



California Certified Legal Secretary  
A Program of LPI®



## APPLICATION FOR CCLS® RECERTIFICATION

Mail Application for Recertification and fees of \$25 payable to "LPI"  
to the following address:

Sally Butterworth, CCLS  
895 Rushings Trace  
Alpine, CA 91901

Email: [ccls.cbm4@legalprofessionalsinc.org](mailto:ccls.cbm4@legalprofessionalsinc.org)

Name: _____	
Home Mailing Address: _____	
Last 4 digits of SSN: _____	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   
Payable to "LPI"  
Mail to above address

Stripe   
Email Application to  
[ccls.cbm3@legalprofessionalsinc.org](mailto:ccls.cbm3@legalprofessionalsinc.org).  
Payment link will be provided by email  
upon approval of recertification.

- 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.
- 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 \$25 renewal fee.)
- 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 \_\_\_\_\_