



Association
of Registered
Interior Designers
of Ontario

Direct Supervised Work Experience Reporting Form for ARIDO Registered Membership

Currently in Ontario, the protected title of Interior Designer is in force and only granted to those individuals who have met the qualifications for Registered membership with ARIDO. Supervised Work Experience is required after the Minimum Education Requirement. It is also required prior to moving on to the NCIDQ examinations.

The Supervised Work Experience Requirements for Registered membership are as follows:

- Graduates with a 3 year diploma – 5,280 hours of supervised interior design experience
- Graduates with a 4 year degree – 3,520 hours of supervised interior design experience

*For a 3-year diploma, only experience accumulated after graduation will qualify.

*For a degree, up to 1,760 hours of qualified experience can be earned before education is complete.

Your Supervised Work Experience hours are worth their full value (100%) when the hours are completed under one of the following individuals:

- Registered Member of ARIDO or another Provincial Regulatory Body
- Designer (passed the NCIDQ exam/meets ARIDO requirements)
- Licensed Architect

A direct supervisor is the individual within the firm that the Intern is employed and whom supervises their daily work. A current or former direct supervisor qualifies to sign off on your hours. A sponsor (mentor) is not meets the above qualifications but is not the Intern's Direct Supervisor.

75% of the total Supervised Work Experience hours may be claimed under someone who is a Designer but whom has not passed the NCIDQ Certified nor is licensed/registered with another provincial body. The remaining 25% must be under the supervision of one of the individuals listed above.

Instructions

Intern members are responsible for ensuring that the Work Experience Reporting Form is completed accurately and signed by their direct supervisor or sponsor for each position of which you are reporting the hours as qualifying for the Supervised Work Experience Requirement.

1. Complete Section I before obtaining sign off by the direct supervisor or sponsor.
2. Have the current employer, former employer or sponsor complete Section II.
3. All reporting forms must have the signature of the supervisor or sponsor on the form.
4. Incomplete forms will not be accepted.



Section I: (For Intern member to complete)

Intern Member Name: _____

ARIDO Membership Number: _____

Firm/Company Name: _____

Firm/Company Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Type of Business:

- Interior Design Firm
Corporate In-House
Architecture Firm
Other: _____

Please indicate your position title with the firm: _____

Responsibilities while supervised (Check all that apply)

- Programming
Conceptual/Schematic Design
Design Development
Construction Documents
Project Administration
Other: _____

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

Avg. hours worked per week _____ x No. of weeks worked _____ = TOTAL hours _____

Total hours completed _____

Direct Supervisor/Sponsor Name _____

Direct Supervisor/Sponsor Title _____

Direct Supervisor/Sponsor is/was (Check One)

- Registered Member of ARIDO or other Provincial Regulatory Body
Licensed Architect
NCIDQ Certificate holder
Designer (passed the NCIDQ exam/meets ARIDO Registered membership requirements but not a member)
Designer (Neither NCIDQ Certified or an ARIDO Registered Interior Designer or a Licensed Architect)
Other: please specify _____



Section II: (For supervisor or sponsor to complete)

Supervisor or Sponsor. This form is a report on the supervised work experience hours being claimed by the Intern member. These reported hours will be counted towards the ARIDO Supervised Work Experience requirement to qualify for Registered Membership.

By completing the form below, you are attesting to the hours of Direct Supervised Experience that the Intern member is claiming. Please complete the form below and return to the applicant for their submission to ARIDO directly. By signing this form, you are verifying that the information completed by the Intern Member in Section I is correct. If information contained with Section I is not correct, have the candidate correct the information prior to your signature.

Supervisor or Sponsor Name: _____

Current Title (if applicable): _____

Firm Name: _____

Firm Address: _____

City: _____ Province: _____ Postal: _____

Phone: _____ Email: _____

I am:

_____ Registered Member of ARIDO or other Provincial Regulatory Body (Member ID#: _____)

_____ Architect (License #: _____)

_____ NCIDQ Certificate holder (Certificate # _____)

_____ Designer (passed the NCIDQ exam/meets ARIDO Registered membership requirements but not a member)

_____ Designer (Neither NCIDQ Certified or an ARIDO Registered Interior Designer or a Licensed Architect)

_____ Other: please specify _____

I verify that the information provided above and in Section I is correct.

Supervisor/Sponsor Signature: _____

Date: _____