



*California Certified Legal
Secretary*
A Program of LPI®



CERTIFICATE OF ATTENDANCE

Retain this form **and submit a copy** to the CCLS Certifying Board, together with an Application for Recertification, and the recertification fee no later than the date on which your current certification expires.

_____ has attended the following program approved by the CCLS® Certifying Board for recertification hours:

Date of Program: _____

Title of Program: _____

Location: _____

Actual Length of Program (Excluding _____
Meals): _____

This program has been approved for the following maximum _____
hour(s):

Provider Name: _____

Date:

Provider Signature (above)

Name: _____

Title: _____