

NJ State as a Model Employer Program  
Schedule B Letter  
NJ Licensed Medical Provider Attestation of Eligibility

Letterhead of the NJ Licensed Medical Provider

Date \_\_\_\_\_

NJ Civil Service Commission  
44 South Clinton Avenue  
Trenton, NJ 08609

To Whom It May Concern:

By signing this form, I attest that \_\_\_\_\_ is an individual with an  
First Name      Last Name  
intellectual disability, severe physical disability, or psychiatric disability, and, based on  
this eligibility can be considered for employment opportunities under the Schedule B-  
NJ fast track hiring authority N.J.S.A. 11A:7-13, et seq. for people with intellectual  
disabilities, severe physical disabilities, or psychiatric disabilities.

If you have any questions, please contact me at \_\_\_\_\_ and/or by  
Telephone #

\_\_\_\_\_.

E-mail

Sincerely,

\_\_\_\_\_  
Medical Professional Signature

\_\_\_\_\_  
Medical Professional's Printed Name

\_\_\_\_\_  
Medical Professional Title and Affiliated Organization

\_\_\_\_\_  
NJ Medical License Number

Note: (Medical Professional's signature and completion of each field above are required)