

# Inquiry About Medical License Extension Process

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

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

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the process for extending my medical license, which is set to expire on [Expiration Date]. I would appreciate any guidance on the necessary steps, required documentation, and any fees associated with the extension.

Thank you for your assistance. I look forward to your prompt response regarding this matter.

Sincerely,

[Your Name]