**VERIFICATION OF EXPERIENCE**

**APPLICANT INSTRUCTIONS**

1. Complete Section I. Enter your name as it appears on your licensure application (Form 1).
2. Send this form to your employer/client for completion of Section II. If additional copies are needed, you may photocopy this form.

**SECTION I: APPLICANT INFORMATION**

1. **SOCIAL SECURITY NUMBER**

2. **BIRTH DATE**

   - Month
   - Day
   - Year

   (Leave this blank if you have no U.S. Social Security Number)

3. **PRINT FULL NAME**

   - Last
   - First
   - Middle

4. **MAILING ADDRESS**

   - Line 1
   - Line 2
   - Line 3
   - City
   - State
   - Zip Code
   - Country/
   - Province

5. Is/was employed by the firm of
   (give name and address)

6. Which rendered those services indicated by an “X”:

   - INTERIOR DESIGN
   - ARCHITECTURAL
   - CONSTRUCTION MANAGEMENT
   - FACILITIES MANAGEMENT
   - PLANNING
   - OTHER (Explain)
   - CORPORATION INTERIOR

   - PROGRAMMING
   - SPECIFICATION
   - WRITING
   - WORKING
   - CONTRACT ADMINISTRATION
   - TEACHING OR RESEARCH
   - PUBLIC SERVICE
   - OTHER

   *Attach a brief explanation of how this experience provided experience equivalent to that obtained in an interior design office. Public Service includes experience gained in federal, state or local government departments and/or agencies.*

<table>
<thead>
<tr>
<th>DATES OF EMPLOYMENT</th>
<th>LENGTH OF TIME</th>
<th>CHECK APPROPRIATE EXPERIENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td>PART TIME (LESS THAN 35 HRS/WK)</td>
</tr>
<tr>
<td>Month</td>
<td>Year</td>
<td>Month</td>
</tr>
</tbody>
</table>

I hereby certify that the work experience and time claimed for that experience are true and accurate.

Signature: ____________________________ Date: ______ / ______ / ______ mo. day yr.

Rev. 1/20
SECTION II: VERIFICATION OF EXPERIENCE

INSTRUCTIONS TO EMPLOYMENT/CLIENT:

To ensure the provisions of the licensing law safeguard life, health and property, the State Board for Interior Design has been charged with the responsibility of recommending only those who are qualified for the profession on the basis of the exhibited satisfactory examinations and character of professional experience in interior design work. As one of the applicant’s references, you are presumably familiar with his or her professional work and have knowledge of his or her ability, character and reputation. The Board would appreciate information that addresses the extent of the experience gained by the applicant in professional work as well as your opinion of his or her professional competence and character.

The Board asks your cooperation in supplying this information and in forwarding it as soon as possible to the address given below. Do not return this sheet to the applicant.

<table>
<thead>
<tr>
<th></th>
<th>To the best of my knowledge the information provided on the reverse side is correct. (if no, please explain)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The dates of employment in item 6, Section I, are correct. (if no, please clarify)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The experience(s) checked by the applicant for the dates of Employment listed in item 6, Section I, are correct. (if “no,” please clarify)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>☐ YES ☐ NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Please state briefly your opinion of the applicant’s professional conduct and ability while thus employed.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th></th>
<th>Comments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ARE YOU AN: ☐ INTERIOR DESIGNER ☐ REGISTERED ARCHITECT * ☐ PROFESSIONAL ENGINEER * (* AFFIX STAMP/SEAL BELOW)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ENDORSER’S AFFIDAVIT

I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant’s work and interior design ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.

Signature: __________________________________________ Date: _____ / _____ / _____
Name: ____________________________________________
States/Dates of Registration(s): ______________________
Telephone: __________________ 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

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