

Professional License Renewal Form

(Sample Completed)

This **professional license renewal form** sample demonstrates the correct way to fill out all necessary fields for a seamless license update. It ensures compliance with regulatory requirements and helps avoid processing delays. Use this example to guide your own form submission accurately and efficiently.

1. Full Name:

Jordan Eliza Smith

2. License Number:

PL-9822145

3. Profession Type:

Registered Nurse (RN)

4. Contact Information:

Phone: (555) 678-1234

Email: jordan.smith@email.com

Address: 789 Main Street, Suite 205, Springfield, ST 01101

5. License Expiry Date:

06/30/2024

6. Renewal Period:

07/01/2024 - 06/30/2026

7. Continuing Education Units (CEUs) Completed:

36 CEUs (Required: 30 CEUs)

8. Professional Conduct Attestation:

I attest that I have not been subject to any disciplinary action or criminal conviction since my last renewal.

9. Application Fee Paid:

\$120 (*Receipt #: 0458921*)

Applicant Signature:

Jordan E. Smith

Date:

05/15/2024