

Training Supervisor Application Form

Role of Training Supervisor:

CPATA is committed to setting standards of excellence for professional practice and helping IP practitioners adhere to high ethical standards. This enhances confidence in intellectual property professionals and services they provide. To this end, CPATA ensures Licensees deliver ethical and competent patent and trademark services through admissions programs designed to develop the competence of trainees, and promote equity, diversity and inclusion in the profession and the delivery of services.

Experiential training of agent licensing candidates that supports these regulatory objectives and standards is entrusted to the training supervisor. A training supervisor must be a role model of the profession, having regard to all circumstances, including their experience, competence, ethical standards and professional conduct record. They must provide a training experience that supports the experiential training competencies for candidates to prepare them for professional practice.

Instructions:

Please complete this form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email, along with all required supporting documentation, to the attention of the Director of Registration at registration-inscription@cpata-cabamc.ca.

Training supervisor applications must be approved by the Registrar. When deciding whether to approve or deny a licensee as a training supervisor, all relevant information available to CPATA will be considered.

Section 1: Supervisor Information

First Name:

Last Name:

CPATA ID #:

Section 2: Training Firm/Company Information

Company Name:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Does the firm/company have a formal agent in training program?

Yes

No

Have you supervised a trainee before?

Yes

No

Section 3: Contact Information

Business Email Address:

Business Phone:

Extension:

Section 4: Agent in Training Information (if known)

First Name:	Last Name:	
Employment	Has the trainee applied to CPATA	Yes
Start Date:	as a Class 3 licensee?	No
Full-time	Part-Time	If Part-time, what % of the trainee's time will be spent as a trainee?

Section 5: Declarations of Training Supervisor

I am a class 1 licensee OR I am a representative of the Patent Office or the Office of the Registrar of Trademarks

I can provide: Trademark Agent Training Patent Agent Training

I commit to provide a training period that focuses on learning ethical and competent practices.

I commit to provide agents in training with meaningful training and exposure to, and involvement in, work that focuses on knowledge and experience of the practical aspects of the work of a patent agent or a trademark agent, together with an appreciation of the traditions and ethics of the profession.

I am familiar with the Patent Office and Patent Agent / Trademark Office and Trademark Agent practices including the relevant practice manuals.

I will provide agents in training with a workplace that is free from harassment and discrimination, and I will treat agents in training with dignity, respect and fairness.

I will adhere to all provincial employment standards, rules and regulations.

I commit to provide effective supervision and feedback to agents in training for whom I am the supervisor.

I will provide to CPATA, at the time and in the manner stipulated by CPATA, my assessment of the agent in training's exposure to the experiential training competencies established by CPATA, and my appraisal of their performance in the prescribed form.

I acknowledge I have professional responsibility over any tasks or functions delegated to the agent in training.

I will advise CPATA if I am unable to continue as a training supervisor for any reason.

I am not the subject of a matter before the Investigations Committee or Discipline Committee.

I have not been prohibited from acting as a supervisor.

I agree that I am subject to an ongoing and positive obligation to notify the Registrar if I become aware of:

- An investigation into my conduct being commenced by CPATA,
- A proceeding with respect to my conduct being commenced by CPATA,
- A complaint containing allegations of harassment or discrimination being made against me to CPATA, or
- Any other matter that may affect my eligibility to continue to act in this capacity.

I understand the Registrar may revoke my authority to act as a training supervisor if:

- I am the subject of a matter before the Investigations Committee or Discipline Committee;
- My license is suspended;
- I am no longer a licensee; or
- I do not comply with the terms of the training agreement.

Please answer Yes or No to the following questions. Please provide a separate sheet that includes the details of any matters where an affirmative answer is given. Please note that an affirmative answer in this section does not automatically disqualify someone from being approved as a Training Supervisor. However, the Registrar will consider the information and assess any risks that may apply when reviewing supervisor requests.

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| Yes | No | Have you been served with an application in bankruptcy, made an assignment of property for the benefit of creditors or presented a proposal in bankruptcy to creditors under the Bankruptcy and Insolvency Act ? |
| Yes | No | Have you had a judgment entered against you by a court? |
| Yes | No | Have you been personally subject to an order for costs? |
| Yes | No | Have you been charged with, plead guilty to or been found guilty of any offence under the Criminal Code , the Controlled Drugs and Substances Act , the Income Tax Act , the Excise Tax Act or under a provincial securities act? |
| Yes | No | Have you been found to have committed professional misconduct or been found to be incompetent by a tribunal of a body that has a statutory duty to regulate a profession? |

I certify that the information provided in this application is complete and accurate.

Section 6: Consent to the Collection and Use of Information

I consent to CPATA collecting, using, and disclosing information I provided in this application for its consideration of my approval and ongoing eligibility to act as a training supervisor.

I agree that CPATA will only disclose information to employees of the Registration & Education department, unless otherwise required, to determine my eligibility. I also consent to the Registration & Education department of CPATA to collect, use and disclose additional information that it obtains to other departments of CPATA.

I consent to the Registration & Education department of CPATA to use information that already came into the possession of CPATA through an audit of my conduct or capacity, practice, or a proceeding in respect of my conduct, capacity or professional competence in order to determine my eligibility.

Signature

Date