

# Public Health Certification Renewal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Certification Authority Name]

[Authority Address]

[City, State, Zip Code]

Dear [Certification Authority],

I am writing to formally request the renewal of my public health certification, which is set to expire on [Expiration Date]. My certification number is [Certification Number].

As a dedicated professional in the field of public health, I have continued to engage in relevant educational activities and professional development to enhance my skills and knowledge.

Attached are the necessary documents and proof of continuing education credits that demonstrate my commitment to maintaining the standards required for certification.

I appreciate your attention to this matter and look forward to your prompt response regarding my renewal application. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your time and consideration.

Sincerely,

[Your Name]