



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 CERTIFIED MASTER KITCHEN & BATH DESIGNER (CMKBD)

INSTRUCTIONS

- Carefully read the enclosed "Eligibility Requirements" and other pages before filling out this application.
- If you need extra space for any item, use additional blank sheets; write your name and the date on each sheet.
- Please include the non-refundable \$75 application fee, endorsement forms and college transcripts (if required) with your application.

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

1. Completed Application
2. 3 Endorsement Forms
3. College Transcripts (if required)
4. Payment (\$75 application fee)

PERSONAL INFORMATION

Name (last, first, middle): _____

Home Address: _____

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

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

Direct all correspondence here

Business Address: _____

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

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

Direct all correspondence here

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

Have you ever been convicted of a felony?
 (If yes, give details on a separate sheet)

Yes No

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

Date of CKD certification: _____

Date of CBD certification: _____

EDUCATION AND TRAINING

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

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

Program title attended	Date of program	Educational 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* the NKBA's Kitchen or Bathroom Correspondence Course?
 Yes No If Yes, KDeC or BDCC (circle one) and completion date_____

PRESENT EMPLOYMENT

Applicant name _____

Present employer: (Give full company name. If self-employed, please indicate.)

_____ **NKBA MEMBER FIRM** Yes No

Business address: _____

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

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

Starting date: ____/____/____ FULL-TIME PART-TIME

Full name and title of supervisor: _____

Your title and **specific** description of your job responsibilities **(20 word min)**

PREVIOUS EMPLOYMENT

For each position you have held related to the kitchen and bathroom industry, please provide the requested information. List only pertinent employment information starting with the most recent position held. Use extra sheets if necessary.

Immediately before the above position, I was employed by (employer name & address in full):

_____ **NKBA MEMBER FIRM** Yes No

Starting date: ____/____/____ Ending date: ____/____/____

Type of business: _____ Full-time Part-time

Full name and title of supervisor: _____

Your title and **specific** description of your job responsibilities **(20 word min)**

Immediately before the above position, I was employed by (employer name & address in full):

_____ **NKBA MEMBER FIRM** Yes No

Starting date: ____/____/____ Ending date: ____/____/____

Type of business: _____ Full-time Part-time

Full name and title of supervisor: _____

Your title and **specific** description of your job responsibilities (**20 word min**)

Immediately before the above position, I was employed by (employer name & address in full):

_____ **NKBA MEMBER FIRM** Yes No

Starting date: ____/____/____ Ending date: ____/____/____

Type of business: _____ Full-time Part-time

Full name and title of supervisor: _____

Your title and **specific** description of your job responsibilities (**20 word min**)

CANDIDATE TESTIMONY

In submitting this application, I hereby apply for certification as a Certified Master Kitchen & Bath Designer, in accordance with the established rules and procedures. 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 the 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 endorsement forms along with this application. Also enclosed is my payment in full, which includes the \$75 application fee (non-refundable).

Date: _____ Signed: _____

Nname (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

TOTAL Enclosed: \$ _____

Payment Method Check Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____



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CMKBD® THIRD-PARTY ENDORSEMENT VERIFICATION FORM

TO THE APPLICANT

Your signature and answers to the questions below will aid in verifying your third-party endorsement in areas such as design contest placement, published projects, television interviews, community endeavors, show house displays, etc.

Please submit one form for each of your submissions. You must submit a minimum of three examples of third-party endorsement to qualify for this certification. If you would like to submit additional items, please enter the information on a separate piece of paper.

All submissions must, where applicable, be accompanied by supporting documentation (copy of magazine where project was published, design contest award or letter, etc.)

PLEASE ANSWER EACH QUESTION BELOW

1. Type of activity you are submitting (circle one):

Please attach documentation indicating the achievement (see examples below).

Design contest placement (certificate, award)

Published Project (magazine article)

Television Interview (videotape, article)

Show House (photos, plans)

Community Endeavor (local newspaper write-up, certificate of recognition, etc.)

Other _____

2. Date of activity: _____

3. Sponsor of activity: _____

4. Location of activity (if applicable): _____

5. Any additional comments you care to make? _____

Support documentation must be attached!

 Candidate's Name (please print)

 Candidate's Signature

 Date



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