



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

EXAMINATION APPLICATION PACKAGE

Candidate Name: _____

Candidate Number: _____ **(Office use only)**

164 South Main Street, 8th Floor
High Point, NC 27260
Phone: 888-884-4469 xt 224
Fax: 336-885-3291
www.cqrid.org



YOUR KEY TO PROFESSIONALISM

The CQRID national certification exam is the symbol for excellence in residential interior design and is *your* key to enhanced professional stature among your customers and peers.

ELIGIBILITY REQUIREMENTS

The CQRID examination is available to practitioners of residential interior design who, at the time of application, have achieved the following:

- A four (4) or five (5) year degree in interior design or design-related field, plus two (2) years of practical design experience **OR**
- A three (3) year degree in interior design or design-related field, plus three (3) years of practical interior design experience **OR**
- A two (2) year degree in interior design or design-related field, plus four (4) years of practical interior design experience **OR**
- A high school diploma or GED, plus eight (8) years of practical design experience.

All residential interior designers who meet the six-year combination education/experience or eight year experience requirement, regardless of professional association affiliation, are eligible to take the CQRID examination. **Exceptions may be made for individuals who do not specifically meet the above requirements but who may have other equivalent credentials e.g., experience and/or education obtained outside the U.S. or Canada. These cases would require a special Board review process and would be subject to an additional fee. All education must be documented by submission of official school transcripts from all colleges, universities or technical schools at which the candidate has taken courses, or attained a degree, in interior design.

EXAM SUMMARY

PART ONE of the examination consists of 150 items that use the four-option, multiple choice format. Three (3) hours are allocated to complete this section of the exam, which is computer-scored. Part One must be passed in order to take Part II.

PART TWO of the examination consists of one (1) or more practical design problems based on client profiles. These design problems require candidates to demonstrate basic drafting skills, knowledge of barrier-free design, the ability to do space planning, draw an elevation and a lighting/electrical overlay. Six (6) hours are allocated to complete this section of the exam, which is juror-scored.

Part One and *Part Two* are given on separate days.

ADMINISTRATION

The examination is administered four (4) times per year. (Current dates located on www.cqrid.org) Testing sites are available in every state. Sites are selected based on a two (2) candidate minimum per site. All completed application forms and fees must be submitted to CQRID 45 days prior to preferred exam date.

HOW TO STUDY FOR THE EXAM

PART ONE

- An **Examination Preparatory Course**, home-study workbook, is available for \$275 (plus \$10 shipping)

PART TWO

- The **Professional Designer Training Workshop**, a one and a half (1 ½) day on-site program, includes a practical design examination and individual instructor attention. Check www.cqrid.org for upcoming workshops.

COST

- **Examination Preparatory Course** costs \$275 plus \$10 shipping fee. (An order form is enclosed.)
- **CQRID Exam** (Part One and Part Two) costs \$650 plus a one-time application fee of \$50.
- To retake the Part One of the exam costs \$325. To retake Part Two of the exam costs \$375.



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

INSTRUCTIONS FOR COMPLETING THE CQRID EXAMINATION APPLICATION

This application package contains 14 pages.

1. Please read all materials carefully before completing your application.
2. Be sure to complete **all** sections of the application form (Numbered Pages 1 through 4).
 - a. Print responses using blue or black ink.
 - b. Incomplete applications will not be processed.
3. Print your name in the space provided at the top of each page.
4. You are required to submit a total of **three** separate references with your application, using the forms provided at the back of this application. References may be submitted **only** from the following: a) employers; b) supervisors; c) clients; or d) other industry professionals, such as a registered/certified interior designer, a licensed architect or engineer, or a licensed contractor affiliated with the building industry. References from interior designers who are not state registered or licensed are not accepted.
 - a. Supply your references with the letter of reference form and a self-addressed, stamped envelope.
5. You are required to submit official school transcripts **only if you have completed a formal course of study in interior design or a related degree (i.e., art, art history, or fine arts)**.
6. You must sign your application. *Unsigned applications will not be processed.*
7. Enclose your check, money order, or credit card information for **\$650** plus the non-refundable **\$50** application fee, for a total of **\$700**.
8. Return your completed application, reference forms, school transcripts (if applicable) and fee(s) **45** days prior to desired exam date to:

CQRID
164 South Main Street, 8th Floor
High Point, North Carolina 27260

9. *If you have any questions regarding the instructions or the application package, please call CQRID at (336) 884-4469 xt 224 or email ewoody@interiordesignsociety.org.*

CQRID EXAMINATION APPLICATION

Page 1

TYPE OR PRINT LEGIBLY IN INK.

Full Name: _____

Mr. Ms. Mrs.

Residential Address: _____

(Street) *(include Suite and Apartment numbers)*

(City)

(State)

(Zip)

Company Name: _____

Company Address: _____

(Street) *(include Suite and Apartment numbers)*

(City)

(State)

(Zip)

Telephone: Day (_____) _____ Evening (_____) _____

Fax (_____) _____

Email: _____

Website Address: _____

Are you a member of the Interior Design Society (IDS)? YES NO

If yes, please provide your member number: _____

Candidate name: _____

CQRID EXAMINATION APPLICATION

Page 2

EDUCATION:

Include official school transcripts with this application only if you have formal interior design education or a related degree (i.e., art, art history, fine arts).

School Name: _____

Location: _____

Attendance Dates: From: _____ To: _____
(month/year) (month/year)

Major: _____

Degree(s) received: _____ Date: _____

EXPERIENCE:

The following section is to be completed by the applicant. List current position or business first.

***This section is not to be used as a reference form.*

(1) Dates of Employment: From: _____ To: _____
(month/year) (month/year)

Name of Company: _____

Address: _____
Street (include Suite and Apartment numbers)

(City)

(State)

(Zip)

Telephone: (_____) _____

Your Title: _____

Specific Duties: _____

Supervisor's Name: _____

Candidate name: _____

CQRID EXAMINATION APPLICATION
Page 3

EXPERIENCE:

(2) Dates of Employment: From: _____ To: _____
(month/year) *(month/year)*

Name of Company: _____

Address: _____
Street (include Suite and Apartment numbers)

(City) (State) (Zip)

Telephone: (_____) _____

Your Title: _____

Specific Duties: _____

Supervisor's Name: _____

EXPERIENCE:

(3) Dates of Employment: From: _____ To: _____
(month/year) *(month/year)*

Name of Company: _____

Address: _____
Street (include Suite and Apartment numbers)

(City) (State) (Zip)

Telephone: (_____) _____

Your Title: _____

Specific Duties: _____

Supervisor's Name: _____

Candidate name: _____

CQRID EXAMINATION APPLICATION

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SPECIAL REQUESTS

Are you requesting special accommodations due to a disabling condition? YES NO

If yes, be sure to include the proper documentation of your disability from a certified health care provider and check all that apply below:

I will need special accommodations for the following reason(s):

- | | |
|--|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Multiple Disabling Condition |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Other (Please indicate condition) |
| <input type="checkbox"/> Learning Disability | _____ |

I will need (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> One additional hour of time | <input type="checkbox"/> A writer provided by NBCC |
| <input type="checkbox"/> A reader (I will provide) | <input type="checkbox"/> A separate room and proctor |
| <input type="checkbox"/> A writer (I will provide) | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> A reader provided by NBCC | _____ |

APPLICATION CHECK LIST- The below items are to be mailed to CQRID. **ALL MUST BE SUBMITTED TOGETHER.** Be sure to affix the proper postage.

- Cover Page
- Completed Application (Pages numbered 1 through 4)
- School Transcript (if applicable)
- Special Request Documentation (if applicable)
- Reference # 1 (in sealed & signed envelope)
- Reference # 2 (in sealed & signed envelope)
- Reference # 3 (in sealed & signed envelope)
- CQRID Preparatory Order Form (if applicable)
- CQRID Exam Registration Payment Form

I, the undersigned, do hereby certify that the information contained in this application is complete and valid.

Signature: _____ Date: _____



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

CQRID EXAM REGISTRATION PAYMENT FORM

Name: _____ Date: _____

Address: _____
Street (include Suite and Apartment numbers)

_____ City State Zip

Daytime Phone: (_____) _____ Fax (_____) _____

Email: _____

Website address: _____

Enclose the following :

- CQRID Examination Fee \$650.00
- Non-refundable Application Fee \$ 50.00

TOTAL AMOUNT DUE WITH APPLICATION \$700.00

METHOD OF PAYMENT:

- My check is enclosed made payable to: CQRID
- Please charge my order to: (check one) Visa MasterCard American Express Discover

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Signature: _____

**RETURN COMPLETED APPLICATION WITH PAYMENT TO:
CQRID EXAM REGISTRATION
164 South Main Street, 8th Floor
HIGH POINT, NC 27260**

NOTE: Incomplete application forms will not be processed. Please be sure all school transcripts, references and fees are included.



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

**LETTER OF REFERENCE #1
FOR
CQRID EXAMINATION**

Applicant's Name: _____

Applicant's Address: _____
Street City State Zip

INSTRUCTIONS:

1. References may be submitted from past or present employers, supervisors, clients, or other industry professionals, such as a registered/certified interior designer, a licensed architect or engineer, or a licensed contractor affiliated with the building industry.
2. This letter is a confidential report on the qualifications of the above individual who has applied as a candidate for the CQRID (Council for Qualification of Residential Interior Designers) Examination. Please provide a brief description of your opinion of the candidate's qualifications and ability in the field of interior design, including any comments on the type and scope of interior design services performed by the candidate, the dates the candidate was employed by you, and any general information that will help us determine the candidate's eligibility.
3. *Please use the reverse side of this form for your comments.* Be sure to sign and date this form and return it to the applicant at the above address **IN A SEALED ENVELOPE.**
4. **PLEASE SIGN ACROSS THE SEAL TO ENSURE CONFIDENTIALITY.**

Name of Reference: _____

Position or Title: _____

Address: _____
Street (include Suite and Apartment numbers)

City State Zip

Phone: (____) _____ Email: _____

Signature: _____ Date: _____



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

**LETTER OF REFERENCE #2
FOR
CQRID EXAMINATION**

Applicant's Name: _____

Applicant's Address: _____
Street City State Zip

INSTRUCTIONS:

1. References may be submitted from past or present employers, supervisors, clients, or other industry professionals, such as a registered/certified interior designer, a licensed architect or engineer, or a licensed contractor affiliated with the building industry.
2. This letter is a confidential report on the qualifications of the above individual who has applied as a candidate for the CQRID (Council for Qualification of Residential Interior Designers) Examination. Please provide a brief description of your opinion of the candidate's qualifications and ability in the field of interior design, including any comments on the type and scope of interior design services performed by the candidate, the dates the candidate was employed by you, and any general information that will help us determine the candidate's eligibility.
3. *Please use the reverse side of this form for your comments.* Be sure to sign and date this form and return it to the applicant at the above address **IN A SEALED ENVELOPE.**
4. **PLEASE SIGN ACROSS THE SEAL TO ENSURE CONFIDENTIALITY.**

Name of Reference: _____

Company Name: _____

Position or Title: _____

Address: _____
Street (include Suite and Apartment numbers)

_____ *City State Zip*

Phone: (____) _____ Email: _____

Signature: _____ Date: _____



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

**LETTER OF REFERENCE #3
FOR
CQRID EXAMINATION**

Applicant's Name: _____

Applicant's Address: _____
Street City State Zip

INSTRUCTIONS:

1. References may be submitted from past or present employers, supervisors, clients, or other industry professionals, such as a registered/certified interior designer, a licensed architect or engineer, or a licensed contractor affiliated with the building industry.
2. This letter is a confidential report on the qualifications of the above individual who has applied as a candidate for the CQRID (Council for Qualification of Residential Interior Designers) Examination. Please provide a brief description of your opinion of the candidate's qualifications and ability in the field of interior design, including any comments on the type and scope of interior design services performed by the candidate, the dates the candidate was employed by you, and any general information that will help us determine the candidate's eligibility.
3. *Please use the reverse side of this form for your comments.* Be sure to sign and date this form and return it to the applicant at the above address **IN A SEALED ENVELOPE.**
4. **PLEASE SIGN ACROSS THE SEAL TO ENSURE CONFIDENTIALITY.**

Name of Reference: _____

Company Name: _____

Position or Title: _____

Address: _____
Street (include Suite and Apartment numbers)

_____ *City State Zip*

Phone: (____) _____ Email: _____

Signature: _____ Date: _____



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

TRANSCRIPT REQUEST FORM #1

Applicant:

Please complete the information below, sign this form and forward it to your school's Registrar's office immediately. All official school transcripts must be submitted with your application form by the deadline date.

Applicant's Name: _____
First Middle Last

Applicant's Address: _____
Street City State Zip

Phone: (____) _____ Email: _____

Attendance Dates: From: _____ To: _____
(month/year) (month/year)

Major: _____

Degree(s) received: _____ Date: _____

I hereby authorize the release of a transcript of my academic record to the Council for Qualification of Residential Interior Designers (CQRID).

Signature: _____ Date: _____

REGISTRAR:

This individual is applying for candidacy for The Council for Qualification of Residential Interior Designers (CQRID) Examination. (www.cqrid.org) Please include this form with the candidate's official transcript and return it **IN A SEALED ENVELOPE** directly to the candidate at the above address. **PLEASE SIGN ACROSS THE SEAL TO ENSURE CONFIDENTIALITY.**

Thank you for your assistance.



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

TRANSCRIPT REQUEST FORM

#2

Applicant:

Please complete the information below, sign this form and forward it to your school's Registrar's office immediately. All official school transcripts must be submitted **with** your application form by the deadline date.

Applicant's Name: _____
First *Middle* *Last*

Applicant's Address: _____
Street *City* *State* *Zip*

Phone: (____) _____ Email: _____

Attendance Dates: From: _____ To: _____
(month/year) *(month/year)*

Major: _____

Degree(s) received: _____ Date: _____

I hereby authorize the release of a transcript of my academic record to the Council for Qualification of Residential Interior Designers (CQRID).

Signature: _____ Date: _____

REGISTRAR:

This individual is applying to take The Council for Qualification of Residential Interior Designers (CQRID) Examination. (www.cqrid.org) Please include this form with the candidate's official transcript and return it **IN A SEALED ENVELOPE** directly to the candidate at the above address. **PLEASE SIGN ACROSS THE SEAL TO ENSURE CONFIDENTIALITY.**

Thank you for your assistance.



THE COUNCIL FOR QUALIFICATION OF RESIDENTIAL INTERIOR DESIGNERS

CQRID EXAMINATION PREPARATORY COURSE ORDER FORM

CQRID Exam Preparatory Course is available in **3-Ring Binder** or **CD** format.

Check preferred format:

3-Ring Binder – Cost is \$285 (includes \$10.00 shipping/handling) \$ _____

CD – Cost is \$280 (includes \$5.00 shipping/handling charges) \$ _____

(NC Residents add 6% State Sales Tax) \$ _____

Total Order \$ _____

Shipping Information: (Please print.)

Name: _____

Company: _____

Shipping Address: _____

(We cannot ship to P.O. Boxes; please provide Street address)

City _____ State _____ Zip _____

Phone: Day (_____) _____ Eve (_____) _____

Email: _____

Payment Information:

Enclosed is my check in the amount of \$ _____ made payable to CQRID.

Charge the following credit card: *(check one)*

Visa MasterCard American Express Discover

Card number _____ Exp. date _____

Name on Card _____ Security code _____

Cardholder Signature _____ Date _____

You may mail or fax your order with payment to: CQRID