

California Certified Legal Secretary

A Program of
Legal Secretaries, Incorporated



APPLICATION

Please complete and mail this form to the following address with your check to reserve your place at one of the examination venues:

**CCLS Certifying Board
P. O. Box 391626
Mountain View, CA 94039-1626**

<input type="checkbox"/> Northern California	<input type="checkbox"/> Saturday, October 18, 2008
<input type="checkbox"/> Southern California	<input type="checkbox"/> Saturday, March 21, 2009

Deadline: Application must be received 60 days prior to examination date. A late application may be accepted up to 30 days prior to the examination if submitted with a \$25 late fee, in addition to the fees listed below, if space is available.

EXAMINATION FEES*			
	LSI MEMBERS**		Non-LSI MEMBERS
	Registration fee: \$ 15.00		Registration fee: \$ 55.00
	Examination fee: <u>\$ 95.00</u>		Examination fee: <u>\$ 95.00</u>
	Total \$110.00		Total \$150.00

Enclosed is a check in the sum of \$ _____ ***, payable to LSI.

* Fees subject to change without notice.

** LSI members: Name of local association: _____ LSA/LPA.
Please enclose a photocopy of your local membership card.
You must be a member upon application to be eligible for reduced fees.

*** Include \$25 late fee if applicable.

Name _____ Last 4 Digits of SSN _____

Mailing Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail(s): _____

Highest level of formal education completed: _____; Highest Degree: _____.

EMPLOYMENT RECORD: Please list legal secretarial employment, beginning with your most recent (or current) employment, to show a minimum of two full years of such employment. Attach a supplemental page if additional entries are necessary to show two full years of employment as a legal secretary.

Dates _____ Position _____

Employer _____

Address _____

City/State/Zip _____

Supervisor _____ Phone _____

Summary of Duties _____

Dates _____ Position _____

Employer _____

Address _____

City/State/Zip _____

Supervisor _____ Phone _____

Summary of Duties _____

I certify that I have completed this application truthfully. I understand that a false statement may result in the revocation of my certification. I understand and agree that the contents of the examination are confidential and are not to be discussed. I understand that my employment record will be verified by a member of the California Certified Legal Secretary Certifying Board.

Signature of Applicant _____ Date _____