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.

Training Supervisor information

CPATA ID: _____

First Name: _____

Last Name: _____

Email: _____

Employer: _____

Agent in training information

CPATA ID: _____

First Name: _____

Last Name: _____

Email: _____

Employer: _____

This letter of attestation is for (please check all that apply):

- ☐ CPATA Examination Eligibility
  - ☐ Trademark Knowledge Exam
  - ☐ Trademark Agent Skills Exam
  - ☐ Patent Knowledge Exam
  - ☐ Patent Agent Skills Exam
- ☐ Recognition of Supervised Training Experience (select this option if the trainee has completed supervised training experience but is not yet establishing eligibility for the examinations)

Attestation

This serves as formal attestation and confirmation that _____
(Agent in Training Name)
has successfully completed _____ **months** of supervised training.

The training took place from _____ to _____ at _____ under
(Start Date) (end Date) (Organization name)
supervision of the following approved supervisors:

The training was: Full Time ☐ Part-time ☐

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

Please describe the trainee's primary duties and responsibilities during the training period, with reference to the Technical Competency Profiles. Attach additional sheets if needed.

If applicable, please confirm the following declaration:
I confirm that the training has prepared _____ to attempt the
(Agent in Training Name)
following examinations (select all that apply):

☐ Trademark Knowledge Examination
☐ Trademark Agent Skills Examination
☐ Patent Knowledge Examination
☐ Patent Agent Skills Examinations

Signature *Date*