

Health License Verification for Continuing Education

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Organization]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request verification of my health license as part of my continuing education requirements. Below are my details for your reference:

- **Name:** [Your Full Name]
- **License Number:** [Your License Number]
- **Issuing State:** [State]
- **Date of Issue:** [Date]

As a committed professional, I am eager to ensure that my credentials are up to date for the upcoming continuing education programs. Please provide confirmation of my health license status at your earliest convenience.

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

Sincerely,

[Your Name]