

Request for Medical License Renewal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Medical Licensing Board Name]

[Board Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the renewal of my medical license, which is set to expire on [Expiration Date]. My license number is [License Number]. Throughout my practice, I have consistently adhered to professional standards and maintained my commitment to providing high-quality patient care.

Enclosed with this letter are the required documents, including my completed renewal application, proof of continuing education credits, and the necessary fees. Please let me know if any additional information is required to complete my renewal process.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your support.

Sincerely,

[Your Name]

[Your Medical Specialty]