

# California Certified Legal Secretary

A Program of  
Legal Secretaries, Incorporated



## APPLICATION

Please complete and mail this form to the following address with your check to reserve your place at one of the examination venues:

**CCLS Certifying Board  
P.O. Box 1481  
Sacramento, CA 95812-1481**

<input type="checkbox"/> Northern California	<input type="checkbox"/> Saturday, October 15, 2011
<input type="checkbox"/> Southern California	<input type="checkbox"/> Saturday, March 17, 2012

Deadline: Application must be received 60 days prior to examination date. A late application may be accepted up to 30 days prior to the examination if submitted with a \$25 late fee, in addition to the fees listed below, if space is available.

EXAMINATION FEES*			
LSI MEMBERS**		Non-LSI MEMBERS	
Registration fee:	\$ 15.00	Registration fee:	\$ 55.00
Examination fee:	<u>\$ 95.00</u>	Examination fee:	<u>\$ 95.00</u>
Total	\$110.00	Total	\$150.00

Enclosed is a check in the sum of \$ \_\_\_\_\_ \*\*\*, payable to LSI.

\* Fees subject to change without notice.

\*\* LSI members: Name of local association: \_\_\_\_\_ LSA/LPA.  
**Please enclose a photocopy of your local membership card.**  
You must be a member upon application to be eligible for reduced fees.

\*\*\* Include \$25 late fee if applicable.

Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Highest level of formal education completed: \_\_\_\_\_; Highest Degree: \_\_\_\_\_.

**EMPLOYMENT RECORD:** Please list legal secretarial employment, beginning with your most recent (or current) employment, to show a minimum of two full years of such employment. Attach a supplemental page if additional entries are necessary to show two full years of employment as a legal secretary.

Dates \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Summary of Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Summary of Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have completed this application truthfully. I understand that a false statement may result in the revocation of my certification. I understand and agree that the contents of the examination are confidential and are not to be discussed. I understand that my employment record will be verified by a member of the California Certified Legal Secretary Certifying Board.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_