

# MISSOURI INTERIOR DESIGN COUNCIL APPLICATION INSTRUCTIONS

This application package should contain the following:  
**BASIC (THREE PAGE) APPLICATION AND AUTHORIZATION AND RELEASE FORM.**

## GENERAL

"CIDQ" is defined as the Council for Interior Design Qualification.

All spaces of the application must be completed. If not applicable, please put N/A.

The application requires an **original** signature; copies are NOT acceptable. The application must be typewritten or printed in ink.

### **BEFORE SUBMITTING YOUR APPLICATION, MAKE CERTAIN YOU HAVE INCLUDED THE FOLLOWING:**

- Application (SIGNED AND NOTARIZED)
- Registration fee of \$50.00 - Made payable to the Missouri Interior Design Council (NOT REFUNDABLE)
- Authorization and Release Form (SIGNED AND NOTARIZED)
- The applicant shall contact the CIDQ at:

122 S Reinkers Lane  
Suite 210  
Alexandria, VA 22314

Phone: (202) 721-0220  
Fax: (202) 721-0221  
E-mail: [inquiries@cidq.org](mailto:inquiries@cidq.org)

Instruct CIDQ to verify exam passage and to send verification directly to the Missouri Interior Design Council, P.O. Box 1335, Jefferson City, Missouri 65102.

- Verification of licensure must be submitted directly to the Missouri Interior Design Council by each state, territory of the United States, or the District of Columbia where you have ever held a license, registration, certification or permit.
- The applicant shall request that an official transcript be mailed directly to the Interior Design Council from the accredited institution attended by the applicant showing completion of the registration education requirements, if applicable.
- The applicant must provide the required diversified and appropriate interior design experience as defined in Section 324.409, RSMo and 20 CSR 2193-2.030.

**Continuing Education:** Each registered interior designer will be required to complete at least one unit every two years of approved or verifiable continuing education in interior design or architecture. Ten contact hours constitutes one continuing education credit.

Follow the specific instructions herein and on the application form for completing each section.

### **Definition of Interior Design**

Interior design encompasses the analysis, planning, design, documentation, and management of interior non-structural/non-seismic construction and alteration projects in compliance with applicable building design and construction, fire, life-safety, and energy codes, standards, regulations and guidelines for the purpose of obtaining a building permit, as allowed by law. Qualified by means of education, experience, and examination, interior designers have a moral and ethical responsibility to protect consumers and occupants through the design of code-compliant, accessible, and inclusive interior environments that address well-being, while considering the complex physical, mental, and emotional needs of people.



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR REGISTRATION OF INTERIOR DESIGNERS**

INTERIOR DESIGN COUNCIL  
 P.O. BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 PHONE: (573) 522-4683  
 FAX: (573) 526-3489  
<http://pr.mo.gov/interior.asp>  
[intdesn@pr.mo.gov](mailto:intdesn@pr.mo.gov)

All spaces must be completed - please print in ink or type. This application **must be accompanied by check or money order in the amount of \$50.00** made payable to the "Missouri Interior Design Council". All fees are non-refundable. Review the instruction sheet before completing the application.

**SECTION A – PERSONAL INFORMATION**

LEGAL NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED					
RESIDENCE ADDRESS: STREET	CITY	COUNTY	STATE	ZIP	
RESIDENCE TELEPHONE					
BUSINESS NAME					
BUSINESS ADDRESS: STREET	CITY	COUNTY	STATE	ZIP	
BUSINESS TELEPHONE		BUSINESS FAX			
E-MAIL ADDRESS (IF APPLICABLE)					

**SECTION B – CATEGORIES FOR REGISTRATION (PLEASE CHECK ONLY ONE OF THE FOLLOWING)**

- Shall take and pass or have passed the examination administered by the National Council for Interior Design Qualification and:
  - Graduated from a five-year or four-year interior design program from an accredited institution and completed at least two years of diversified and appropriate interior design experience; or
  - Completed at least three years of an interior design curriculum from an accredited institution and has completed at least three years of diversified and appropriate interior design experience; or
  - Graduated from a two-year interior design program from an accredited institution and has completed at least four years of diversified and appropriate interior design experience; or

\*Applicants must provide the required diversified and appropriate interior design experience in a separate statement. Please see above for the requirements and attach the documentation to the application.

- Registered architect in the State of Missouri (Current)  
 Architect Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Reciprocity - any person who holds a valid current interior design registration issued by another state, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for license in Missouri, along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.
  - A certified document completed by the state-licensing agency verifying that the applicant met the examination, education, experience requirements and that the license is active and in good standing. The certified document **MUST** come directly from the other state board to the Interior Design Council.

**SECTION C – EXAMINATION**

If applicant has passed all sections of the NCIDQ examination, **instruct CIDQ to verify exam passage and send directly to the Missouri Interior Design Council.** Applicant must complete the following:

NCIDQ CERTIFICATE NUMBER	INITIAL CERTIFICATION DATE
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**SECTION D – RECORD OF LICENSING INFORMATION**

Complete all spaces. If not applicable, please put N/A.

If you are currently registered, licensed or certified within the profession in any jurisdiction, or are a registered architect in the State of Missouri, list all required information. Verification of licensure must be submitted directly to the Interior Design Council by each state, territory of the United States, or the District of Columbia where you have ever held a license, registration, certification or permit.

Registered architects in the State of Missouri must submit a current, original letter of good standing from the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects.

List other licenses within the profession in other jurisdictions in which you are licensed or registered.

JURISDICTION	PROFESSION NAME	REGISTRATION NUMBER	DATE OF ISSUANCE	LICENSE STATUS (ACTIVE, LAPSED, ETC.)

**SECTION E – PERSONAL HISTORY**

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS**

	YES	NO
	(CHECK ONE)	
1) Have you ever been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a statement for each conviction including date and place of conviction (even if imposition of sentence was suspended), nature of the offense and if applicable, the date of discharge from any penalty imposed.	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you been denied a professional license, certification, or permit, or privilege of taking an examination, or had a professional license, certification, or permit disciplined in any way by any licensing authority in Missouri or elsewhere? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever been discharged other than honorably from the armed services or from a city, county, state or federal position? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
4) Are you a U.S. citizen? If not, please attach explanation of residency status.	<input type="checkbox"/>	<input type="checkbox"/>
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

General information may also be found at the Missouri Veterans Commission's website.

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

**SECTION F – ATTESTATION**

I hereby attest and affirm that the information provided in this application is true and correct to the best of my knowledge and belief, and I understand that if this information is not true and correct I am subject to the penalties of making a false affidavit.

SIGNATURE OF APPLICANT	DATE
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## AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, hereby authorize any individual, company or institution with whom I have been associated, to furnish the Missouri Interior Design Council with any information concerning my qualifications for registration in Missouri 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.

SIGNATURE OF APPLICANT

DATE

ATTACH A  
PASSPORT  
QUALITY  
PHOTOGRAPH HERE

**NOTE TO ALL APPLICANTS FOR REGISTERED INTERIOR DESIGNER IN MISSOURI:**

*In accordance with procedures established by the Missouri Interior Design Council, no application for Registered Interior Designer will be processed unless accompanied by the above authorization and release, properly signed.*