

Encourage the medical professional to complete this form online so that it is legible.

N-648 cannot be completed by representative for doctor's signature. It may be completed by the doctor's staff, but the doctor must sign it and is responsible for its accuracy.

OMB No. 1615-0060; Expires 12/31/2014

Department of Homeland Security
U.S. Citizenship and Immigration Services

N-648, Medical Certification for Disability Exceptions

ALL parts of this form, except the "APPLICANT ATTESTATION" and "INTERPRETER'S CERTIFICATION" must be certified by a licensed medical professional as provided in the instructions for Form N-648. Before certifying this form, the medical professional must conduct an in-person examination of the applicant. (See instructions for Form N-648 for additional information which is also located in the "FORMS" section at www.uscis.gov.)

Date on N-648 must be within 6 months of the date the N-400 is submitted.

Reminder About Eligibility Requirements

This form is intended for an applicant who seeks an exception to the English and/or civics requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. An applicant who with reasonable accommodations provided under the Rehabilitation Act of 1973 can satisfy the English and civics requirements does not need to submit this form. Reasonable accommodations include, but are not limited to, sign language interpreters, extended time for testing, and off-site testing.

Completing and Certifying This Form

All questions or items must be answered fully and accurately. Responses should utilize common terminology, without abbreviations, that a person without medical training can understand. U.S. Citizenship and Immigration Services (USCIS) recommends that the certifying medical professional use the electronic Form N-648 located in the "FORMS" section www.uscis.gov. If the medical professional completes the form by hand, then responses must be legible and appear in black ink.

Waiver requests are reviewed by USCIS officers, not by trained medical professionals.

Disability or impairment must have lasted or be expected to last 12 months or more. Applicants who can pass with reasonable accommodations do not qualify.

Type or print clearly in **black ink**.

Part I. APPLICANT INFORMATION					USCIS USE ONLY	
I certify that I have examined:						
Last Name	First Name	Middle Name	USCIS A-Number A-		This N-648 is:	
Address (Street Number and Name)			U.S. Social Security Number		<input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE	
City	State or Province		Zip Code or Postal Code		Reviewer	
Telephone Number	E-Mail Address (if any)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Location & Date	

Part II. MEDICAL PROFESSIONAL INFORMATION

Type or print clearly in black ink. If you need more space to complete an answer, use a separate sheet of paper. Write the applicant's name and Alien Registration Number (A-Number), at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. **You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.**

NOTE: Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form's content.

Last Name	First Name	Middle Name			
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number	
License Number	Licensing State	E-Mail Address (if any)			

1. Currently licensed as a (Check all that apply): Medical Doctor Doctor of Osteopathy Clinical Psychologist

2. Medical practice type: _____

Applicant's Name

Make sure the applicant's name and A-Number are on every page

USCIS A-Number

A-

Part III. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis and DSM IV code (if applicable) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome". If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.

Be sure to include the DSM-IV code!

Words like "illiterate" or "uneducated" can be a red flag to USCIS.

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address")
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4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address")
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5. Are you the medical professional regularly treating this applicant for the condition(s) listed in Item Number 1?

Yes (If "Yes," indicate duration of treatment.) Years _____ Months _____

No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

Applicant's Name

USCIS A-Number

A-

9. What clinical methods did you use to diagnose the applicant's medical disability and/or impairment(s) listed in number 1?

No specific tests are required for this section, but the doctor must give a thorough explanation. The doctor should describe the test(s), lay out the patient's results, and explain what those results mean and why they lead the doctor to the diagnosis. The doctor should use common language in describing the tests and results.

One quick test that USCIS will accept for mental capacity is the Mini Mental State Examination. See www.minimental.com for more information.

10. Clearly describe how the applicant's disability and/or impairment(s) affect his or her ability to demonstrate knowledge and understanding of English and/or civics.

The nexus is critical! USCIS will not approve the waiver without this explanation. The doctor should state and explain each symptom in detail and describe how those symptoms affect the applicant's ability to learn English and civics.

Doctors can also use this space to discuss the applicant's medication(s) and how those medications affect the applicant's impairment.

11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)

The ability to:

- Read English
- Write English
- Speak English
- Answer questions regarding United States history and civics, even in a language the applicant understands.

Applicant's Name	USCIS A-Number A-
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INTERPRETER'S CERTIFICATION

An interpreter must complete, and certify, the section below if an interpreter translated communications between the applicant and medical professional on the day of the examination that formed the basis of this Form N-648 certification.

Interpreter Information

Last Name	First Name	Middle Name	
Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code

Was a phone interpreter used?

- Yes (If yes, the interpreter is not required to complete the information below.)
- No (If no, the interpreter is required to complete the information below.)

Interpreter Certification

I am fluent As the interpreter, I certify that I am fluent in English and the following language: _____.

I further certify that I have accurately and completely translated all communications between the medical professional and the applicant that occurred on _____, the date(s) of the examination(s) that form the basis of this certification.

Interpreter Signature _____ **Date (mm/dd/yyyy)** _____

APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION

I, _____, authorize _____

(Applicant's Name) (Licensed medical doctor, doctor of osteopathy, or clinical psychologist)

to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28, U.S.C. Section 1746, that the information I provided to the medical professional is true and correct. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to civil penalties under Title 8, U.S.C. Section 1324c. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may not be found eligible for the requested disability exception.

Applicant or Applicant's Authorized Representative Signature _____ **Date (mm/dd/yyyy)** _____