



**INDIVIDUAL APPROVAL REPORTING FORM**

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Name _____	IIDA Member # _____
Name of Firm _____	Phone _____
Address _____	Fax _____
City, State, Zip _____	IIDA Chapter/City Center _____
E-mail address _____	Completion date course _____
Exact title of course _____	
Instructor(s) _____	
Sponsoring organization/company _____	
Location of course (City/State) _____	Total hours of instruction (CEU amount) _____

**Round down to the nearest hour – exclude lunches, breaks, introductions, etc. Be sure to quantify instructional time on your course outline. Be sure all information is printed clearly.**

Subject Code: \_\_\_\_\_

**Use the IDCEC Subject Code Index and choose one that identifies the main theme of the course.**

Instructional methods used: \_\_\_\_\_Lecture only \_\_\_\_\_Distance Education \_\_\_\_\_Workshop  
\_\_\_\_\_Panel/Roundtable \_\_\_\_\_Lecture w/ multi-media \_\_\_\_\_Other (please specify)\_\_\_\_\_

1.) List the learning objectives you brought to this program and what professional insight you hoped to gain from attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Why do you feel this program should qualify for CEU credit for an interior design professional?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) What did you gain from this experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) How will you apply what you have learned to your daily practice as an interior design professional? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If necessary, attach a separate sheet for your responses to questions 1-4. Please include verification of attendance with completed IARF. Incomplete forms will not be reviewed.**