

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Licensing Board Name]
[Board Address]
[City, State, Zip Code]

Dear [Licensing Board Name or Specific Contact Person],
I am writing to express my intent to apply for a Licensed Practical Nurse (LPN) license in the state of [State Name]. I have completed my nursing education at [Name of Nursing School], where I obtained my [Degree/Certificate] in Practical Nursing.

Throughout my training, I have gained hands-on experience in a variety of healthcare settings, including [Mention any relevant clinical experiences or specialties]. I am dedicated to providing high-quality patient care and am eager to contribute positively to the healthcare team in our community.

I am fully aware of the responsibilities and ethical obligations that come with being a Licensed Practical Nurse and am committed to upholding the standards set forth by the [Licensing Board Name]. I have enclosed the necessary documentation, including my transcripts, proof of clinical hours, and any other required materials.

Thank you for considering my application. I look forward to contributing to the nursing profession in [State Name] and am eager to begin my career as a Licensed Practical Nurse.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]