

# Revalidation Notice

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to notify you that your current healthcare certification is due for revalidation on [Insert Revalidation Date]. To ensure continued compliance with the standards of our profession and to maintain your certification, you are required to complete the revalidation process.

Please submit the following documents:

- Proof of continuing education credits
- Updated professional practice hours
- Current licenses and certifications

All required documents should be sent to our office by [Insert Submission Deadline]. Failure to complete the revalidation process may result in a lapse of your certification.

If you have any questions or need assistance, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]