Ijeoma Hassan M.D.
Medipro Solutions LLC
[redacted]
Livingston, NJ 07039
201-452-2091
info@mediprosolutions.com
April 16,2026

Fitness for Duty

Ms. McKenzie,
Thank you for your time this morning. Please see below description of my services.

Virtual and in person assessments for fitness for duty/fitness to return back to work.This includes psychiatric diagnosis and recommendation to return back to work.In person assessments can be performed if the client declines virtual assessment or on an as needed basis.

My fee is $300 per hour and complete assessments usually includes 1-3 hour interview/assessment, self assessment form review and completion of recommendation report for an average 4-6 hours total. Usual turnover after complete interviews is usually 1 week. Please see my attached CV.

Regards,

Ijeoma Hassan M.D.
NJ Lic: 25MA10454300
Diplomate, American Board of Psychiatry & Neurology
Adult/Forensic Psychiatry

IJEOMA JENNIFER HASSAN (NJOKU)

mediprofamily@gmail.com / Cell: 201.452.2091 / mediprosolutions.com

Experiences in acute psychiatric care, long-term psychiatric care, outpatient psychiatric care& forensic/legal assessments

Education

Rutgers- New Jersey Medical School, Newark, NJ (formerly UMDNJ) Medical Doctorate
Class of 2012; 08/2006-05/2012

Rutgers University, New Brunswick, NJ Bachelor of Arts, Biological Science
Major GPA 3.3/4.0 Overall GPA 3.4/4.0
Class of 2005; 08/2001-05/2005

Hofstra-North Shore Long Island Jewish Health System The Zucker Hillside Hospital

Adult Psychiatry Resident

Class of 2016; 07/2012-06/2016

University of Pennsylvania Forensic Psychiatry Fellowship (Psychiatry and the Law)

Class of 2017; 07/2016-06/2017

Licensure

Primary Practices

State of Pennsylvania Medical License

06/2016-present

State of New Jersey Medical License

10/2018-present

Also licensed in WV, MD, AL

DEA/Suboxone Waiver 275 persons

Adult Psychiatry Board certified 09/2016

Forensic Psychiatry Board Certified 10/2017

Publications

1.Ijeoma Jennifer Njoku and Clarence Watson "Eligibility for Special Education Services Under the Individuals with Disabilities Education Act" Journal of the American Academy of Psychiatry and the Law Online June 2017, 45 (2) 267-269;

2.Shulman,M; Jennifer Njoku,I; Manu,P. "Thrombotic Complications of Treatment with Antipsychotic Drugs." Minerva Medica [2013,104(2): 175-184]

Experiences

American Psychiatric Association

Virtual 5/2021

Poster Presentation

1.Polydipsia in Chronic Psychiatric Patient -primary presenter

2.Emergency Certifications for Medication Over Objection In State Psychiatric Hospital- Co presenter
Reducing Aggression in Chronic Inpatient Setting- Co presenter

3.Anticonvulsant & Antipsychotic Polypharmacy for Non bipolar Psychiatric Indications in State Psychiatric Facility- Co presenter

American Academy of Psychiatry and the Law 48th Annual Meeting

Denver, Colorado 10/2017

Poster Presenter

1.Solitary Confinement and the Mentally Ill

Grand Rounds- Northwell Zucker Hillside Hospital

Glen Oaks, NY 04/01/2015

Presenter

1. Psychiatry in the Internet Age

Resident Council Class representative 07/2014-07/2015

Professional Memberships

American Psychiatric Association Member
07/2012-present

American Academy of Psychiatry and the Law
08/2013-present

Delta Sigma Theta Sorority Incorporated Member

Work Experience

Center for Family Guidance (CFG)- St Michael's Medical Ctr- Newark, NJ
Behavioral Health Medical Director; 07/2024-present
Inpatient/ER/Consults

Medipro Solutions LLC
Medical Director; 08/2019
Private Practice: general psychiatry, USCIS assessments (competencies, VAWA, asylum)

Greystone Park Psychiatric - Morris Plains, NJ
Forensic Psychiatrist; 04/2019-03/2021

Greystone Park Psychiatric Hospital -Morris Plains, NJ

Chief of Psychiatry; 03/2021 -03/2024
Greystone Violence Prevention Committee Chair
Greystone Special Status Patient Clinical Review Chair
Resident Preceptor at Greystone - Teaching PGY3 and PGY 4 Topics in Forensics and Geriatrics
Co-chair APN Practice Review

NYU- Langone Brooklyn -NY,NY
Inpatient Attending; 07/2017-03/2019

Fairmount Behavioral Health System -Philadelphia, PA

Detox/Inpatient Medical Officer on Duty; 10/2016-07/2017

Northwell Health Hospital System- Long Island,NY
ER/Consult Medical Officer on Duty; 07/2014-06/2016

South Oaks Hospital; Amityville, NY
Medical Officer on Duty ;07/2014-06/2016

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: MEDIPRO SOLUTIONS, LLC

Trade Name:

Address: [redacted]
LIVINGSTON, NJ 07039

Certificate Number: 2538963

Effective Date: January 19, 2021

Date of Issuance: April 29, 2026

For Office Use Only:

20260429131607716

Return

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Medipro Solutions LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

506 W. Mt Prospect Avenue #1054

6 City, state, and ZIP code

Livingston NJ 07039

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

8	4	–	2	9	4	1	6	5	2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH8065270	10-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	09-15-2024

HASSAN, IJEOMA, J, (MD)
[redacted]
LIVINGSTON, NJ 070391701

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH8065270	10-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	09-15-2024

HASSAN, IJEOMA, J, (MD)
[redacted]
LIVINGSTON, NJ 070391701

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH8065270	10-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	09-15-2024

HASSAN, IJEOMA, J, (MD)
[redacted]
LIVINGSTON, NJ 070391701

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
BOARD OF MEDICAL EXAMINERS

HAS LICENSED

Ijeoma J. Hassan
Medipro Solutions LLC
[redacted]
#1054
Livingston NJ 07039

FOR PRACTICE IN NEW JERSEY AS A(N): Medical Doctor

05/25/2025 TO 06/30/2027
VALID

25MA10454300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
BOARD OF MEDICAL EXAMINERS
HAS LICENSED
Ijeoma J Hassan
Medical Doctor

05/25/2025 TO 06/30/2027
VALID

SIGNATURE

ACTING DIRECTOR

25MA10454300
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
BOARD OF MEDICAL EXAMINERS
PO BOX 183
TRENTON, NJ 08625-0183

PLEASE DETACH HERE

Ijeoma J. Hassan

EXPIRATION DATE **2027**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **25MA10454300** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

BOARD OF MEDICAL EXAMINERS
PO BOX 183
TRENTON, NJ 08625-0183

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

NEWLIC (Rev. 05/20/2025)