

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Organization Name]  
[Organization Address]  
[City, State, ZIP Code]

Subject: Appeal for LCSW Licensing Decision

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal the recent decision regarding my application for the Licensed Clinical Social Worker (LCSW) license, dated [date of decision].

I believe that my application was unfairly evaluated due to [briefly state the reason for the appeal, e.g., misunderstanding of qualifications, absence of requested documentation, etc.]. I would like to provide additional clarification and context concerning my situation.

[Insert a paragraph detailing your qualifications and any relevant experience or training that supports your appeal, including specific examples if applicable.]

Additionally, I have included [mention any documents you are attaching, such as letters of recommendation, proof of experience, etc.] to further support my appeal.

I am committed to meeting the standards set forth by your organization and am eager to contribute positively to the field of social work. I respectfully request that my application be reconsidered in light of the new information provided.

Thank you for your time and attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your License or Application Number, if applicable]