

United States Patent and Trademark Office
Office of Enrollment and Discipline
Contact Information: Address, phone, fax, etc.

CERTIFICATION OF ATTENDANCE AT
UNITED STATES PATENT AND TRADEMARK OFFICE
APPROVED CLE TRAINING

Practitioner Name: _____ Registration Number: _____
Official Address of Record: _____ Daytime Phone: () _____

City State Zip E-mail Address: _____

Course ID Number: _____
Sponsor: _____
Course/Program Title: _____
Credits: _____

CERTIFICATION

Date(s) Attended: _____ Location(s) _____

ONLY SESSIONS WITH WRITTEN INSTRUCTIONAL MATERIALS ARE APPROVABLE FOR CREDIT

I attended a total of _____ (hrs/mins) of CLE, of which _____ (hrs/mins) were in USPTO training
All sessions attended had the written materials required for United States Patent and Trademark Office
CLE approval.

NOTE: Credit is awarded for actual attendance.

mm/dd/yyyy
(Date Signed)

Signature
A materially false statement shall be subject to
appropriate disciplinary action.

United States Patent and Trademark Office CLE Completion Deadline: TBD
Deadline to Certify United States Patent and Trademark Office CLE Approved Hours: TBD
A \$50.00 fee will be charged for failure to comply with each deadline.

MAY BE PHOTOCOPIED