

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Appeal for CNA License Denial - Application No. [Your Application Number]

I hope this letter finds you well. I am writing to formally appeal the decision regarding the denial of my Certified Nurse Assistant (CNA) license application, dated [Date of Denial]. I understand that my application was denied based on [specific reasons for denial], and I would like to provide further context and information for your reconsideration.

[Briefly explain your background, qualifications, and any relevant experience. Highlight any misunderstandings that may have contributed to the denial.]

I believe that I possess the necessary skills and dedication to excel as a CNA. [Mention any additional training, coursework, or certifications that support your qualifications.]

I respectfully request that you reconsider my application in light of this additional information. I am very passionate about pursuing a career in healthcare and would be grateful for the opportunity to contribute positively to the community.

Thank you for your time and consideration. I look forward to your prompt response regarding my appeal.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]