

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 310/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

# VE - IND

### APPLICANT INFORMATION:

1. NAME	LAST	FIRST	MIDDLE	DEPARTMENT USE ONLY
2. LAST FOUR DIGITS OF YOUR SSN OR ITIN				

### REQUIREMENTS AND INSTRUCTIONS:

**Applicant:** Complete the top portion of the form then forward to your supervisor/employer to complete the remainder of it. If self-certifying for an Endorsement application, complete the entire form and additionally submit at least three (3) notarized affidavits from peers or clients in support of the Interior Design projects described in Part 11, Section D.

**Supervisor:** Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the application for review by the Board.

Email to: [FPR.DesignUnit@Illinois.gov](mailto:FPR.DesignUnit@Illinois.gov)

### SUPERVISOR INFORMATION:

A. SUPERVISOR NAME	B. EMPLOYER'S NAME (AT TIME OF SUPERVISION)															
C. SUPERVISOR REGISTRATION INFORMATION <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">APPLICABLE STATE(S) OF REGISTRATION</th> <th style="width: 33%;">MO/YR INITIALLY REGISTERED</th> <th style="width: 33%;">REGISTRATION NUMBER</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISION) STREET, CITY, STATE, ZIP CODE
	APPLICABLE STATE(S) OF REGISTRATION	MO/YR INITIALLY REGISTERED	REGISTRATION NUMBER													
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E. SUPERVISOR CONTACT INFORMATION																
Phone (_____) _____																
Email _____																

### PART II. - APPLICANT EMPLOYMENT INFORMATION

<p>A. CHECK THE APPROPRIATE BOXES REGARDING INTERIOR DESIGN ACTIVITIES IN WHICH THE APPLICANT WAS ENGAGED.</p> <p><input type="checkbox"/> Administer contracts for fabrication, procurement or installation in the implementation of designs, drawings, and specifications.</p> <p><input type="checkbox"/> Offer or furnish consultations, studies, drawings, and specifications in connection with location of lighting fixtures, lamps, and ceiling finishes.</p> <p><input type="checkbox"/> Offer or furnish consultations, studies, drawings and specifications in connection with space planning, furnishings or fabrication of nonloadbearing structural elements.</p>	<p>B. DATES AND STATUS OF EMPLOYMENT</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> <th colspan="2">STATUS</th> <th rowspan="2">Hours Per Week</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Full-time</th> <th>Part-time</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td> </td> </tr> </tbody> </table>	FROM			TO			STATUS		Hours Per Week	Month	Day	Year	Month	Day	Year	Full-time	Part-time							<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	
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C. INDICATE ALL FIELDS OF ACTIVITIES.

<input type="checkbox"/> Commercial Design	<input type="checkbox"/> Institutional/Educational	<input type="checkbox"/> Governmental
<input type="checkbox"/> Hospitality/Restaurant	<input type="checkbox"/> Facilities Management	
<input type="checkbox"/> Kitchen/Bath	<input type="checkbox"/> Store Planning/Retail	
<input type="checkbox"/> Industrial/Manufacturing	<input type="checkbox"/> Health Care	

D. DESCRIBE IN DETAIL THE SPECIFIC INTERIOR DESIGN ACTIVITIES PERFORMED BY THE APPLICANT BASED ON THE ACTIVITIES CHECKED IN BOX A ON THE REVERSE SIDE OF THIS FORM. **THIS SECTION MUST BE COMPLETED.**

E. IN YOUR OPINION, IS THERE ANY REASON WHY THE APPLICANT SHOULD NOT BE REGISTERED FOR THE PROFESSION OF INTERIOR DESIGN?  YES  NO EXPLAIN:

**AFFIDAVITS: Employer/Supervisor or Applicant complete appropriate section below.**

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period(s) listed and that the information I have reported herein is true and correct to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Supervisor

I do hereby declare that I have performed the interior design activities described above for the time period listed and that the information I have reported herein is true and correct to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant