



California Certified Legal Secretary
A Program of LPI®



APPLICATION TO TAKE CCLS® EXAM

Mail Application, copy of LPI Membership Card (if applicable), and fees to:
Vivian Shreve, CCLS, c/o WSGR, 650 Page Mill Road, Palo Alto, CA 94304

(Select one) **Northern California** (Select one) **Saturday, September 19, 2020** **Saturday, March 20, 2021**
 Southern California **Saturday, September 19, 2020** **Saturday, March 20, 2021**

- **Deadline:** Applications must be received **60 days** prior to the examination date.
- **Late Application:** Late Fees apply when Applications are received less than **60 days** (but not less than 30 days) prior to the examination date, and accepted only if space is available.
- **Deferral:** Requests to defer to the next exam must be received at least **30 days** prior to the exam date.

EXAMINATION FEES (Select Payment Type)		Check <input type="checkbox"/> Payable to "LPI" Mail to above address	PayPal <input type="checkbox"/> Email exam application to CCLSCertifyingBoard@gmail.com . Payment link will be provided upon confirmation of eligibility to sit for exam.
LPI Members <input type="checkbox"/>		Non-LPI Members <input type="checkbox"/>	
On Time Registration Fee	\$ 25.00	On Time Registration Fee	\$ 75.00
Examination Fee*	100.00	Examination Fee*	100.00
Late Fee (if applicable)	45.00	Late Fee (if applicable)	45.00
TOTAL DUE w/o Late Fee:	\$125.00	TOTAL DUE w/o Late Fee:	\$175.00

Personal Information

Name: _____
Mailing Address: _____
Last 4 digits of SSN: _____ Email: _____
Phone (Day): _____ Phone (Evening): _____
LPI Member: Yes (enclose copy of LPI Membership Card) No
Name of Local LPI Association: _____

Employment Information

Provide your legal secretarial employment information beginning with your most recent (or current) employment in order to confirm that you have at least two years' experience. Attach a supplemental page if you have not been in your current position for two years.

Position: _____ Dates of Employment: _____
Employer: _____
(name and address)
Supervisor: _____ Supervisor's Phone: _____
Supervisor's Email: _____
Summary of Duties: _____

I certify that I have completed this application truthfully. I understand that a false statement may result in the rejection of this application or revocation of my certification. I understand and agree that the contents of the examination are confidential and not to be discussed with anyone, and that my employment record will be verified by a member of the California Certified Legal Secretary Certifying Board.

Date: _____
Applicant Signature _____

*Fees subject to change without notice.

Rev. April 2020