

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

Vermont Department of Health

[Department Address]
[City, State, Zip Code]

Subject: Health License Renewal Application

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally renew my health license, which is set to expire on [Expiration Date].

My current license information is as follows:

- License Number: [Your License Number]
- Full Name: [Your Full Name]
- Type of License: [Type of Health License]

I have completed the required continuing education credits and have attached the documentation for your review. Additionally, I have ensured that all necessary fees have been included with this application.

Please let me know if you require any further information or documentation to process my renewal. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position/Title (if applicable)]