

***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 \_\_\_\_\_