



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:

**Brenda Bracy, CCLS**  
**P.O. Box 938**  
**Galt, CA 95632**

Name:	_____
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  
**CCLSRecertification@gmail.com.**  
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 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 \_\_\_\_\_