

Section II: Certification of Education for Interior Design

Instructions to Registrar: Please complete Part A and B or C as appropriate, sign the certification and return the completed form directly to the New York State Education Department at the address at the end of this form. DO NOT return this form to the applicant.

Part A - Program Information

1. Name of Applicant: _____
2. Exact name of the program (major) applicant completed: _____
Exact name of the program option or concentration, if any: _____
3. Credential required for admission: _____
4. Entrance Date: _____ / _____ / _____ Completion/withdrawal date: _____ / _____ / _____ Full time Part time
mo. day yr. mo. day yr.
5. Exact name of degree conferred, if any: _____
6. Date degree conferred: _____ / _____ / _____
mo. day yr.
7. If not clearly identified on transcript, list any course convalidated or accepted for transfer credit by your school and the name of the institution from which credit was transferred (Attach additional sheet if necessary).

Part B - Accredited Programs - for New York State programs registered as licensure qualifying in Interior Design and programs accredited at the time of graduation by the Council for Interior Design Accreditation (CIDA), formerly known as the Foundation for Interior Design Education Research (FIDER).

The applicant graduated from a program, which at the time of graduation, was:

- a New York State Education Department licensure qualifying interior design program at the:
 - associate level baccalaureate level masters level (official transcript of a baccalaureate degree needs to be attached.)
- a CIDA (FIDER) accredited program at the:
 - associate level or certificate level (official transcript needs to be attached.) baccalaureate level

Part C - All other programs, including graduate and foreign programs - complete this section.

- Official school transcript or mark sheet(s)* is attached.
*official academic record with applicant dates, courses and grades

Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar or designee _____ Date _____ / _____ / _____
mo. day yr.

Title or official position _____

Institution _____

Address _____

(College Seal)

Telephone number _____ Fax _____

E-mail _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Interior Design Unit, 89 Washington Avenue, Albany, New York 12234-1000