Prior Experience Assessment - Supervisor Attestation

Instructions:

Please complete this Form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email at registration-inscription@cpata-cabamc.ca.

Supervisor information

First Name: _____

Last Name: _____

Email: _____

Employer: _____

Relationship to applicant (please check all that apply):

☐ Direct supervisor

☐ Other: _____

I am authorized to act as (please check all that apply):

☐ a Trademark Agent/Attorney ☐ Registration Number

☐ a Patent Agent/Attorney ☐ Registration Number

under the law of _____.
(Name of Country)

Applicant information

First Name: _____

Last Name: _____

Email: _____

Attestation

This serves as formal attestation and confirmation that _____
(Applicant Name)
has completed _____ **months** of supervised professional training and experience under my supervision.

The training took place from _____ to _____ at _____.
(Start Date) (end Date) (Organization name)

The training was: Full Time ☐ Part-time ☐

If the training was part-time, what percentage of the applicant's time was spent training?

_____%

Please describe the applicant's primary duties and responsibilities during the training period, with reference to the Technical Competency Profiles. For example, for trademarks: under the competency of assessing the registrability of trademarks: planning trademark searches, assessing entitlement to registration etc. For example, for patents: drafting patent applications: drafting claims, describing inventions (including embodiments and alternatives). Attach additional sheets if needed.

I certify that the information provided in this attestation is true, complete, and accurate to the best of my knowledge.

Signature *Date*