

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

Dear [Recipient Name],

I am writing to formally support the licensing application of [Applicant's Name] for the position of Licensed Practical Nurse (LPN). As [his/her/their] [relationship to the applicant, e.g., instructor, employer, supervisor], I have had the pleasure of observing [his/her/their] professional development and commitment to the nursing field.

During [his/her/their] time at [Institution/Organization Name], I have been consistently impressed by [Applicant's Name]'s dedication to patient care, professionalism, and ability to work collaboratively in a team environment. [He/She/They] has demonstrated a thorough understanding of practical nursing skills and has achieved [specific accomplishments or skills relevant to LPN duties].

I am confident that [Applicant's Name] possesses the necessary skills and character to serve as an exceptional LPN. I wholeheartedly support [his/her/their] application for licensure and believe that [he/she/they] will contribute positively to the healthcare community.

Thank you for considering this application for licensure. Should you need any further information or clarification, please feel free to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization]