

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Date

Name
Company
Address Line
City, State Zip Code

Re: Reminder to Renew Medical Certification

Dear :

This is just a reminder that your certification will expire on {date}. It is imperative that you do not allow your certification to expire. If your certification expires, you will have to repeat the entire certification process and will not be allowed to work until you are re-certified.

If you have any questions, please feel free to contact me.

Sincerely,

N A M E