



National Kitchen & Bath Association

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 *(please select one)*

- CERTIFIED KITCHEN DESIGNER (CKD)**       **CERTIFIED KITCHEN EDUCATOR (CKE)**
- CERTIFIED BATHROOM DESIGNER (CBD)**       **CERTIFIED BATH EDUCATOR (CBE)**

## 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 exam date** –Check the website for exact deadline dates. Late applications are accepted up until **two weeks** past the application deadline, and a non-refundable late fee of \$75 will be charged.

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

1.  Completed Application
2.  2 Professional Affidavits
3.  2 Client References
4.  Exam Registration Form
5.  College Transcripts
6.  Payment (\$75 application fee and \$200/\$400 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 Address:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_ Email \_\_\_\_\_

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 college credit to reduce the balance of related work experience or education, you must attach copies of transcripts or your 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:** (60 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 60-hour minimum requirement must be completed at least 30 days prior to the requested exam date.

Program title	Date of program	Program hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you presently enrolled in an NKBA Distance Learning Course?  
 Yes  No If Yes, list course name 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.

Multiple horizontal lines for job description text.

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: \_\_\_\_\_

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### 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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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: \_\_\_\_\_

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### WORK EXPERIENCE VERIFICATION FORM

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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: \_\_\_\_\_

## CANDIDATE TESTIMONY

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In submitting this application, I hereby apply for certification 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 \$475, which includes the \$75 application fee (non-refundable) and \$400 exam registration fee.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name (Print): \_\_\_\_\_

## METHOD OF PAYMENT

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

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

Application Fee: ( <b>non-refundable</b> )	\$ 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 CKD or CBD CERTIFICATION

This form is for registration for the Certified Kitchen Designer or Certified Bath Designer certification examination

Did you remember to:

- Indicate a location and date to the right for the design (practical) portion of the exam?
- 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) from CASTLE Worldwide for the academic exam?
- Indicate your preference for the hand drafting or CAD format of the design exam?
- Include payment information on this form if you are registering to take an exam 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 taking the exam.

I am registering for the following exams:

AKBD Exam Date (month/year) \_\_\_\_\_

Kitchen Design Exam  Bath Design Exam

I prefer to take the Design Exam in the following format:

Hand Drafting  CAD

Software Preference (CAD version only):

20/20  Autokitchen/AutoCAD  Fusion

Location of Kitchen/Bath Design Exam \_\_\_\_\_

(See [www.nkba.org](http://www.nkba.org) or Exam Schedule for list of locations.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_

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](http://www.nkba.org) for details on fee schedules, exam confirmations, and exam scheduling.

### 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

\_\_\_ CKD/CBD Academic \_\_\_ CKD Design \_\_\_ CBD Design

Payment: \_\_\_ VISA \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Check

Account Number

Expiration Date

Cardholder Name (please print)

Cardholder Signature



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# CKD / CBD / CKE / CBE PROFESSIONAL AFFIDAVIT FORM

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Applicant's firm name

\_\_\_\_\_  
 Firm address

\_\_\_\_\_  
 City, state, zip

## TO THE ATTESTING PROFESSIONAL

Your signature and address below will testify that you believe the applicant named above is competent in the planning, drafting, manufacturing, sales, 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.

The Certification Policies and Procedures established by the NKBA Board of Directors require that the Board certify only individuals of proven competency in the kitchen and bath 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, principals of NKBA member firms or other industry professionals who can attest to the competence of the candidate. The 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.

_____ (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.

1. The certified individual is trained and experienced in the design, planning, and/or supervision of design execution of residential kitchens or bathrooms. The individual's education and experience is shown through successfully completing the following:
  - a. Demonstrate specific areas of knowledge and skill levels required for the planning and/or execution of the design of complete residential kitchens or bathrooms during a rigorous examination and through a specified number of years of experience as established by the Board of Directors.
  - b. Provide evidence of design experience and practical knowledge to the Board of Directors through the submission of professional and client recommendations.
2. 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.
3. 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.
4. The certified individual must be free of any criminal convictions or guilty verdicts of unethical business practices.
5. The certified individual must pledge to adhere to the Code of Professional Conduct adopted by the Board of Directors.
6. The certified individual must pledge to acquire all Continuing Education Units as required by the Board of Directors.
7. The certified individual must pledge to adhere to the annual registration procedure including remuneration of annual registration fees, as required by the Board of Directors.



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\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Applicant's firm name

\_\_\_\_\_  
 Firm address

\_\_\_\_\_  
 City, state, zip

## TO THE ATTESTING PROFESSIONAL

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