



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:
Vivian L. Shreve, CCLS, c/o WSGR, 650 Page Mill Road, Palo Alto, CA 94304

(Select one)	(Select one)		
<input type="checkbox"/> Northern California	<input type="checkbox"/> Saturday, September 18, 2021	<input type="checkbox"/>	<input type="checkbox"/> Saturday, March 19, 2022
<input type="checkbox"/> Southern California	<input type="checkbox"/> Saturday, September 18, 2021	<input type="checkbox"/>	<input type="checkbox"/> Saturday, March 19, 2022

- **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	PayPal <input type="checkbox"/> Email exam application to CCLSCertifyingBoard@gmail.com . 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: Yes (enclose copy of LPI Membership Card) 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.
Rev. April 2020