

Application for Medical License Extension

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

[Recipient's Name]
[Recipient's Title/Position]
[Medical Licensing Board Name]
[Board Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an extension for my medical license, which is set to expire on [Expiration Date]. Due to [brief explanation of reason, e.g., ongoing medical training, personal circumstances, etc.], I kindly ask for an extension to continue my practice and service to the community.

I have attached all necessary documentation to support my request, including [list any documents such as proof of ongoing training, continuing education credits, etc.].

I appreciate your consideration of my application, and I am hopeful for a favorable response. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Medical License Number]