

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Board of Nursing or Licensing Authority Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Renewal Application for LPN License

I am writing to formally request the renewal of my Licensed Practical Nurse (LPN) license, which is set to expire on [expiration date]. My license number is [license number].

I have completed the required continuing education courses and renewed my CPR certification. Enclosed with this letter, please find the following documents:

1. Completed renewal application form
2. Proof of continuing education credits
3. Current CPR certification
4. Renewal fee payment

I appreciate your attention to my renewal application, and I look forward to your prompt response. Should you require any additional information, please feel free to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Credentials, e.g., LPN]