**PATENT CLINIC APPLICATION FORM**

NAME:

EMAIL: PHONE:

The U.S. Patent and Trademark Office (USPTO) requires that the clinic conduct checks for conflicts of interest. To assist us with respect to this task, please answer the following questions:

Prior to the 2018-19 school year, will you have worked on patent prosecution projects for any law firm, patent attorney, or patent agent? Check one: Yes \_\_\_\_ No \_\_\_\_\_

During the 2019 school year, will you be working on patent prosecution projects for any law firm, patent attorney, or patent agent? Check one: Yes \_\_\_\_ No \_\_\_\_\_

**STATEMENT OF ELIGIBILITY: Please read, initial, and sign below**

**[ ] Initials** I am not a current USPTO employee. If I am a former USPTO employee, I recognize that all post-employment statutes and regulations apply, including 18 U.S.C. § 207.

**[ ] Initials** I will not be on academic probation during the fall semester, 2019.

**[ ] Initials** By the beginning of fall semester, 2019, I will have successfully completed half of the hours required for law school graduation.

**[ ] Initials** I (initial to the left and below if at least one of the following apply):

**[ ]** (a) by the beginning of fall semester, 2019, will have successfully completed Patent Law;

**[ ]** (b) have significant patent-related experience; or

**[ ]** (c) have the following USPTO registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**[ ] Initials** I (initial to the left and below if at least one of the following apply):

**[ ]** (a) have already registered with the USPTO (see my registration number above); or

**[ ]** (b) am eligible to take the Patent Bar Exam in terms of meeting the technical qualifications set forth by the USPTO in its General Requirements Bulletin.

**[ ] Initials** I have successfully completed Patent Prosecution or am currently enrolled in Patent Prosecution (which is preferred but not required).

By signing below you certify that the information stated above is true and correct and that you meet the applicable prerequisites and are eligible for enrollment.

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Signature Date SMU ID

Finally, please add to this document or attach a one-paragraph statement describing your interest in and prior preparation for a career in patent law. Please also briefly describe your technical qualifications and any experience that you have had in the patent field.