

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

Dear [Recipient's Name],

I am writing to formally request the issuance of my Licensed Practical Nurse (LPN) license in [State/Region]. I have completed all necessary educational and training requirements, as outlined in your licensing guidelines.

I graduated from [Name of Nursing Program] on [Graduation Date] and have gained valuable clinical experience through my [internships/clinical rotations] at [Names of Institutions or Facilities]. Enclosed are my official transcripts, proof of completion of the required nursing program, and any other documentation you may require for processing my application.

I appreciate your attention to my request and look forward to your prompt response. Please let me know if you need any further information or documentation.

Thank you for considering my application.

Sincerely,

[Your Name]

[Your LPN Candidate ID or Social Security Number, if applicable]