



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

No Fee Required

Instructions

Applicant: Complete items #1 through #8, then forward this form to either a certified/licensed **Interior Designer, Architect or Professional Engineer.**

Verifier: Complete items #9 through #19. Return it to the applicant for inclusion in their application package. Your prompt response is appreciated.

1. Applicant's Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers:
 Social Security Number or **Virginia DMV Control Number**

3. Mailing Address _____
City State Zip Code

4. Employer (firm where experience was obtained) _____

5. Time period in which experience was obtained From: _____ To: _____
MM/YY MM/YY

6. Was this a full-time (minimum of 30 hours per week) position?
 No If no, how many hours did you worked per week? _____
 Yes

7. **Indicate the percentage of time spent in each category (percentages must add up to 100 percent).** 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, apply percentages for all categories that are applicable:

- | | |
|---|--|
| _____ 1. Client Interviews | _____ 14. General Drafting |
| _____ 2. Needs & Relationship Analysis | _____ 15. Custom Project Design |
| _____ 3. Space Planning | _____ 16. Furniture & Equipment Specifications & Plans |
| _____ 4. Design Concepts | _____ 17. Non-load Bearing Interior Construction Specs/Plans |
| _____ 5. Presentations | _____ 18. Bid/Purchase Order Preparation |
| _____ 6. Code Analysis * | _____ 19. Bid/Cost Evaluations |
| _____ 7. Fire Safety Considerations * | _____ 20. Project Scheduling |
| _____ 8. Barrier Free Evaluations * | _____ 21. Shop Drawings & Submittal Reviews |
| _____ 9. Product & Material Selection | _____ 22. Site Visits/Punch Lists |
| _____ 10. Inventory & Analysis | _____ 23. Personnel Management |
| _____ 11. Budgeting & Cost Projections | _____ 24. Marketing |
| _____ 12. Architect/Engineer Coordination | _____ 25. Business Office Operation |
| _____ 13. Building System Considerations
(HVAC, lighting, acoustics & environment) | Other: _____ |
- _____ **TOTAL Percentage**

8. Applicant's Signature _____ Date _____

The applicant's employer or supervisor (during the time that the applicant is claiming credit for work experience) should complete questions #9 through #19.

9. Verifier's Name _____

10. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____

11. Email Address _____
Email address will only be used for communication with the Board staff.

12. What is your business relationship to the applicant? _____

13. Do you hold any of the following licenses? Check **all** that apply.

Architect State _____ License No. _____ Exp. Date _____

Professional Engineer State _____ License No. _____ Exp. Date _____

Interior Designer State _____ License No. _____ Exp. Date _____

14. Are the dates of employment shown in question #5 correct?
Yes
No If no, clarify. _____

15. During the time of employment (question #5), were you a licensed Professional Engineer?
Yes If yes, did you directly supervising the applicant? No Yes
No

16. Was the applicant employed full-time (30 hours or more per week)?
Yes
No If no, how many hours did the applicant work each week? _____

17. Are the areas of practice selected by the applicant in question #7 correct?
Yes
No If no, explain.

18. Additional comments:

19. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Signature _____ Date _____