



California Certified Legal Secretary
A Program of LSI®



CERTIFICATE OF ATTENDANCE

Retain this form and submit the original or a copy to the CCLS Certifying Board, together with an Application for Recertification, and the recertification fee no later than the date on which your current certification expires.

_____ has attended the following program approved by
the CCLS® Certifying Board for recertification hours:

Date of Program: _____

Title of Program: _____

Location: _____

Actual Length of Program (Excluding Meals): _____

This program has been approved for the following maximum hour(s): _____

Provider Name: _____

Date: _____

Provider Signature (above)

Name: _____

Title: _____