

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)