



**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:  
**Maria Bishop, CCLS, 3191 Rohrer Drive, Lafayette, CA 94549**

**EXAM DATE: SATURDAY, MARCH 15, 2025**

- **Deadline:** Applications must be received **60 days** (January 14, 2025) prior to the examination date.
- **Late Application:** Late Fees apply when Applications are received less than **60 days** prior to the examination date. Late applications may be rejected and are considered on a case by case basis.
- **Deferral:** Requests to defer to the next exam must be received at least **30 days** (February 13, 2025) prior to the exam date.

<b>EXAMINATION FEES</b> (Select Payment Type)	<b>Check</b> <input type="checkbox"/> Payable to "LPI" Mail to above address	<b>Stripe</b> <input type="checkbox"/> Email exam application to <a href="mailto:CCLSCBChair@legalprofessionalsinc.org">CCLSCBChair@legalprofessionalsinc.org</a> . Payment link will be provided upon confirmation of eligibility to sit for exam.	
<b><u>LPI Members</u></b> <input type="checkbox"/>	<b><u>Non-LPI Members</u></b> <input type="checkbox"/>		
On Time Registration Fee	\$ 25.00	On Time Registration Fee	\$ 75.00
Examination Fee*	125.00	Examination Fee*	125.00
Late Fee (if applicable)	45.00	Late Fee (if applicable)	45.00
<b>TOTAL DUE w/o Late Fee:</b>	<b><u>\$150.00</u></b>	<b>TOTAL DUE w/o Late Fee:</b>	<b><u>\$200.00</u></b>

### Personal Information

Name: _____	
Mailing Address: _____	
Last 4 digits of SSN: _____	Email: _____
Phone (Day): _____	Phone (Evening): _____
LPI Member: <input type="checkbox"/> Yes (enclose copy of LPI Membership Card) <input type="checkbox"/> 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.