

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title]
[Board of Nursing/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Appeal for LPN License Denial

I hope this letter finds you well. My name is [Your Name], and I am writing to formally appeal the decision made regarding my LPN license application, which was denied on [Date of Denial].

I respectfully request a review of my case based on the following reasons:

1. [Reason 1: Brief explanation]
2. [Reason 2: Brief explanation]
3. [Any additional reasons if applicable]

I acknowledge any past issues outlined in the denial letter; however, I have taken significant steps to address these concerns, including:

- [Action Taken 1]
- [Action Taken 2]
- [Any additional actions if applicable]

I am truly passionate about pursuing a career as a Licensed Practical Nurse, and I believe my experiences and improvements demonstrate my commitment to the profession.

I would greatly appreciate the opportunity to present my case in further detail. Thank you for considering my appeal.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]