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Dear Medical Professional:

Re: Guidance for Completing Form N-648, Medical Certification for Disability Exceptions

Please complete the attached form for a patient that you believe is unable to learn English or U.S. civics due to a mental or physical impairment. If the patient does not suffer from such a condition, please do not complete this form and inform the patient. **Important:** *Illiteracy, grade levels, or lack of formal education are not qualifying medical conditions and should not be included in this form. Please focus on underlying medical conditions.*

- **Who may complete this form:** If you are a fully-licensed medical doctor, doctor of osteopathy, or clinical psychologist, you may complete this form. Nurse practitioners and residents **cannot** complete this form. A sample form is attached.
- **Waiving the Oath of Allegiance:** If you think that the patient's medical or psychological condition prevents him or her from speaking or understanding the Oath of Allegiance, please provide a letter. A sample letter is attached.
- **Where to send completed forms:** Once you have completed and signed the Form N-648 (and oath letter, if applicable) please mail it to us at the above address. We cannot accept photocopies or faxes. Digital signatures are **not** accepted.

Part 2

Enter your name and business address, along with your 6-digit license number and licensing state (not your NPI).

Unfortunately, medical residents and nurse practitioners cannot certify this form.

Part 3, Question 1

Write out in full the names of all relevant conditions that relate to the applicant's inability to learn English and/or U.S. history and civics. The relevant DSM or ICD code **must** also be included for **each** condition.

Part 3, Question 2

USCIS is looking for a basic, *general* description of the conditions listed in question 1 drawn from the language used in the ICD or DSM. It should not be specific to the patient.

E.g., "Dementia is a usually progressive condition marked by multiple cognitive deficits such as memory loss and the inability to plan and initiate complex behavior."

Part 3, Questions 3, 4 and 5

Write the date you **first** examined the patient for this condition, the **most recent date** you examined the patient, indicate whether or not you are the regularly treating medical professional for this condition. If yes, indicate how long you have been treating the patient. If no, provide an explanation in the space provided on the following page.

E.g., "I am a specialist and the patient was referred to me for evaluation," or "I am patient's primary care physician and regularly meet with her and manage her medical care, but she sees X specialist regarding Y conditions."

Part 3, Questions 6 and 7

A patient can only apply for a waiver if the answer to question 6 is 'yes' and the answer no question 7 is 'no.'

Part 3, Question 8

State the cause(s) of the patient's condition(s). If the cause is unknown, you must write "unknown."

Part 3, Question 9

List the clinical methods you used to diagnose the conditions listed in part 3, question 1. USCIS is looking for specific diagnostic methods and tests, such as a CAT scan, MRI, x-ray, Mini Mental State Exam (MMSE), C-TONI, or similar. List all relevant diagnostic methods and tests that you used, including physical exams or clinical history.

Part 3, Question 10

This is the most important question. USCIS is looking for a clear statement as to how the patient's medical condition prevents the patient from demonstrating knowledge of English and/or U.S. history and civics. The essential requirements here are: a description of the relevant symptoms caused by the condition, and a clear statement of how these make the patient unable to learn or demonstrate an ability to communicate in English and to learn U.S. history and civics, even in the applicant's native language.

- **Important:** USCIS looks for inability, and will not accept a statement of difficulty or impairment that does not rise to the level of inability. With regards to U.S. history and civics, USCIS looks for a statement that patient is unable to demonstrate knowledge of this even in patient's native language.
- **Important:** USCIS also looks for a clear nexus between the condition(s) and this inability. Even when the nexus seems obvious, it must be stated.

E.g., While common sense dictates that a patient with dementia cannot learn new information, USCIS wants to see an explanation such as: "Patient has dementia. Dementia causes cognitive impairment that prevents patient from being able to learn, retain, and recall new information. As such, patient is unable to learn English and is unable to learn U.S. civics, even in patient's native language."

Part 3, Question 11

Please be sure to check all relevant boxes.

Part 3, Question 12

Interpreters, including family members and phone interpreters, must be listed. If you are not fluent in the patient's native language, please add an explanation as to how you were able to examine and treat the patient. If you spoke with the patient in his or her native language, be sure to indicate this below.

E.g., "Patient is non-verbal," or "Patient is able to use some very basic English terms and to use hand signals to interact with me during treatment."

Signatures:

- ✓ Doctor
- ✓ Interpreter
- ✓ Patient

If you have any questions or concerns about completing this form, please contact our office at info@projectcitizenship.org or (617) 694-5949.

U.S. Citizenship and Immigration Services

Re: *[Patient's full name; date of birth; and A-number (if known)]*

To Whom It May Concern:

I am writing this letter on behalf of *[patient's full name]*, who has been my patient since *[date you started treating patient]*. I am treating *[patient's name]* for *[relevant condition(s)]*.

[Patient's name]'s [relevant condition(s)] is characterized by *[list symptoms or effects, particularly those relevant to cognitive functioning]*. As a result of these symptoms, *[patient's name]* is unable to understand the meaning of the Oath of Allegiance and is not expected to ever be able to understand the meaning of the Oath. For this reason, *[patient's name]* is requesting a waiver of the oath requirement.

If you have any questions or require any further information, please contact me *at [your phone number/email]*.

Sincerely,

[Handwritten signature]

[Your full name; License Number and Licensing State; Address]