

# Clinical Certification Renewal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Institution / Organization Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the renewal of my clinical certification, which is set to expire on [insert expiration date]. My certification number is [insert certification number].

As a dedicated professional in the field, I have continually strived to meet the standards required for this certification and have completed all necessary continuing education requirements.

Please find attached the required documentation including my continuing education certificates and any additional forms needed for the renewal process.

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

Thank you for your assistance.

Sincerely,

[Your Name]