

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Board of Nursing]  
[Address of the Board]  
[City, State, Zip Code]

Dear Board Members,

Subject: Endorsement Request for LPN License

I am writing to formally request the endorsement of my Licensed Practical Nurse (LPN) license from [Original State] to [New State].

I am currently licensed in [Original State] under license number [License Number], and I have maintained my license in good standing since [Year of Licensure]. I have enclosed a copy of my current license and related documentation for your review.

I have lived in [New State] since [Date of Move] and am eager to continue my nursing career here. I have attached all necessary forms, verification of my nursing education, and completed continuing education requirements. Thank you for considering my request. I look forward to your prompt response so I may continue to serve as a dedicated LPN in [New State].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your LPN License Number]