

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[State Board of Nursing]  
[Office of CNA License Renewal]  
[Board Address]  
[City, State, Zip Code]

Dear [Recipient's Name or "To Whom It May Concern"],  
I am writing to formally request the renewal of my Certified Nursing Assistant (CNA) license, which is due to expire on [expiration date]. My CNA license number is [license number]. I have completed the required continuing education hours as specified by the state regulations, and I have attached all necessary documentation including proof of completed coursework, my most recent background check, and any outstanding fees. I appreciate your attention to this matter and look forward to continuing my commitment to providing quality care to individuals in need. Thank you for your time and assistance.

Sincerely,  
[Your Name]  
[Your CNA License Number]