

California Certified Legal Secretary A Program of LSI[®]



APPLICATION TO TAKE CCLS® EXAM

Mail Application, copy of LSI Membership Card (if applicable), and fees to: April K. Ignaitis, CCLS, CCLS Certifying Board, P.O. Box 2879, Cupertino, CA 95015			
(Select one)		(Select one)	
Northern C	alifornia	Saturday, Septemb	er 16, 2017
ڶ 🛛 Southern California 🔛 Saturday, March 17, 2018			
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	Che		PayPal 🗌
(Select Payment Type)	Payable to "L Mail to above addre		n application to
		Payment link will be	provided upon
		confirmation of eligibility	to sit for exam.
<u>LSI Members</u>		Non-LSI Members	
On Time Registration Fee Examination Fee*	\$ 25.00 100.00	On Time Registration Fee Examination Fee*	\$ 75.00 100.00
Late Fee (if applicable)	30.00	Late Fee (if applicable)	30.00
TOTAL DUE w/o Late Fee:	\$125.00	TOTAL DUE w/o Late Fee:	<u>\$175.00</u>
		Information	<u>••••••</u>
News			
Name:			
Mailing Address:			
Last 4 digits of SSN: Email:			
Phone (Day): Phone (Evening):			
LSI Member: Yes (enclose copy of LSI Membership Card) No			
Name of Local LSI 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:	Dat	es of Employment:	
Employer:			
(name and address)			
Supervisor:	Sup	pervisor's Phone:	
	Su	pervisor'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. February 2017