Invention Certification Form

Complete one certification for each VA Inventor

The IC form is a fillable PDF with fields to accommodate most text.

Top section:

I, Employee Name, hereby certify that the invention entitled Invention Title, patent application number Insert Patent Application Number or state "Not Applicable", was made by me on Provide date invention was made while I held a(n) as VA Position Title at VA Facility Name.

Complete all fields.

Employee Name should include First and Last name. Make sure the Invention Title matches the title on the Invention Disclosure Form. If a Patent Application has been filed, include the Patent Application Number or state Not Applicable. Provide the date the invention was made or an approximate date or time of conception. Type the date or choose from a drop-down calendar. Select employment status from the drop-down menu. Insert your VA Title and the Facility Name.

Numbered questions section:

<table>
<thead>
<tr>
<th>Please answer &quot;Yes&quot; or &quot;No&quot; in the order that the questions appear.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The invention was made during my official VA working hours.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. At the time of the invention, I had a responsibility to perform research for VA, whether by VA research funding or otherwise.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. The invention was made with a contribution by VA of:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a) Facilities</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Equipment</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Materials</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Funds</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Information</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Time or services of other VA employees on official duty</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. If this was made while working on an assigned VA project OR during VA official working hours – respond “YES”
2. If research is part of your official VA duties, or you are active in VA Research and Development (including WOC and DAP) – respond “YES”
3. Select “YES” for any items provided by VA
   a. Facilities – made on VA property
   b. Equipment – made using VA-owned equipment provided
   c. Materials – made with any VA items utilized or provided with VA funds
   d. Funds – used any funds from VA grants, merit awards, VA non-profit, or other VA funds
   e. Information – VA data or knowledge used
   f. Time or services – Other VA employees assisted while on official duty including DAP or WOC
4. The invention:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>a) Bears a direct relation to my official VA duties</td>
<td></td>
</tr>
<tr>
<td>b) Was made in consequences of my official VA duties</td>
<td></td>
</tr>
</tbody>
</table>

4. Select “YES” if this invention is related to what you are hired to do or if it is something related to your work as a VA employee. If answering “NO” it may be a conflict of interest to work on the invention while on VA time or using VA resources.

5. Select “YES” if attaching additional information related to your responses on the IC.

Bottom Section Questions (not numbered):

I hold an academic appointment.  
Please indicate if you have any of the following advanced degrees:

- [ ] MD
- [ ] PhD
- [ ] DO
- [ ] DPM
- [ ] Other: ___________

(I hold an academic appointment.) Select “YES” and in the additional box that opens, list all institutions with whom you hold an appointment, your title with each institution, and whether the appointment is full-time or part-time.

(Please indicate if you have any of the following advanced degrees:) Check the applicable degree or check other and specify in the box provided.

Determination of Rights Waiver (not numbered):

I hereby voluntarily assign my entire right, title, and interest in and to the above identified invention to the United States Government. I do not desire a Determination of Rights under 37 CFR Part 501.

See 37 CFR Part 501
See 38 SEC 1.650-1.663

Agreeing to assign rights in the invention to VA and waiving your right to the Determination of Rights (DOR) process does NOT mean that you are waiving your ownership rights or the rights of your academic affiliate, if you are Dual Appointment Personnel. The DOR process requires VA to assess whether VA resources were used to develop the invention and whether VA has a legal obligation or interest to assert rights to the invention.

Waiving the DOR process allows VA to forego this step and accept the Inventor’s assignment of rights. (check “YES”)

A DOR review is requested – VA will assess whether VA resources were used to develop the invention and whether VA has legal obligation or interest to assert rights to the invention. (check “NO”)
Signatures:

I certify that the responses above are accurate and correct.

Inventor Signature and Date

Supervisor Signature and Date

VA Email
Affiliate Email
Personal Email
Inventor Phone

Supervisor Email
Supervisor Phone

ACOS R&D Office Signature and Date

ACOS Email
ACOS Phone

The Form can be electronically signed. VA can accept a handwritten / wet ink signature if legible.

1. The Inventor must sign the form.

2. VA supervisor (if a non-inventor on this invention) OR the ACOS for Research must sign the form.

Remember, if you have any questions regarding invention certification contact your regional Technology Transfer Specialist.

VA TTP is here to help you be BRAVE by “Bringing Research Advancements for Veterans to Everyone!”