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

Department of Homeland SecurityU.S. Citizenship and Immigration Services

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 03/31/2017

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.)

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 u.S. Citizenship and Immigrate 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 ust be legible and appear in off-site testing.

All questions or items must la Responses should utilize cor abbreviations, that a person of U.S. Citizenship and Immigrate that the certifying medical professional completing must be legible and appear in off-site testing.

Type or print clearly in black ink. 12 months or more. Applicants who can pass with reasonable accommodations do not qualify.

Completing and Certifying This Form

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

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

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

Part I. APPLICANT INFORMATION						USCIS USE ONLY
I certify that I have examined:						This N-648 is:
Last Name	st Name First Name Mide		ddle Name USCI A-		S A-Number	☐ Sufficient ☐ Insufficient ☐ Continued/RFE
Address (Street Number and Nat	Reviewer					
City		Sta	State or Province		Zip Code or Postal Code	Location & Date
Telephone Number	E-Mail Address (if any)		Date of Birth		Gender Male Female	

Part II. MEDICAL PROFESSIONAL INFORMATION

Type or print clearly in <u>black ink</u>. 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 <u>medical doctors</u>, <u>doctors of osteopathy</u>, <u>or clinical psychologists</u> 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)

. Provide the clinical diagnosis and DSM IV code (<i>if applicable</i>) 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., <i>DSM-IV 318.0 Down syndrome</i> .'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.				
	DSW-IV code:	can be a fed flag to 03013.				
		ment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong on), developmental delays, and other problems."				
3. Date you first exam	nined the applicant regarding the condit	on(s) listed in number 1.				
Date (mm/dd/yyyy)	Location (if different from business addre	ss on Page 1; otherwise write "same as business address")				
1. Date you last exami	ined the applicant regarding the condition	on(s) listed in number 1, if different from above.				
Date (mm/dd/yyyy)	Location (if different from business addre	ss on Page 1; otherwise write "same as business address")				
5. Are you the medica	l professional regularly treating this ap	plicant for the condition(s) listed in Item Number 1?				
Yes (If "Yes,"	indicate duration of treatment.) Years	Months				
	rovide the name of the applicant's regularl nstead of the regularly treating medical pr	y treating medical professional on the next page and explain why you are certifying ofessional.)				

Applicant's Name				USCIS A-Number A-		
Name of	Regularly Treating Medical Professions	al and Address.				
			Middle Name			
Business	s Address (Street Number and Name)	City State or Province		Zip Code or Postal Code	Telephone Number	
Explana	tion					
7. Is the	Yes (If "Yes," continue to complete this for No (If "No," the applicant is not eligible for the "Medical Professional's Certification applicant's disability and/or impairment applicant's disability and/or impairment (If "Yes," the applicant is not eligible the "Medical Professional's Certificant (If "No," continue to complete this form to caused this applicant's medical disability and the caused this applicant's medical disability and the complete this form the caused this applicant's medical disability and the caused this applicant is not eligible the "Medical Professional" and the caused this applicant is not eligible the "Medical Professional" and the caused this applicant is not eligible the "Medical Professional" and the caused this applicant is not eligible the "Medical Professional" and the caused this applicant is not eligible the "Medical Professional" and the caused this applicant is not eligible the "Medical Professional" and the caused this applicant is not eligible the caused this applicant is not eligible the caused the	or this exception and you need notion.") Int(s) the result of the applicant for this exception and you need to ion.")	's illegal use of di	rugs? emainder of the question.		

		Tra ara
Applicant's Name		USCIS A-Number
	A-	
What clinical methods did you use to diagnose th	he applicant's medical disability and/or im	npairment(s) listed in number 1?
No apositio tanta are required t	or this	
No specific tests are required for section, but the doctor must give		
thorough explanation. The doc	tor	USCIS will
should describe the test(s), lay the patient's results, and explai	accept for mental ca	apacity is the
what those results mean and w	yhy Wini Mentai State Ex	
they lead the doctor to the	See minimental.com information.	n for more
diagnosis. The doctor should u common language in describin	156	
tests and results.	guie	
	xus is critical! USCIS will not approve _ver without this explanation. The	
doctor s	should state and explain each	
	m in detail and describe how those	
sympto learn E	ms affect the applicant's ability to nglish and civics.	
Do	octors can also use this space to	
dis	scuss the applicant's medication	
) and how those medications fect the applicant's impairment.	
	тостиго арриоанто пправинент.	
In your professional medical opinion, does the ap following requirements? (<i>Check all that apply. If</i>		
The ability to:		
Read English		
Write English		
Speak English Answer questions regarding United States histor		

Applicant's Name			USCIS A-Number A-		
12. Was an interpreter used during	your examination of the applicant?				
Yes (If "Yes," the interpreter	r must complete the "Interpreter Certification"	<u> </u>			
☐ No Additional Comments (Optional)	about the doctor's examination if no interpreter was used and the examination was not in the				
	applicant's native language.				
	MEDICAL PROFESSIONAL' S	CEDTIFICATI	ON		
Complete the fellowing if an interment					
	er was not used during your examination of the form the basis of this Form N-648 certification.		me applicant and medical professional		
I am fluent in English and my examination(s) of this applicant.	, the language spo	oken by this patient.	Γherefore, an interpreter was not used during		
All medical professionals must com	plete the certification below.				
I certify that this applicant's ident identity document:	ity has been verified through the following U	United States or Sta	te government-issued photographic		
Permanent Resident Card		State ID Number: _			
Other Identification (State type	and ID Number):				
with it are all true and correct. I will I am aware that the knowing placem	nder the laws of the United States of America, to furnish relevant medical records to USCIS, if the tof false information on Form N-648 and rection 1546, civil penalties under Title 18, U.S.C in by the appropriate authorities.	requested to do so by	y USCIS, based on the applicant's consent. y also subject me to criminal penalties		
Licensed Medical Professional Sig	nature		Date (mm/dd/yyyy)		

Applicant's Name				USCIS A-Number		
				A-		
10	NTERPRET	ER'S CERTIFICATION				
An interpreter must complete, and certify, the section professional on the day of the examination that form		•	ns be	tween the applicar	nt and medical	
Interpreter Information						
Last Name	First Name		Mid	ldle Name		
Address (Street Number and Name)	ne) 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 co	-					
Interpreter Certification						
I am fluent As the interpreter, I certify that I am fl I further certify that I have accurately and comple			edical	professional and	the applicant that	
occurred on,	the date(s) of th	e examination(s) that form the base	sis of	this certification.		
Interpreter Signature Date (mm/dd/yyyy)					ууу)	
				_		
APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION						
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)				Date (mm/dd/y	ууу)	