

Request for Professional Accreditation Renewal

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email Address]
[Your Phone Number]

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the renewal of my professional accreditation in [Specify Field/Area]. My current accreditation, which is set to expire on [Expiration Date], has been instrumental in my career and professional development.

Throughout my accredited period, I have [Briefly describe your professional achievements, continuing education, or contributions to the field]. I have also completed the required continuing education hours as per the accreditation guidelines.

Please find attached [List any documents you are sending with the letter], which support my request for renewal.

I appreciate your consideration of my request and look forward to your positive response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Professional Title]