



California Certified Legal Secretary  
A Program of LSI®



# APPLICATION FOR CCLS® RECERTIFICATION

Mail Application for Recertification and fees of \$25 payable to "LSI"  
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): \_\_\_\_\_

LSI Member: Yes  No

Name of Local LSI Association: \_\_\_\_\_

Recertification Fees  
(Select Payment Type)

**Check**   
Payable to "LSI"  
Mail to above address

**PayPal**   
Email Application to  
[CCLSRecertification@gmail.com](mailto: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 \_\_\_\_\_