

***Must be on medical/professional letterhead
and include a signature or it is invalid***

(Date)

(Address of medical professional)

As a licensed medical professional, I certify _____ is a person who has an intellectual disability, severe physical disability, or psychiatric disability, and is therefore eligible for non-competitive placement via the Schedule A hiring authority (5 CFR 213.3102, section u) for federal employment.

Respectfully,

(Signature of medical professional)
SIGNATURE BLOCK

CERTIFICATION BY PERSON SEEKING FEDERAL EMPLOYMENT

Knowingly providing false or fraudulent information during the application process may exclude me from further consideration for employment. I understand that any information I give may be investigated/verified.

SIGNATURE _____

DATE _____