



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:

Brenda Johnson, CCLS, 988 Posey Street, Galt, CA 95632

EXAM DATE: SATURDAY, MARCH 16, 2024

- **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	Stripe <input type="checkbox"/> Email exam application to CCLSCBChair@legalprofessionalsinc.org . 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: <input type="checkbox"/> Yes (enclose copy of LPI Membership Card) <input type="checkbox"/> 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.