ ]

17. Are the dates of employment shown in #6 correct?  Yes [ ]
    No [ ]
    If no, clarify.
    _____________________________________________________________

18. Have you directly supervised the applicant for the entire period of time listed in #6?
    Yes [ ]
    No [ ]
    If no, what is your professional relationship to the applicant?
    _____________________________________________________________
    How did you obtain knowledge of the applicant's professional experience?
    _____________________________________________________________

19. Are the areas of practice selected by the applicant in #8 correct?  Yes [ ]
    No [ ]
    If no, explain.
    _____________________________________________________________

20. Was the applicant employed full-time (35 hours or more per week)?
    Yes [ ]
    No [ ]
    If no, how many hours did the applicant work each week?
    _____________________________________________________________

21. In your judgment, has the applicant's work been of a satisfactory quality and has the applicant exhibited good moral character?
    _____________________________________________________________

22. Additional Comments.
    _____________________________________________________________

23. Signature __________________________ Date __________________________