

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

Dear [Recipient Name],

I am writing to request approval for my continuing education plan as an LCSW. As you know, maintaining and enhancing my professional skills is a priority for me, and I am excited to engage in opportunities that will further my knowledge and expertise in social work.

I have identified several workshops and courses that align with my professional development goals:

- [Course/Workshop Title 1] - [Date] - [Provider Name]
- [Course/Workshop Title 2] - [Date] - [Provider Name]
- [Course/Workshop Title 3] - [Date] - [Provider Name]

These courses will cover critical topics such as [briefly list relevant topics], which are essential for my practice and the clients I serve.

I would appreciate your support in ensuring that these educational endeavors fulfill the requirements for my continuing education. Please let me know if you need any further information or documentation to process my request.

Thank you for your attention to this matter. I look forward to your positive response.

Sincerely,

[Your Name]
[LCSW License Number]