

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

Department of Homeland Security
U.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.)

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.

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.

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.

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-		
Address (Street Number and Name)			U.S. Social Security Number		
City		State or Province	Zip Code or Postal Code		
Telephone Number	E-Mail Address (if any)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
This N-648 is:			Reviewer		
<input type="checkbox"/> Sufficient			Location & Date		
<input type="checkbox"/> Insufficient					
<input type="checkbox"/> Continued/RFE					

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: _____

