

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 is eligible to 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. I may be contacted at (phone number).

(Medical Professional's printed name and title)

(Medical Professional's signature)

*Note: Proof of disability is a requirement for noncompetitive consideration under the Schedule A, 5 CFR § 213.3102(u), Excepted Service Authority. 5 CFR § 213.3102(u)(3) states: "**Proof of disability.** (i) An agency must require proof of an applicant's intellectual disability, severe physical disability, or psychiatric disability prior to making an appointment under this section. (ii) An agency may accept, as proof of disability, appropriate documentation (e.g., records, statements, or other appropriate information) issued by a licensed medical professional (e.g., a physician or other medical professional duly certified by a State, the District of Columbia, or a U.S. territory, to practice medicine); a licensed vocational rehabilitation specialist (State or private); or any Federal agency, State agency, or an agency of the District of Columbia or a U.S. territory that issues or provides disability benefits." According to the U.S. Office of Personnel Management, the above sample language meets the requirements for consideration under the Schedule A hiring authority.*

Sample Schedule A Letter for Vocational Rehabilitation Professionals

State

Name of Counselor, M.S., Position Title	Department of Rehabilitative Services Street Address – Suite Number City, State Zip Code website	Main Line: xxx-xxx-xxxx TTY: xxx-xxx-xxxx Fax: xxx-xxx-xxxx E-mail:
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Date

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with a documented disability, identified by the (vocational rehabilitation services agency name) policy and is eligible to be considered for employment under the Schedule A hiring authority 5 CFR 213.3102(u) for people with intellectual disabilities, severe physical disabilities or psychiatric disabilities.

Thank you for your interest in considering this individual for employment. You may be contacted at (phone number).

(Vocational Rehabilitation professional's signature)

*Note: Proof of disability is a requirement for noncompetitive consideration under the Schedule A, 5 CFR § 213.3102(u), Excepted Service Authority. 5 CFR § 213.3102(u)(3) states: “**Proof of disability.** (i) An agency must require proof of an applicant’s intellectual disability, severe physical disability, or psychiatric disability prior to making an appointment under this section. (ii) An agency may accept, as proof of disability, appropriate documentation (e.g., records, statements, or other appropriate information) issued by a licensed medical professional (e.g., a physician or other medical professional duly certified by a State, the District of Columbia, or a U.S. territory, to practice medicine); a licensed vocational rehabilitation specialist (Sates or private); or any Federal agency, State agency, or an agency of the District of Columbia or a U.S. territory that issues or provides disability benefits.” According to the U.S. Office of Personnel Management, the above sample language meets the requirements for consideration under the Schedule A hiring authority.*