

Submission Letter for Medical License Renewal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Licensing Board Name]

[Board Address]

[City, State, Zip Code]

Dear [Licensing Board Name] Administrator,

I am writing to submit my application for the renewal of my medical license, which is set to expire on [Insert Expiration Date]. Please find enclosed the required documents for the renewal process, including:

- Completed Renewal Application Form
- Proof of Continued Medical Education
- Relevant Fees
- Background Check Authorization

I appreciate your attention to this matter and look forward to your prompt processing of my renewal application. Should you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Medical License Number]