

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

Dear [Recipient's Name],

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

During my time as a CNA, I have dedicated myself to providing high-quality care and support to patients. I believe that the experience and skills I have gained through my work have prepared me well to continue serving in this capacity.

I have maintained my continuing education requirements and have completed [Number] hours of ongoing training. I have attached copies of my certificates for your reference.

I kindly ask for your assistance in the timely processing of my renewal application. Thank you for your attention to this matter, and I look forward to your positive response.

Sincerely,

[Your Name]
[Your CNA License Number]