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## APPLICATION FOR EMERITUS STATUS

At the request of other retired Registered Interior Designers, the Board officially adopted rules regarding emeritus (retired) status in December 2014. You are being sent this notice because you have communicated to this office you are retired. This is optional and is *not* required by any laws or rules set forth by this Board.

## §915. Emeritus Status

- A. A registrant retired from practice who has either practiced interior design for 25 years or more or who is 65 years of age or older may request emeritus status. Only a registrant who is fully and completely retired from the practice of interior design my request emeritus status. Any registrant who is presently receiving or who anticipates receiving in the future any salary, income, fees, or other compensation (other than retirement income) from an interior design client, interior design or architecture firm, architect, design professional, or any other person for the practice of interior design in ineligible for emeritus status. The annual fee for an approved emeritus registrant is \$5. Revocation and reinstatement rules apply to an emeritus registrant, just as they do to any other registrant.
  - B. Emeritus status is not available to those on inactive status.
- C. Those who have been granted emeritus status pursuant to Subsection A may call themselves Registered Interior Designer Emeritus only.
- D. Should the registrant decide to come out of emeritus status, the registrant would have to go through the same process as a new licensee, including license fees and testing requirements as those who are seeking initial licensure.

The annual fee for an emeritus registrant is \$5. Emeritus status shall renew annually and expire December 31st.

Last Name		First Name		License Number
Home Address			City/State/Zip	
Home Phone	Mobile		Email Address	

I have read and understand the above listed regulations and have enclosed payment of \$5.00 made payable to the Louisiana State Board of Interior Designers.

SIGNATURE DATE

CREDIT CARD PROCESSING FORM

If you aren't comfortable mailing your credit card information, please submit a check or money order.









Fee is \$5.00	
LICENSEE NAME :	
CREDIT CARD NUMBER :	
EXPIRATION DATE :	
BILLING ZIP CODE :	