

# Application for Medical Practice License Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[License Board/Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an extension of my medical practice license, which is set to expire on [Expiration Date]. Due to [reason for extension, e.g., ongoing research, unforeseen circumstances], I am unable to complete the necessary requirements before the expiration date.

As a dedicated medical professional, I am committed to maintaining the highest standards of practice and ensuring that my qualifications remain current. I have enclosed documentation supporting my request, including [list any attached documents, e.g., letters of recommendation, proof of ongoing education].

I appreciate your consideration of my application and look forward to your positive response. Please feel free to contact me at [Phone Number] or [Email Address] if you require any further information.

Thank you for your time and assistance.

Sincerely,

[Your Name]

[Your Medical License Number]