

*Sample letter for Emotional Mental Health Disability*

***Certifying Professional Letterhead***

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*[Date information]*

*[Address information]*

Dear *[Sir or Madam]*:

This is to verify that the above named person is a patient of mine and under my professional care. This is in regards to (***candidate name***). His diagnosis is: Bipolar Affective Disorder, which is permanent. Bipolar Affective Disorder causes difficulty in concentration and organization of thought, thereby needing more time to be able to come up with the correct answer.

If you have any questions please contact me at my office anytime.

Sincerely,

*[Certifying Professional name]*  
*[Licensure information]*