

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

Dear [Recipient Name],

I am writing to request the renewal of my Certified Nursing Assistant (CNA) license, which is set to expire on [Expiration Date]. My license number is [License Number].

I have completed the required continuing education courses and fulfilled all necessary requirements for renewal. Enclosed are the forms and documentation needed for processing my application.

Thank you for your attention to this matter. Please let me know if you require any additional information.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]