

Date: [Insert Date]

To: [Employee Name]

License Type: [Insert License Type]

License Number: [Insert License Number]

Subject: Quarterly Continuing Education (CE) Status and License Renewal Notification

Dear [Employee Name],

This is your quarterly status update regarding your professional continuing education requirements and upcoming license renewal.

Current Status:

- **License Expiration Date:** [Insert Date]
- **Total CE Hours Required:** [Insert Number]
- **CE Hours Completed to Date:** [Insert Number]
- **Remaining CE Hours Needed:** [Insert Number]

Action Required:

Please ensure that all remaining CE credits are completed by [Insert Deadline Date] to avoid any delays in your license renewal process. Once a course is completed, please submit the certificate of completion to the [Department Name] for our records.

Failure to maintain an active license may result in a change in your employment status or ability to perform your current duties.

If you have any questions regarding your credits or believe there is an error in our records, please contact [Contact Person/Department] at [Phone/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]