

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

Vermont Secretary of State
Office of Professional Regulation
P.O. Box 2000
Montpelier, VT 05609

Dear Licensing Board,

I am writing to formally request the renewal of my nursing license (License Number: [Your License Number]) in the state of Vermont. My license is set to expire on [Expiration Date], and I wish to ensure that it remains active to continue providing quality care to my patients.

I have completed the required continuing education hours and have maintained my commitment to the standards of nursing practice. Attached, you will find all necessary documents, including proof of continuing education, my renewal application, and the applicable fee.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Credentials, e.g., RN, BSN]
[Your Signature (if sending a hard copy)]