

# Justification Letter for Medical License Extension

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request an extension of my medical license, which is set to expire on [Insert Expiration Date]. My name is [Your Name], and I currently hold the license number [License Number].

The reason for my request is [insert reason, e.g., ongoing medical education requirements, unexpected personal circumstances, health issues, etc.]. I have been actively engaged in [insert relevant activities, e.g., continuing education, patient care, research, etc.], which I believe will further enhance my capabilities as a healthcare provider.

I respectfully ask for your understanding and support in this matter. I assure you that I am committed to maintaining the highest standards of medical practice and continuing my professional development.

Thank you for considering my request. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Contact Information]