

## ***Sample Schedule A Letter: Licensed Medical Practitioners***

***To be valid, the letter must be printed on medical professional's letterhead and include a signature.***

**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)