

WORK EXPERIENCE REQUIREMENTS

DIRECT SUPERVISORS

A Direct Supervisor provides substantial oversight and control of the candidate's work and possesses detailed knowledge of the tasks performed. The Direct Supervisor will validate the candidates Work Experience Hours. A Direct Supervisor applies to an Employee Member of an NKBA Member Company or a Non-Member Company.

100% of work under a Direct Supervisor counts toward the candidates required Work Experience Hours.

SPONSORS

The Sponsor agrees to attest to the Candidates Work Experience Hours based upon the applicable qualifying criteria. A Sponsor is defined as a one (1) of the following:

- A Certified Master Kitchen & Bath Designer (CMKBD) and NKBA Certified Member in good standing,
- A CKBD with a minimum of six (6) years experience and NKBA Certified Member in good standing,
- An NCIDQ certificate holder with a minimum of (6) years experience who works in residential and design kitchens or baths, and
- A Registered Architect in a province/territory or state who works in residential and designs kitchens or baths.

100% of work attested by a Sponsor counts toward the candidates required Work Experience Hours.

An **NKBA Certified Member in good standing** is defined as a current and active member who has paid membership dues and certificate renewal fees consecutively (without default) and who is up-to-date with required CFU's.

QUALIFIED WORK EXPERIENCE

The following types of kitchen & bath design experience qualify:

- Residential Interior and Architecture Design firms with a focus on kitchen and bath design
- Cabinetry and cabinet showroom
- Kitchen and bath product showroom
- Appliance sales/speciality
- Decorative plumbing and hardware specialists
- Trainer for kitchen and bath products



The following types of industry related experience qualify:

- Residential Interior and Architectural Design
- Commercial Interior Design
- Showroom with design services
- Plumbing, Hardware, Counters, Cabinet, etc. showrooms
- Architectural and Designer Specification Representative

To be completed by the Direct Supervisor/Sponsor

Supervisor/Sponsor 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 the application package. Do not mail or fax this form separately.

Supervisor name:			Current title:		
Business Address:					
				Zip/Postal Code:	
Telephone #:			Email:	·	
Dates of employment (Month/Year)					
s all of the information the applicant has provided on this form accurate? f no, please list corrections:				☐ Yes ☐ No	
				e this form to my supervisor for verification. I am sociation (NKBA) and that I may be contacted by	
the Certification Department.					
Supervisor / Sponsor signature:					
,					
Self Employed If you are self-employed, and have solverifier can be an accountant, attorned	meone who c	can verify that	t you are self-empl	oyed complete the information below. The	
				in /was salf ampleyed and performed the	
certify that I have firsthand knowledgype of work described above for the				is/was self-employed and performed the :	
Name (print):					
Relationship to Applicant:					
Business Address:					
Telephone #:					
Signature:			Date:		