

Credential Assessment Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a credential assessment of my qualifications as a healthcare provider. I have recently [briefly describe your situation, e.g., moved to a new country, applied for a job, etc.], and I need to have my credentials evaluated to meet local licensing requirements.

Please find enclosed all necessary documents, including my degree certificates, transcripts, and professional certifications.

I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]