

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Certification Body Name]
[Address]
[City, State, Zip Code]

Subject: CNA Certification Renewal Application

Dear [Certification Body],

I am writing to request the renewal of my Certified Nursing Assistant (CNA) certification, which is set to expire on [Expiration Date]. I have completed the required continuing education hours and attached the necessary documentation for your review.

Please let me know if you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[CNA Number]