



Professional Floral Designer Evaluation Candidate Enrollment Form



All fields are required unless noted

* Name		*Telephone
*Address		*FAX
*City		*Email
*State	*Zip	Web Page (optional)
<p>I have read and understand the Professional Floral Designer Evaluation as outlined on www.aifd.org. I agree to abide by the policies and procedures of the PFDE assessment program as set by the National Certification Committee and AIFD Board of Directors.</p>		
*Signature of Applicant <i>(required)</i>		*Date
*Date of PFDE Session Requested: (see schedule on www.aifd.org)		*Place of PFDE Session Requested: (see schedule on www.aifd.org)

1. Enclose tuition deposit of \$175.00 (applicable to total PFDE fee) for enrolled candidate status.
** This amount is reduced to \$135.00 if you successfully completed Pathway 1 – AIFD Workshops*
- OR**
2. Enclose tuition payment of \$1,450.00 (or \$1,700.00 for combination with next AIFD National Symposium) made payable to AIFD. *Please check the AIFD website for updated pricing www.aifd.org*
 3. Enclose required Self-Evaluation Analysis
 4. Indicate below which required educational prerequisite requirement you have met.
 - 1. AIFD Online/Hands-on Workshops (enclose a copy of paid registrations)
 - 2. Educational Partner Certificate (enclose a copy of certificate)
 - 3. Certificate or Degree from College/University (enclose a copy of degree/certificate)
 - 4. State Certification Credentials (enclose a copy of the certification)
 - 5. Professional Skills Assessment (enclose a copy of PSA evaluation results)
 5. Enclose Work Experience Verification form if your educational prerequisite requirement is from A or D from item 3 above.
 6. Return the above information to:
 National Certification Committee
 c/o AIFD Headquarters
 720 Light Street
 Baltimore, MD 21230

Application deadline for participation in a PFDE design assessment session is four (4) weeks prior to the session, or when the PFDE reaches capacity, whichever comes first.



Self-Evaluation Analysis
Application Requirement

Form with three columns: Name, Address, Telephone #

This Self-Evaluation is a requirement as part of the application process for the PFDE Assessment. All information must be completed and returned with the PFDE application. This analysis was developed to assist the candidate to better determine whether they actually possess the skills and knowledge needed to successfully pass the PFDE Assessment (see Design & Written Objectives List). The Self-Evaluation Analysis is intended to encourage an introspective examination by the candidate of his/her own design skill and knowledge. ALL candidates must return the completed Self-Evaluation Analysis with their application for PFDE.

Instructions

Respond to all of the following questions accurately - being honest and ethical with yourself will help determine your readiness for the PFDE Assessment. Remember, there is not a "magic" score to determine success with the PFDE Assessment - this self-evaluation should be an introspective analysis by each candidate to highlight strengths and uncover areas that need improvement.

Table with 5 columns: Question, Over 10 years, 5-10 years, 1-5 years, 0-1 year

2. Educational Background:

- Floral Design Certificate from College or University
Floral Design AAS Degree from College or University
Floral Design BS Degree from College or University
Private Floral Design School Certificate
Industry Workshops (list most recent 2-3)

Other Educational Experiences (please list)

Which subjects did you find most enjoyable while in school (or workshops)?

Which subjects did you find tedious or boring while in school (or workshops)?

What areas/topics do you feel would benefit your education for personal/professional growth?

3. Floral industry affiliations

Organization Name	Member, Officer, Committees	Dates

4. Design Show Experience (list most recent only)

Show Name & Location	Designer or Assistant	Dates

5. Design Skills Checklist: - place an X in the column that best exemplifies your skill with each task

Task	Very Experienced	Some Experience	No Experience
Product Merchandising/displays			
Wedding – bridal bouquets			
Wedding – personal flowers			
Party and event planning/design			
Holiday designs			
Everyday designs (birthday, get well, etc)			
Duplication designs (copying a picture)			
Design and develop in-store “recipe” designs			
Permanent designs			
Hand-tied bouquets			
Ikebana or interpretive Oriental design			
Designing for photography			
Interpretive designs			

6. Design Technique Checklist -place an X beside all that you are familiar with and two X's (XX) by those that you have used:

Basing	Binding	Clustering
Framing	Spray gluing	Grouping
Hand-tying	Air taping	Kubari
Layering	Pavé	Picking
Pillowing	Reflexing	Shadowing
Spiraling	Integrated stem placement	Terracing
Weaving	Facing	Zoning
Armature use	Baling	Banding
Sheltering	Stacking	

7. Design Products/Mechanics Knowledge Checklist - place an X beside all that you are familiar with and two X's (XX) by those that you have used:

Bouquet holder	Steel pick machine	Pan-melt glue
Wired wooden pick	Wax string	Anchor tape
Corsage tape	Floral foam (brick)	Floral foam (orb)
Floral foam (wreath ring)	Floral foam (cone)	Bind wire
Casket saddle	Corsage stem	Candle stake
Dry foam	Easel	Floral adhesive
Floral clay	Hyacinth stake	Iglu
Pew clip	Polyfoil	Water pick
Colored decorative wire		

8. From memory, list the elements and principles of design in the designated columns (choices are listed to the right).

Elements of Design	Principles of Design	
	Primary Principles	Secondary Principles
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8		8
		9
		10

Selection List	
Scale	Balance
Proportion	Compliment
Life	Contrast
Water	Dominance
Variation	Earth
Opposition	Emphasis
Complimentary	Fire
Tension	Fragrance
Rhythm	Line
Transition	Man
Harmony	Nature
Size	Pattern
Form	Perfection
Color	Repetition
Composition	Space
Focal area	Spirit
Accent	Texture
Depth	Unit

Which principle(s) or element(s) of design do you consider most important in your designing?

9. What are your design specialties (styles, types, etc)?

10. What are your designing strengths (techniques, mechanics, etc)?

11. What are your design weaknesses or areas where you need to improve?

12. The rewards of the CFD and AIFD designation are many, but one of the most tangible ones is involvement in the program (floral industry). What special skill or abilities would you be willing to volunteer for the benefit of the Certified Floral Designer (CFD) program and/or American Institute of Floral Designers (AIFD)?

13. Design Categories - place an X in the column that best exemplifies how frequently you make each design
 T=traditional NT=non-traditional

Design	Usage Indications					
	0 – never	1-rarely	2-infrequently	3-sometimes	4-regularly	5-frequently
Sympathy – casket spray (T)						
Sympathy – casket spray (NT)						
Sympathy – easel spray (T)						
Sympathy – easel spray (NT)						
Sympathy – wreath (T)						
Sympathy – wreath (NT)						
Hospital Arrangement (T)						
Hospital Arrangement (NT)						
Business Opening (T)						
Business Opening (NT)						
Table Centerpiece (T)						
Table Centerpiece (NT)						
Bridal Bouquet – foam holder (T)						
Bridal Bouquet – foam holder (NT)						

Design	Usage Indications					
	0 – never	1-rarely	2-infrequently	3-sometimes	4-regularly	5-frequently
Bridal Bouquet – hand-tied – (T)						
Bridal Bouquet – hand-tied (NT)						
Bridal Bouquet – wire & tape (T)						
Bridal Bouquet–wire & tape (NT)						
Personal Flowers – shoulder corsage (T)						
Personal Flowers – shoulder corsage (NT)						
Personal Flowers – wrist corsage (T)						
Personal Flowers – wrist corsage (NT)						
Personal Flowers – Boutonniere (T)						
Personal Flowers – Boutonniere (NT)						
Personal Flowers – Hairpiece (T)						
Personal Flowers – Hairpiece (NT)						
Holiday Designs – Valentine’s (T)						
Holiday Designs – Valentine’s (NT)						
Holiday Designs – Mother’s Day (T)						
Holiday Designs – Mother’s Day (NT)						
Holiday Designs – Christmas (T)						
Holiday Designs – Christmas (NT)						
Armature Designs (T)						
Armature Designs (NT)						
Interpretive Designs						
Floral Art pieces						



*Professional Floral Designer Evaluation
Work Experience Verification*



Applicant Name		Telephone
Address		FAX
City		Email
State	Zip	

I do hereby attest that I have met the minimum 1000 hours of floral design work experience. I also attest that these hours were specific to the manufacturing/creating of floral designs and not based on hours in sales, delivery, administration, etc.

Applicant Signature

Employer Information*(required)

Employer Name		Telephone
Address		FAX
City		Email
State	Zip	Dates of Employment
		Approximate # of hours worked

Employer Name		Telephone
Address		FAX
City		Email
State	Zip	Dates of Employment
		Approximate # of hours worked

** AIFD reserves the right to contact employers to verify employment hours and job responsibilities*