



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 94015

(Select one) **Northern California** **Saturday, March 17, 2018**
 (Select one) **Southern California** **Saturday, September 15, 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 (Select Payment Type)	<input type="checkbox"/> Check Payable to "LSI" Mail to above address	<input type="checkbox"/> PayPal Email exam application to CCLSCertifyingBoard@gmail.com . Payment link will be provided upon confirmation of eligibility to sit for exam.
LSI Members <input type="checkbox"/>	Non-LSI Members <input type="checkbox"/>	
On Time Registration Fee \$ 25.00	On Time Registration Fee \$ 75.00	
Examination Fee* 100.00	Examination Fee* 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: \$175.00	

Personal Information

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: _____ 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.
Rev. February 2017