

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

Dear [Recipient Name],

I am writing to formally apply for the renewal of my Certified Nursing Assistant (CNA) license, which is due for renewal on [expiration date]. My current license number is [license number].

I have completed the required continuing education hours and attached the documentation for your review. Additionally, I have included the renewal application form and the necessary payment.

Please let me know if you require any further information or documentation. I appreciate your attention to my application and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your CNA License Number]