

DESIGNATED DESIGN-BUILD PROFESSIONAL™ CERTIFICATION RENEWAL FORM



Which credential are you renewing? DBIA™ Assoc. DBIA™

Certification ID#:

Date Certified:

Renewal Due Date:

Please provide full contact information for our records:

Last Name	
First Name	
Title	
Company	
Street Address	
City/State/Zip Code	
Email Address	
Phone	

Applicable Programs and Activities (See attached for details. Attach additional sheets as needed.) 24 Continuing Education Hours required. Please provide proof of attendance.

Please list design-build specific activities here — 12 hours minimum required			
Program/Activity Name	Date (or Range)	Sponsoring Organization	# of Credit Hours (24 hours of continuing education required)
Sample 2022 Design-Build Conference & Expo			
2021 DBIA Regional Board Member	11/2-11/4/2022	DBIA	12 hours
	2021	DBIA	8 hours
Total hours of design-build hours			

— Continued on Reverse —

Related industry organizations that provide value as a design-build professional, i.e., AIA, AGC, ACEC, etc, or in-house structured education offerings (12 hours maximum). **Please provide proof of attendance.**

Total hours of industry-related training

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Total hours of Continuing Education (24 hours minimum)

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- DBIA Code of Professional Conduct:** Please check here to confirm that you have read and understand the DBIA Code of Professional Conduct.

I certify that the information contained on this renewal is true and accurate, and understand that the Design-Build Certification Board (DBCB) reserves the right to conduct an audit requiring additional proof of information submitted. I also understand that the DBCB reserves the right to reject credit that it deems not applicable to my work as a design-build professional. If any of this information is determined to be false, the DBCB reserves the right to revoke my DBIA™ or Assoc. DBIA™ certification.

I further understand that by renewing the DBIA™ or Assoc. DBIA™ credential that I am affirming my commitment to abide by and uphold the principles of the **DBIA Code of Professional Conduct**.

Signature _____ Date _____

PAYMENT METHOD

DBIA Member — \$50.00 Non-Member — \$150.00

Check (made payable to DBIA) Credit Card (select type of credit card) Visa MasterCard AmEx

Card # _____ VCode _____ Exp. Date _____

Return completed and signed renewal form to
renewcertification@dbia.org

DBIA
Attn: Certification
1001 Pennsylvania Avenue, NW, Suite 410
Washington, D.C. 20004

Questions?
Contact DBIA at 202-682-0110

