State of Tennessee
Department of Commerce and Insurance
Board of Examiners for Architects, Engineers, and Land Surveyors
500 James Robertson Parkway
Nashville, TN 37243-1142
615-741-3221
https://www.tn.gov/commerce/regboards/architects-engineers.html

EMPLOYER REFERENCE FOR INTERIOR DESIGNER

(to be completed by employer)

(Name and Address of Reference)

Re: _____
(Print or Type Name of Applicant)

Dear _____

I have made application to the Tennessee Board of Examiners for Architects, Engineers, and Land Surveyors for registration as a registered interior designer. Please send the completed form back to me so I may upload it with my application, per Board instruction.

_____
(Signature of Applicant)

Board Statement to Reference:

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an Interior Designer, qualified to use the title Registered Interior Designer in Tennessee.

The following are areas of experience of a professional interior designer. Select the option from the drop-down menu that applies to the level of experience the applicant gained in each area of interior design during his or her employment.

S = substantial experience
M = minimal experience
P = poor
A = adequate experience
N = no experience

1. PROGRAMMING, such as: client consultation, project analysis, determination of project requirements, site visits, field measurements, and existing furnishings inventory.

2. DESIGN ANALYSIS & DEVELOPMENT, such as: development of design concept, space planning.

3. SPECIFICATION OF FURNISHINGS & MATERIALS, such as: selection and/or specification of furniture, furnishings, fabric, finishes, lighting, graphics, equipment.

Applicant's Name _____

4. CONSULTATIONS WITH OTHER RELATED PROFESSIONALS, such as:architects, engineers, lighting consultants, art consultants, acoustical consultants, communications consultants, and historic preservation consultants.

5. PREPARATION OF DRAWINGS AND DOCUMENTS, such as: drafting plans, elevations, and details; producing specifications and/or purchase orders.

6. PROJECT MANAGEMENT, such as: inspection of work in progress, installation supervision, post installation evaluation, and client service.

☐ I recommend the applicant as qualified and competent. Additional comments: _____

_____

_____

_____

_____

_____

☐ I do not recommend the applicant for licensure because _____

_____

_____

_____

_____

The applicant, _____ has been or was
(Name of Applicant)

employed by me or my firm from _____ to _____

as _____.

My Firm Name _____ Bus. Phone _____

Address _____

(Answer if applicable)

- I am a Registered Interior Designer in the state of _____ Reg. # _____
- I am a Registered Architect in the state of _____ Reg. # _____

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as a Registered Interior Designer and after having carefully read the information given on this form.

Date _____ Signature _____