

Sample Schedule A Letter for Licensed Medical Practitioners

The letter must be printed on “medical professional’s” letterhead and must include a signature or it is invalid.

Date

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with an intellectual disability, severe physical disability or psychiatric disability, and can be considered for employment under the Schedule A hiring authority 5 CFR 213,3102(u). Thank you for your interest in considering this individual for employment. You may contact me at (phone number).

Sincerely,

(Medical professional’s signature)

(Medical professional’s title)