

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Training Program Coordinator]
[Training Institution Name]
[Institution Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm my enrollment in the Certified Nursing Assistant (CNA) training program starting on [Start Date]. I appreciate the opportunity to participate in this program and am looking forward to enhancing my skills in patient care.

Please find attached any required documents and payment confirmations as needed for my enrollment. If you require any additional information or further steps, do not hesitate to contact me.

Thank you for your assistance. I look forward to the start of the program.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]