Introduction & Instructions

Once a candidate's application is processed and the candidate is approved to sit for the CLP examination, further information regarding test scheduling will be emailed directly to the candidate. CLP, Inc. offers the examination during the months of April and October each year at more than 400 test sites worldwide. Applications must be submitted at least seven (7) days before the desired test date.

During the scheduling process, candidates select their preferred testing site in a preferred city on a preferred date. PLEASE NOTE: To ensure the widest variety of test sites and test dates, candidates should submit their applications at least one month prior to the testing window.

COMPLETING THE APPLICATION

1. Provide all information requested (including contact information, educational information, present and past licensing-related experience, and professional references); AND
2. Pay the CLP Application fee of US$995. This is a one-time application fee. The application fee includes the processing of the application and two testing opportunities within a 13-month period that begins with the application submission. If the candidate does not take the examination or does not successfully complete the examination within the 13-month period, then the application is closed and the candidate must reapply and pay the application fees again. The fee must be paid in U.S. funds. The application fee is not refundable.

All candidates will apply online. Following this welcome screen, the candidate will complete the following sections:

A. Verification of Information
B. Inclusion on the Registry
C. Code of Conduct Acknowledgement
D. Contact Information
E. Education (includes college/university name, location, years attended and degree received)
F. Employment (includes employer name, location, contact information, start and end dates of employment, and a summary of job duties for current and previous employers)
G. Professional References (includes name, location, and contact information for three professional references)
H. Document Upload (includes an option upload of the current Curriculum Vita)

Candidates are encouraged to gather all of the information outlined above prior to beginning the application. The completion of the application should take no more than 20 minutes.

Candidates who begin the application, but must stop before completion, can access their applications again through the home screen. Simply select "returning/recertification candidates" under the CLP candidates header and enter the username and password you selected in section D, Contact Information, of the application.

PRINTING THE APPLICATION
Candidates can print a blank sample application for reference purposes.
CLP Application

Candidates can print a copy of their individual applications by printing each webpage using the print button located at the bottom of each application page prior to submitting the page (by clicking next page) within the online application.

TERMS TO KNOW
The application uses the following terms:

License Agreement means an arm's-length transaction between unrelated parties conveying a grant of license or right to use intellectual property to commercially exploit (make, use or sell) a given technology or service in exchange for consideration. License Agreement does not include Sponsored Research Agreements or Material Transfer Agreements.

Intellectual Property Appraisal means a document that details an opinion of value based on factual analysis by a disinterested party of suitable qualifications recognized in the field of licensing.

Licensing means the development, use, transfer, marketing, and/or management of intellectual property for commercial purposes.
A. Verification of Information

I understand that, in order to process my application, Castle may verify my education, employment history, and/or professional references. I agree to cooperate in such a review and will allow others to provide information regarding my abilities and experience. I hereby solemnly declare and affirm, under the penalties of perjury that the facts and matters contained in the following foregoing application are true and correct.

☐ I agree with the above statement. Please process my application.

[Buttons: Print Page, Next Page]
B. Inclusion on the Registry

I understand that Certified Licensing Professionals, Inc. (CLP) will maintain a registry of certified licensing professionals (CLPs) that will be accessible to the general public on the CLP Web site (http://www.licensingcertification.org). CLP will publish a list of passing candidates on the CLP Web site, or in other industry publications, as appropriate, after each examination window. I agree to participate in such a registry using the name, city, and state that appear on my certification application. I understand that I may modify or remove myself from the registry at any time. I agree with the above statement and wish to be included on the registry. Please list my name, city and state as they appear on my certification application. In addition, please include the following contact information.

☐ I agree with the above statement and wish to be included on the registry. Please list my name, city and state as they appear on my certification application. In addition, please include the following contact information. *(Please select all that apply.)*
  ☐ Daytime telephone number as it appears on my certification application.
  ☐ Electronic mail address as it appears on my certification application.
  ☐ Current Employer as it appears on my certification application.

☐ I disagree with the above statement and wish to be excluded from the registry.
I understand and agree to follow the CLP Rules of Conduct as noted in the application.
D. Contact Information

First Name: 
Middle Initial: 
Last Name: 
Address 1: 
Address 2: 
City: 
State/Province: 
Zip Code: 
Country: US  
Telephone: (111) 111-1111 
Current Employer: 

Account Creation 
E-mail (this will be your username): 
Password: 
Verify Password: 

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To sit for the certification examination, the candidate must have received a Bachelor’s degree or higher from an accredited university.

List education completed in order, starting with the Bachelor’s degree. Add additional degrees as appropriate. If audited, the candidate is responsible for submitting proof of education. Proof of education may be a copy of a transcript or diploma from the academic institution of the highest level of academic achievement.

College/University: 
City: 
State/Province: 
Zip Code: 
Country: 
Year(s) Attended: (2005-2009)
Degree: Please select degree

College/University: 
City: 
State/Province: 
Zip Code: 
Country: 
Year(s) Attended: (2005-2009)
Degree: Please select degree

College/University: 
City: 
State/Province: 
Zip Code: 
Country: 
Year(s) Attended: (2005-2009)
Degree: Please select degree

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To sit for the certification examination, the candidate must have worked in the licensing field within the last 12 months of the submission of the Certified Licensing Professional examination application. The candidate must have at least three years of professional-level experience involving the development, use, transfer, marketing, and/or management of intellectual property. The candidate must have accumulated the three years of experience within the prior eight years.

List employment in order, starting with the present or most recent employer. If audited, the candidate authorizes the employers listed in the employment section to provide Castle, on behalf of CLP, any and all information concerning his/her current or previous employment.

**Work Experience 1 - Current Employer:**

Employer: 
Street: 
City: 
State/Province: 
Zip Code: 
Country: 
Telephone: (111) 111-1111
Start Date: 
(MM/DD/YYYY)
End Date: 
(MM/DD/YYYY or PRESENT)
Job Title: 
Total Months of Applicable Experience: 
Supervisor Name: 
Supervisor Title: 
Licensing-Related Duties: 
0/2000 characters used/character max

**Work Experience 2 - Previous Employer**

Employer: 
Street: 
City: 
State/Province: 
Zip Code: 
Country: 
Telephone: (111) 111-1111
Start Date: 
(MM/DD/YYYY)
End Date: 
(MM/DD/YYYY or PRESENT)
Job Title: 
Total Months of Applicable Experience:
Supervisor Name: 
Supervisor Title: 

Licensing-Related Duties: 
0/2000 characters used/character max

Work Experience 3 - Previous Employer
Employer: 
Street: 
City: 
State/Province: 
Zip Code: 
Country: 

Telephone: (111) 111-1111
Start Date: 
(MM/DD/YYYY)
End Date: 
(MM/DD/YYYY or PRESENT)
Job Title: 
Total Months of Applicable Experience: 
Supervisor Name: 
Supervisor Title: 

Licensing-Related Duties: 
0/2000 characters used/character max

Work Experience 4 - Previous Employer
Employer: 
Street: 
City: 
State/Province: 
Zip Code: 
Country: 

Telephone: (111) 111-1111
Start Date: 
(MM/DD/YYYY)
End Date: 
(MM/DD/YYYY or PRESENT)
Job Title: 
Total Months of Applicable Experience: 
Supervisor Name: 
Supervisor Title: 

Licensing-Related Duties: 
0/2000 characters used/character max
Licensing-Related Duties:

0/2000 characters used/character max
G. Professional References

To sit for the certification examination, the candidate must provide three professional references who can attest to your licensing education and experience.

If audited, the candidate authorizes the references listed in the professional reference section to provide Castle Worldwide, on behalf of CLP, any and all information concerning his/her current or previous education, employment, and experience.

**Professional Reference 1**
- Name: 
- Company: 
- Title: 
- Address: 
- City: 
- State/Province: 
- Zip Code: 
- Country: 
- Telephone: (111) 111-1111
- E-mail: 

**Professional Reference 2**
- Name: 
- Company: 
- Title: 
- Address: 
- City: 
- State/Province: 
- Zip Code: 
- Country: 
- Telephone: (111) 111-1111
- E-mail: 

**Professional Reference 3**
- Name: 
- Company: 
- Title: 
- Address: 
- City: 
- State/Province: 
- Zip Code: 
- Country: 
- Telephone: (111) 111-1111
- E-mail:
H. Document Upload

The candidate can submit a current Curriculum Vita to support his/her application. The CV should provide non-confidential information consistent with and in support of the information requested on this application.

Preferred file types include Microsoft Word and Adobe PDF.

An attempt to upload a document that exceeds the noted size will result in an error message. If the CV file is not accepted, please attach the file to an email addressed to ibt@castleworldwide.com. Please include the candidate's full name as it appears on the application and ask for the document to be attached to the CLP examination application.

Upload Attachment
Final Agreement

Via submission of this application electronically or otherwise, you certify that the information provided herein, is true and complete.