

SEMI-ANNUAL LAW SCHOOL CLINIC CERTIFICATION PROGRAM REPORTING

§ 11.17(B) REQUIREMENTS FOR PARTICIPATION IN THE USPTO LAW SCHOOL CLINIC CERTIFICATION PROGRAM

School:

Name:

Phone:

E-mail:

Date:

This covers the following date range: January 1 - June 30 July 1 - December 31 Year:

1. Number of law students participating in each of the patent and trademark practice areas of the school’s clinic:

Patent: Trademark: Total Students:

2. Number of faculty participating in each of the patent and trademark practice areas of the school’s clinic:

Patent: Trademark: Total Faculty:

If any participating faculty member is not an approved faculty clinic supervisor, please list the names and note the type of assistance provided by each such person:

3. Number of persons to whom the school’s clinic provided assistance in any given patent or trademark matter but with whom no practitioner-client relationship had formed:

4. Number of client representations undertaken for each of the patent and trademark practice areas of the school’s clinic:

Patent: Trademark: Total:

5. The identity and number of applications and responses filed in each of the patent and/or trademark practice areas of the school’s clinic:

A. Patent Applications Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

B. Patent Application Responses Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

C. Trademark Applications Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

Application Number: Date Filed:

D. Trademark Application Responses Filed:

Application Number: Action Taken:

Application Number: Action Taken:

Application Number: Action Taken:

Proceeding:

Date Engaged:

Proceeding:

Date Engaged:

Proceeding:

Date Engaged:

Proceeding:

Date Engaged:

Proceeding:

Date Engaged:

8. Any other information the school wants to report:**SUMMARY:****PAPERWORK REDUCTION ACT STATEMENT**

Under the Paperwork Reduction Act of 1995, notwithstanding any other provision of law, no person is required to respond to nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. This form is estimated to take 5 hours to complete, including gathering, preparing, and submitting the information on the application to the USPTO. Any comments on the amount of time required to complete this form and/or suggestions for reducing this burden, should be sent to the Office of the Chief Administrative Officer, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 or email InformationCollection@uspto.gov. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.