

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

Dear [Recipient's Name],

I am writing to express my intent to pursue the Licensed Clinical Professional Counselor (LCPC) credential. As a dedicated professional in the field of mental health, I am eager to expand my qualifications and provide quality care to those in need.

I have completed my [degree, e.g., Master's in Counseling] from [University Name] and have [number of hours] of supervised clinical experience. My work with [specific populations or settings] has reinforced my commitment to fostering emotional well-being and supporting clients through their challenges.

In pursuing the LCPC, I aim to deepen my understanding and application of therapeutic techniques while adhering to the ethical standards of our profession. I am particularly interested in [specific areas of focus, e.g., trauma-informed care, family therapy], and I believe that this credential will enhance my skills and effectiveness as a counselor.

I am grateful for the opportunity to submit this letter and will provide any additional information required for your review. Thank you for considering my application for the LCPC credential.

Sincerely,
[Your Name]