



National Kitchen & Bath Association
 687 Willow Grove Street
 Hackettstown, NJ 07840
 Phone (800) 843-6522
 Fax (908) 852-1695

For NKBA Office
Use Only

APPLICATION FOR CERTIFICATION ASSOCIATE KITCHEN & BATH DESIGNER (AKBD)

INSTRUCTIONS

- Read the "Eligibility Requirements" and other pages before completing this application.
- If you need extra space, use additional blank sheets; write your name and date on each sheet.
- Include your \$75 non-refundable application fee, \$200 exam registration fee, professional affidavit forms, transcripts, work verification forms, and exam registration form with your application.
- **Application must be submitted at least 12 weeks prior to the exam date**—check the NKBA's website at www.nkba.org for exact deadline dates. Late applications are accepted up until **two weeks** past the application deadline; a non-refundable late fee of \$75 will be charged.

Please check off each required item before submitting this application to the NKBA:

- | | |
|---|--|
| 1. <input type="checkbox"/> Completed Application | 2. <input type="checkbox"/> 2 Professional Affidavits |
| 3. <input type="checkbox"/> Work Experience Verification Form(s) | 4. <input type="checkbox"/> Exam Registration Form |
| 5. <input type="checkbox"/> College Transcripts (when applicable) | 6. <input type="checkbox"/> Payment (\$75 application fee and \$200 exam registration fee) |

PERSONAL INFORMATION

Name (last, first, middle) : _____

Residence Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone #: () _____ Fax #: () _____ Email _____

Direct all correspondence here

Business Name: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone #: () _____ Fax #: () _____ E-mail _____

Direct all correspondence here

Have you ever been convicted of a felony? Yes No
 (If yes, give details on a separate sheet)

Could any act of yours be considered contrary to ethical business practices or truthful advertising? If yes, give details on a separate sheet. Yes No

EDUCATION AND TRAINING

FORMAL EDUCATION: For credit to reduce balance of work experience or NKBA-equivalent education, you must attach copies of transcripts or your NKBA transcript review letter.

- a. Did you attend college or take advanced courses? Yes No
- b. If yes, how many years? _____ Did you graduate? Yes No
- c. If yes, was the college NKBA-Accredited? Yes No
- d. If you attended college, technical school, or took advanced courses, list schools or colleges below:

School Name: _____ Location: _____

Yrs. Attended: _____ Date Graduated: _____ Major & Degree: _____

School Name: _____ Location: _____

Yrs. Attended: _____ Date Graduated: _____ Major & Degree: _____

NKBA EDUCATION (30 hours required): Please list each NKBA professional development course you have taken, the date of the course, and attach copies of certificates of completion if possible.

Note: Any education that is considered part of the 30-hour minimum NKBA requirement must be completed at least 30 days prior to the requested exam date.

| Program title attended | Date of program | Educational hours |
|------------------------|-----------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you presently enrolled in any NKBA courses?
 Yes No If Yes, list the course and anticipated completion date. _____

Have you *completed* NKBA's Kitchen or Bathroom Correspondence Course?
 Yes No If Yes, KDeC or BDCC (circle one) and completion date _____



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WORK EXPERIENCE VERIFICATION FORM

To be completed by the applicant

ALL APPLICANTS: Submit a completed form for each employer with your application to certify that the experience requirements have been met. Each form must be signed by a supervisory or human resources representative knowledgeable of your work history. You may also attach a job description. The work experience documented below must meet or exceed the eligibility requirements for which you are seeking certification. If you are self-employed, complete all sections of this form and attach a copy of your business letterhead or business card.

Applicant name: _____

Present employer: _____

NKBA MEMBER FIRM Yes No

Business address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Full name and title of supervisor: _____

Telephone #: () _____ Fax #: () _____ E-mail: _____

Your title: _____ Full-time Part-time

Dates of employment (month/year): ____/____/____ to ____/____/____

List a **specific** description of your job responsibilities (25-word minimum) or attach a job description.

Total hours per week or total number of kitchens and/or baths designed annually
 for the time period noted above: _____

SELF-EMPLOYED APPLICANTS: If you are self-employed, you must complete the information above and the information below must be completed by someone who can verify that you are self-employed. The verifier cannot be a relative.

I certify that I have firsthand knowledge that _____ is/was self-employed and performed the type of work described above for the indicated period of time (cannot be a relative).

Name (print): _____ Relationship to applicant: _____

Business address: _____

Phone: _____ Date: _____

Signature: _____

ALL APPLICANTS: I hereby verify that the information I have provided is true and correct and release this form to my supervisor for verification. I am aware that all applications are subject to audit by the National Kitchen & Bath Association (NKBA) and that I or my supervisor may be contacted by the Certification Department.

Applicant signature: _____ Date: _____

WORK EXPERIENCE VERIFICATION FORM

To be completed by the Supervisor

SUPERVISOR/HUMAN RESOURCES REPRESENTATIVE: This form is to verify the qualifications of the applicant named above for certification by the National Kitchen and Bath Association (NKBA). Please complete all items below and return to the applicant for inclusion in his/her application package. Do not mail or fax this form separately.

Supervisor's name: _____ Current title: _____

Business address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone #: () _____ Fax #: () _____ E-mail: _____

Is all of the information the applicant has provided on this form accurate? Yes No

If no, please list corrections: _____

I hereby verify that the information I have provided is true and correct and release this form to the NKBA for verification. I am aware that all applications are subject to audit by the National Kitchen & Bath Association (NKBA) and that I may be contacted by the Certification Department.

Supervisor's/HR Representative's signature: _____ Date: _____



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Applicant name: _____

Present employer: _____

NKBA MEMBER FIRM Yes No

Business address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Full name and title of supervisor: _____

Telephone #: () _____ Fax #: () _____ E-mail: _____

Your title: _____ Full-time Part-time

Dates of employment (month/year): ____/____/____ to ____/____/____

List a **specific** description of your job responsibilities (25-word minimum) or attach a job description.

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CANDIDATE TESTIMONY

In submitting this application, I hereby apply for certification as an Associate Kitchen & Bath Designer (AKBD) in accordance with the established rules and procedures of the NKBA. I hereby state and verify by my signature that I have had _____ years of full-time industry experience.

I hereby affirm that all statements made herein are true and correct to the best of my knowledge and belief, and that I will submit to an examination to test my competency as I have represented it at such time and place, and to such extent, as may be specified by the NKBA Board of Directors. I do further testify that I will abide by the Certification Policies & Procedures and the Code of Professional Conduct for my profession, as established by the Board of Directors, which, among other things require that I file an annual census form, pay an annual registration fee to the NKBA, and meet continuing education criteria. I agree to be bound by all laws, codes, and regulations applicable to my profession.

I hereby authorize the NKBA to make independent investigations to verify statements made in this application. I have enclosed the required affidavits and references along with this application. Also enclosed is my payment of \$275, which includes the \$75 application fee (non-refundable) and \$200 exam registration fee.

Date: _____ Signed: _____

Name (Print): _____

METHOD OF PAYMENT

The application fee and exam registration fee must accompany this application.

Please make checks payable to the National Kitchen & Bath Association.

| | |
|--|----------|
| Application Fee: (non-refundable) | \$ 75.00 |
| Exam Registration Fees: | \$200.00 |
| Late Fee (if required): | \$ 75.00 |

TOTAL Enclosed: \$ _____

Payment Method Check Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____



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EXAM REGISTRATION FORM FOR AKBD CERTIFICATION

This form is required to register for the Associate Kitchen & Bath Designer (AKBD) certification examination.

Did you remember to...

- Indicate the month/year of your requested test date?
- Include a valid e-mail address on this form to receive your Notice to Schedule (NTS) form CASTLE Worldwide?
- Include this form with your application packet?
- Include payment information on this form if you are registering to take an examination again?

Note: Registering for an exam does not make an individual eligible to take an exam. Candidates must have an approved application on file prior to sitting for the exam.

I am registering for the AKBD exam _____ Date (month/year): _____

Name: _____

Address: _____

City _____ State/Province: _____ Zip/Postal Code _____

Home Phone: _____ Work Phone: _____

E-mail (print clearly): _____

Check this box if you give the NKBA permission to release your name (once certified) to your local chapter.

Please indicate if you require special accommodations and attach appropriate documentation:

All Candidates (New and Re-examination): Refer to the Certification Guidebook or www.nkba.org for details on exam confirmations and scheduling.

Candidates who cancel or transfer to a new date or test site within the testing window via the CASTLE Worldwide registration system are charged a fee of \$50 payable to CASTLE Worldwide.

RE-EXAMINATION INFORMATION

Candidates taking the exam for a second or subsequent time must submit an exam registration form at least six weeks prior to the exam date. Re-examination registrations submitted past the six-week deadline will not be accepted.

___ I have enclosed \$200 to take the AKBD exam again

Payment: ___ VISA ___ MasterCard ___ American Express ___ Check

Account Number _____

Expiration Date _____

Cardholder Name (please print) _____

Cardholder Signature _____



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AKBD® PROFESSIONAL AFFIDAVIT FORM

 Name of applicant

 Applicant's firm name

 Firm address

 City, state, zip

The Certification Policies & Procedures, established by the Board of Directors, require that the Board certify only individuals of proven competency in the kitchen and bathroom industry. The above-named individual has applied for such certification, and is required to collect two professional affidavits on the forms provided from CKDs, CBDs, or other association, remodeling or design trade professionals, principal of an NKBA member firm or other industry professionals who can attest to the competence of the candidate. NKBA therefore respectfully requests that you complete and submit this form.

Note: An applicant's relatives, employers, co-workers, and relatives of employers may not provide an affidavit.

TO THE ATTESTING PROFESSIONAL

Your signature and address below testifies that you believe the applicant named above is competent in the planning, drafting, manufacturing, sales, and/or distribution of residential kitchen and/or bathroom designs or products, and that he/she meets the requirements stated below. Please note that all affidavits may be audited by the NKBA.

| | |
|--|-----------------------------|
| _____ (print name of attesting individual) | _____ (type of business) |
| _____ (firm name) | _____ (firm address) |
| _____ (city, state/province, zip/postal code) | _____ (work phone) |
| _____ (signature) | _____ (date) |

GENERAL REQUIREMENTS FOR CERTIFICATION

The right to use the NKBA's certification designations is protected by law and may be granted only by the National Kitchen & Bath Association and its Board of Directors to persons who meet the qualifications established by the Association.

- The certified individual is trained and experienced in the planning, drafting, manufacturing, sales, installation, or distribution of products and services in the kitchen and bath industry. The individual's education and experience is demonstrated through successfully completing the following:
 - Demonstrate specific areas of knowledge and skill levels required for the planning, drafting, manufacturing, sales, or distribution of products and services in the kitchen and bath industry through a rigorous examination and through a specified number of years of experience as established by the Board of Directors.
 - Submit evidence of experience and practical knowledge to the Board of Directors through the submission of professional affidavits.
- The certified individual agrees to be bound by all applicable laws, building codes, statutes, and ordinance/permit procedures as required by the communities and states in which he/she practices to ensure the protection of consumer health, safety, and welfare.
- The certified individual must be of good moral character and a citizen of the United States or Canada, or anyone who has declared intention of becoming such a citizen, or any citizen of another country having diplomatic relations with the United States or Canada.
- The certified individual must be free of any criminal convictions or guilty verdicts of unethical business practices.
- The certified individual must pledge to adhere to the Code of Professional Conduct adopted by the Board of Directors.
- The certified individual must pledge to acquire all Continuing Education Units as required by the Board of Directors.
- The certified individual must pledge to adhere to the annual registration procedure, including reenumeration of annual registration fees, as required by the Board of Directors.



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