

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

Dear [Recipient's Name],

Subject: Appeal for CNA License Renewal Denial

I am writing to formally appeal the decision regarding the denial of my Certified Nursing Assistant (CNA) license renewal. My license number is [License Number], and the renewal was submitted on [Date of Submission]. The reason provided for the denial was [briefly state the reason for denial]. I understand the importance of maintaining standards within the profession and would like to provide additional context regarding this matter.

[Provide a detailed explanation of your situation, including any relevant circumstances, documentation, or evidence that supports your case. If applicable, mention any steps you have taken to rectify the issue.]

I am committed to upholding the highest standards of care and professionalism in my role as a CNA. [If applicable, mention any continuing education, training, or commendations you have received.]

I kindly request that you reconsider my appeal and allow me the opportunity to continue serving in my capacity as a CNA. Thank you for your time and consideration. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]