

**[Certifying Authority Name]**

[Address Line 1]

[Address Line 2]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

Date: [Insert Date]

**To:**

[Applicant Name]

[Applicant Address]

[City, State, ZIP Code]

[Email Address]

**Subject: Conditional Approval for Certification Training Program**

Dear [Applicant Name],

We are pleased to inform you that your application for the **[Certification Training Program Name]** has been **conditionally approved**. This approval confirms that you have satisfied the preliminary requirements for enrollment. However, please note that full approval and participation in the program are contingent upon fulfillment of the conditions outlined below:

- **[Condition 1]** – [Brief Description of Condition, e.g., Submission of prerequisite documents or transcripts]
- **[Condition 2]** – [Brief Description, e.g., Completion of entrance assessment or required training module]
- **[Condition 3]** – [Brief Description, e.g., Payment of outstanding fees]

**Timeline:**

All outlined conditions must be satisfied by **[Deadline, e.g., MM/DD/YYYY]**. Failure to comply within this timeframe may result in withdrawal of your conditional approval and the need to reapply for a future session.

Please forward all required documentation and evidence of compliance to **[Contact Email/Upload Portal]**. If you have any questions or require further clarification regarding these conditions, do not hesitate to reach out to us.

We appreciate your interest in our certification program and look forward to supporting you through this process.

Sincerely,

**[Authorizing Officer Name]**

[Title/Position]

[Certifying Authority Name]