



AMERICAN ACADEMY OF HEALTHCARE INTERIOR DESIGNERS

APPLICATION FORM

Attach one recent
passport-size
photograph of the
applicant here.

Sign photograph
across front in blue
ink.

GENERAL INFORMATION

Date of submission: _____

Name: _____

Home address: _____

Date of Birth: _____ Gender: Male Female

Home Phone _____ Work Phone _____

Cell Phone _____ Email address _____

AFFILIATIONS

IIDA Member: Yes, Member Number: _____ No

ASID Member: Yes, Member Number: _____ No

Other: _____

* Include photo copy of current member card

PRACTICE (Current Employment)

Name of firm: _____

Office address: _____

Telephone number: _____ Fax number: _____

Contact Person: _____ Position: _____

Email Address: _____



AMERICAN ACADEMY OF HEALTHCARE INTERIOR DESIGNERS

PRIMARY TYPE OF PRACTICE

___ Architectural / Interior Design Firm

___ Public Institution

___ Healthcare Organization

___ Retired from active practice

___ Other: _____

Please check preferred location of AAHID contact:

___ Office

___ Home

EDUCATION

Degree: _____

Date Conferred: _____

College/University: _____

City/State: _____

*** Copy of college transcript required**

QUALIFICATIONS

NCIDQ Certificate

Certificate Number _____ Certificate Date _____

*** Photo copy of current card required**

License

Have you held a current license to practice interior design in at least one state or jurisdiction of the United States of America Yes No

If yes:

Date of registration _____ State _____ Current expiration _____

*** Include photo copy of current state license card**

List all additional registration: _____

EXPERIENCE

Employment Experience

(Please list experience chronologically, beginning with the most recent. Attach additional sheets, if necessary.)

FIRM NAME	DESIGN SPECIALTY	POSITION	DATES OF EMPLOYMENT

*** The Certification Review Committee “randomly verifies” all documents submitted by candidate**