

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Title/Position]  
[Licensing Board/Agency Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my intent to apply for licensure as a Certified Nursing Assistant (CNA) in [State]. I have completed the necessary training and have gained valuable hands-on experience through [mention any relevant training programs, internships or employment].

As a dedicated individual with a passion for providing quality care, I am committed to supporting patients in achieving their health goals. I believe that my skills in [mention specific skills relevant to CNA duties] will contribute positively to my role as a CNA.

I look forward to submitting my application and providing any additional documentation required. Thank you for considering my intent to proceed with the licensing process.

Sincerely,

[Your Name]  
[Your CNA Training Institution, if applicable]  
[Your CNA Certification (if applicable)]