

Certifying Professional Letterhead

[Date information]

[Address information]

Dear *[Sir or Madam]*:

(Candidate name) is under my care for management of her seizure disorder. ***He/She*** underwent a right ***(disability/condition)*** in 1995 and since that time ***he/she*** has been essentially seizure free with continued anticonvulsant medications.

From a seizure standpoint, *(candidate name)* has done very well and the epilepsy should not prove as an inhibitor in quest to further his/her education. However, ***he/she*** does have some problems with memory related to medication side effects and residual effects from surgery; therefore, ***he/she*** may require some special consideration with regards to test taking as ***he/she*** will likely need additional time to complete ***his/her*** tests. ***He/She*** may also benefit from tutoring in order to give ***his/her*** added reinforcement of study materials.

Thank you, in advance for your consideration in this matter.

Sincerely,

[Certifying Professional name]

[Licensure information]