

Letter of Appeal for Medical License Extension

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally appeal for the extension of my medical license, which is set to expire on [Insert Expiration Date]. My license number is [Insert License Number]. Due to [briefly explain reason, e.g., unforeseen personal circumstances, ongoing professional development], I kindly request your understanding and support in granting an extension.

Throughout my practice, I have prioritized patient care and have adhered to all professional standards. I am committed to maintaining my qualifications and ensuring that my medical practice meets all regulatory requirements.

I would greatly appreciate your consideration of my request. Thank you for your time and understanding. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]