

Knowledge Examination Registration Application Checklist

	Knowledge Examination Registration Application Form (required)
	Knowledge Examination Payment Authorization Form (required)
	<p>Training Supervisor Attestation (required, if not previously provided) Confirmation of completion of a minimum of 12 months of the 24-month training requirement. Details regarding the contents of the attestation letter can be found in the Eligibility Declarations section of the Qualifying Examination Registration Application Form. Letters must be sent directly from the supervisor to CPATA with the applicant's name included, via email, to registration-inscription@cpata-cabamc.ca</p>
	<p><u>Accommodation Request Form – Patent agents in training (if applicable)</u></p> <p><u>Accommodation Request Form – Trademark agents in training (if applicable)</u></p>

Knowledge Examination Registration Application Form

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 Director of Registration at registration-inscription@cpata-cabamc.ca.

Section 1: Personal Information

Current Legal Name

First Name: _____ Middle Name: _____ Last Name: _____

Section 2: Contact Information

Business Address

Company Name: _____

Address: _____ Unit/Suite: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Business Email Address: _____

Business Phone: _____ Extension: _____

Home Address

Address: _____ Unit/Suite: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Personal Email Address: _____

Preferred Phone: _____

Section 3: Language Preference

In which official language would you prefer to write the examination?

English

French

Section 4: Eligibility Declarations

Please establish your eligibility to attempt the Knowledge Examinations by making the following declarations:

I declare that I meet the eligibility requirements specified by the By-laws and Registrar's Policy on Approved Training Programs, which includes completion of a minimum of 12 months of the 24-month training requirement.

I am providing a letter of attestation signed by the approved Training Supervisor who is familiar with my work that clearly describes:

- the firm or office of the training supervisor with whom I undertook training;
- the names of training supervisors who were most responsible for supervision of my work
- the training dates;
- the nature of the work done by me during my training (e.g., preparing, filing and prosecuting applications, interviewing, research);
- the nature of the arrangement with the training supervisor or their office or firm (e.g., full time, part time etc.); and
- confirmation that, in the opinion of the training supervisor, the training has prepared me for writing the Qualifying Examinations.

Section 5: Exam Dates

I want to register for the:

Patent Knowledge Exam	Winter	Spring
Trademark Knowledge Exam	Winter	Spring

Please note: trainees can only register for the next available sitting of the knowledge examination and cannot register for multiple administrations of the same exam (i.e. winter and spring).

Section 6: Fees

Registration fees for the Winter 2026 Knowledge Examinations will be invoiced in January 2026 through the candidates' portal. The 2026 fees will be published in late 2025. Please indicate which examination(s) you are registering for:

Trademark Knowledge Examination

Patent Knowledge Examination

Section 7: Accommodations

Please indicate if you will be requesting accommodations for the Knowledge Examination.

I may request an accommodation and will provide my Accommodation Request Form and supporting documentation by no later than the deadline set by CPATA.

I will not be requesting accommodations.

Section 8: Consent to Release Results to Training Supervisor or Training Firm/Office Representative

I consent for CPATA to release my name and my Knowledge Examination results to:

My Training Supervisor (Name) _____ (Email Address) _____

My Firm/Office Representative (Name) _____ (Email Address) _____

I do not consent for CPATA to release my name and my Knowledge Examination results to my training supervisor or my firm/office representative.

Section 9: Signature

Signature

Date

Any information with respect to this application will be collected, used or disclosed in accordance with the CPATA's Privacy Statement.