



California Certified Legal Secretary
A Program of LPI®



APPLICATION FOR CCLS RECERTIFICATION

Mail Application for Recertification and fees of \$40 payable to “Legal Professionals Incorporated” to the following email address:

Maria Bishop, CCLS
Email: ccls.cbchair@legalprofessionalsinc.org

Name: _____	
Home Mailing Address: _____	
Email: _____	
Phone (Day): _____	Phone (Evening): _____
LPI Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Local LPI Association: _____	

Recertification Fees
(Select Payment Type)

Check

Stripe

**Payable to “Legal Professionals Incorporated”
Mail to 3191 Rohrer Drive, Lafayette, CA 94549**

**Email Application to ccls.cbchair@legalprofessionalsinc.org.
Payment link will be provided by email.**

- I have completed the required 15 hours of continuing education during a three-year period. Certificates of attendance for the recertification period are attached or have previously been provided to the Certifying Board. (Include a \$40 recertification fee.)
- I request my status be changed to Inactive effective _____. I understand I cannot use the CCLS designation during this period and I must notify the CCLS Certifying Board when I wish to reactivate my certification and complete the recertification requirements at the direction of the Certifying Board. (No fees are due.)
- I retired from the legal secretary profession, effective _____. I certify that I no longer perform duties required of a legal secretary. (No fees are due.)
- I am retired as of _____, but wish to keep my CCLS active. I have completed the required 15 hours of continuing education during a three-year period. Certificates of attendance for the recertification period are attached. (Include a \$40 recertification fee.)
- I moved out of California as of _____. I understand I cannot use the CCLS designation while working in another state. Within 60 days of my return to California, I

can request the Certifying Board to reactivate my recertification and must complete the recertification requirements at the direction of the Certifying Board. (No fees are due.)

I am a member of the California State Bar effective _____. (No fees are due.)

I have reviewed the "CCLS Standards for Recertification" and have complied with the recertification requirements outlined in it.

Date:

Applicant Signature

Space below for CCLS® Certifying Board use only.

Date Certified:

Recertified:

Expiration Date:
