

Application for Continuing Professional Education Credit

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to apply for continuing professional education credit required for the renewal of my [specific license name, e.g., "Nursing License"]. My license number is [License Number] and is set to expire on [Expiration Date].

In order to meet the renewal requirements, I have completed the following continuing education courses:

- Course Title 1 - [Provider Name] - [Date] - [Credit Hours]
- Course Title 2 - [Provider Name] - [Date] - [Credit Hours]
- Course Title 3 - [Provider Name] - [Date] - [Credit Hours]

Attached are the copies of the certificates of completion for these courses. I believe these courses sufficiently meet the educational prerequisites for my license renewal.

Thank you for considering my application for continuing professional education credit. I look forward to your positive confirmation.

Sincerely,

[Your Name]