

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

[Certification Authority Name]
[Certification Authority Address]
[City, State, Zip Code]

Subject: CNA Certification Renewal Application

Dear [Certification Authority Name or Specific Contact Person],
I hope this letter finds you well. I am writing to formally request the renewal of my Certified Nursing Assistant (CNA) certification, which is due to expire on [Expiration Date].

My current certification number is [Certification Number], and I have completed the required continuing education credits as mandated by [State or Certification Body]. I have attached copies of my completed courses and any necessary documentation to support my renewal application.

[Optional: Mention any relevant work experience or additional training since your last certification.]

Please let me know if there are any additional forms or fees required to process my application. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your CNA Number]