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

Department of Homeland SecurityU.S. Citizenship and Immigration Services

1. Currently licensed as a (Select all that apply):

2. Medical practice type:

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 03/31/2019

Form 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 Reminder About Eligibility Requirements Completing and Certifying This Form is submitted. This form is intended for an applicant who seeks an exception to the All questions or items must be answered fully and accurately. English and/or civics requirements due to a physical or Responses should utilize common terminology, without developmental disability or mental impairment that has lasted, or is abbreviations, that a person without medical training can understand. expected to last, 12 months or more. An applicant who with U.S. Citizenship and Immigration Services (USCIS) recommends reasonable accommodations provided under the Rehabilitation Act of that the certifying medical professional use the electronic Form 1973 can satisfy the English and civics requirements does not need to N-648 located in the "FORMS" section www.uscis.gov. If the submit this form. Reasonable accommodations include, but are not medical professional completes the form by hand, then responses must be legible and appear in black ink. Waiver requests are reviewed limited to, sign language interpreters, extended time for testing, and off-site testing. Disability or impairment must have lasted or be expected to last by USCIS officers, not by 12 months or more. Applicants who can pass with reasonable trained medical professionals. Type or print clearly in black ink. accommodations do not qualify. Part 1. APPLICANT INFORMATION **USCIS USE ONLY** I certify that I have examined: This N-648 is: ■ Sufficient Last Name First Name Middle Name USCIS A-Number Insufficient A-☐ Continued/RFE Address (Street Number and Name) U.S. Social Security Number Reviewer City State or Province Zip Code or Postal Code Location & Date Telephone Number E-Mail Address (if any) Date of Birth Gender ☐ Male ☐ Female Part 2. 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. Type or print 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)

☐ Doctor of Osteopathy

☐ Clinical Psychologist

Ξ								
F	Applicant's Name	Make sure the applicar	nt's name and A	\-number are o	n every page		USCIS A-Number	
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		RMATION ABOUT 1			TOWNS POSTALLO			
1.	and/or civics re Services (HHS)	equirements. If applicable . This includes the Diagn	l diagnosis of the applicant's disability and/or impairment, that form the basis for seeking an exception to the English rements. If applicable, please provide the relevant medical code as accepted by the Department of Health and Human his includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of or example, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-10-CM F72 Severe intellectual disabilities.					
		Be sure to include DSM-IV code!		Words like "il or "uneducat red flags to U	ed" can be			
	1							
	F		1700					
	1							
2.	Provide a basic causes lifelong	description of the disabil intellectual disability, dev	ity and/or impa elopmental dela	irments, for exa	mple, Intellec roblems.	tual Disal	bility (Severe) is a gen	etic disorder that
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3.	Date you first ex	amined the applicant reg	arding the cond	itions listed in r	number 1.			
	Date (mm/dd/yy)	yy) Location (if diffe	erent from business	address on Page 1	; otherwise type	or print "sa	me as business address")	
1.	Date you last ex	amined the applicant rega	arding the condi	tions listed in n	umber 1, if di	fferent fro	om above.	
	Date (mm/dd/yyy	(y) Location (if diffe	erent from business	address on Page 1	; otherwise type	or print "sa	me as business address")	
5.	Are you the med	lical professional regularl	y treating this a	pplicant for the	conditions lis	ted in Ite	m Number 1?	
	Yes (If "Ye	s," indicate duration of trea	ntment.) Yea	rs I	Months			
		" provide the name of the a			cal professions	al on the n	ext page and explain w	hy you are certifying

App	licant's Name	USCIS A-Number	USCIS A-Number												
		A-	A-												
Name	of Regularly Treating Medical Profession	al and Address	, p. 31												
	Name	First Name		Middle Name											
				ivilidate ivalite											
Busi	ness Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number										
Expla	nation														
-	_														
					*										
6. Ha	s the applicant's disability and/or impairm	ents lasted, or do you expect it	t to last, 12 month	is or more?											
_															
	No (If "No," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")														
7. Is	the applicant's disability and/or impairmen	ts the result of the applicant's	illegal use of dru	gs?											
	Yes (If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")														
8. W	. What caused this applicant's medical disability and/or impairments listed in number 1, if known?														
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A	pplicant's Name			USCIS A-Nu	ımber				
				A-					
).	What clinical methods did you use to diagnose the applicant's medical disability and/or impairments listed in number 1?								
	No specific tests are required for this	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		ck test that U						
,	the patient's results, and explain	accept for mental capa Mini Mental State Exar See minimental com fo		amination.					
	what those results mean and why they lead the doctor to the			for more	or more				
	diagnosis. The doctor should use	informat	on.						
	common language in describing the tests and results.								
	toto and round.								
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- T-	of English and/or civics.			ř					
		ical! USCIS will not appr ut this explanation. The	ove		100				
0.5	doctor should sta	state and explain each							
-		etail and describe how those ect the applicant's ability to							
	learn English and	d civics.							
-									
12	Doctors ca	n also use this space to							
	discuss the	he applicant's medication							
-	(s) and how affect the a	now those medications e applicant's impairment.							
-									
3									
	In your professional medical opinion, does the applican				n demonstrating the				
	following requirements? (Select all that apply. If none ap	pplies, the applicant is not e	ligible 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 u	inderstands.					

		DOS E TRANSPORTE DE CARACTER D			
Applicant's Name		USCIS A-Number A-			
12. Was an interpreter used during ye	our examination of the applicant?				
Yes (If "Yes," the interpreter m	nust complete the "Interpreter Certification":	section.)			
□ No	USCIS is not supposed to draw a nega	ative inference if no interpreter was used but the doctor			
completed the examination in the applicant's native language. USCIS may questi about the doctor's examination if no interpreter was used and the examination was applicant's native language.					
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	MEDICAL PROFESSIONAL' S	CERTIFICATION			
pertaining to the examinations that form	the basis of this Form N-648.	applicant between the applicant and medical professional			
I am fluent in English andmy examinations of this applicant.	, the language spo	ken by this patient. Therefore, an interpreter was not used durin			
All medical professionals must compl	ete the certification below.				
I certify that this applicant's identity identity document:	y has been verified through the following U	United States or State government-issued photographic			
☐ Permanent Resident Card	· .	State ID Number:			
Other Identification (Indicate type	e and ID Number):				
I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.					
Licensed Medical Professional Signa	uture	Date (mm/dd/yyyy)			

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Applicant's Name USC A-					SCIS A-Number		
п	NTERPRET.	ER'S CERTIFI	CATION				
An interpreter must complete, and certify, the section professional on the day of the examination that form	on below if an inned the basis of t	terpreter translated of this Form N-648.	communications be	tween the applicar	nt and medical		
Interpreter Information							
Last Name	First Name		Mid	Middle Name			
Address (Street Number and Name)	ı	City		State or Province	Zip Code or Postal Code		
Was a phone interpreter used? Yes (If "Yes", the interpreter is not required No (If "No", the interpreter is required to a			·.)				
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 dates of the examinations that form the basis of this certification.							
Interpreter Signature				Date (mm/dd/yyyy)			
APPLICANT (PATI	ENT) ATTE	STATION/REI	LEASE OF INI	FORMATION			
I,							
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) Don't forget to sign!					ууу)		