



California Certified Legal Secretary

A Program of
Legal Secretaries, Incorporated



CERTIFICATE OF ATTENDANCE

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

DATE OF PROGRAM: _____

TITLE OF PROGRAM: _____

LOCATION: _____

LENGTH OF PROGRAM (EXCLUDING MEALS): _____

THIS PROGRAM HAS BEEN APPROVED FOR A MAXIMUM OF _____ HOURS.

PROVIDER NAME: _____

PROVIDER SIGNATURE: _____

TITLE: _____

DATE: _____

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