



Dear Medical Professional:

Your patient is in the process of applying for U.S. citizenship. As you may know, applicants for citizenship must be able to read, write, and speak basic English, as well as demonstrate knowledge of U.S. history and government. We believe that your patient may be unable to meet these requirements because of a disability or medical condition.

Enclosed, you will find a copy of Form N-648, Medical Certification of Disability Exceptions, and USCIS's instructions for completing this form. Submission of this form may allow your patient to qualify for a waiver of the English and/or civics requirements. **Only a medical doctor, clinical psychologist, or doctor of osteopathy may certify this form.** Please remember that this form will be evaluated by a U.S. immigration officer and not by a trained medical professional, so your answers to all questions should be stated as simply and clearly as possible.

Failure to fully and accurately complete this form can result in your patient being denied U.S. citizenship. In the case of a denial, your patient would lose any paid \$680 application fee. In extreme cases, your patient could be investigated for fraud.

In order for your patient to have the best possible chance of the waiver being accepted, I would like to draw your attention to a few specific questions:

- In Question 1, remember to include **DSM-IV** codes. Additionally, please be aware that referring to a patient's illiteracy, lack of formal education, or advanced age can lead to rejection, as these factors alone are not sufficient to qualify for the waiver.
- No specific tests are required for Question 9. Please describe your diagnostic methods, including any tests you used, your patient's results, and what those results mean.
- **Question 10 is the most important question on this form. Your answer to this question must include a detailed description of your patient's medical condition and explain how that condition specifically prevents your patient from learning or demonstrating knowledge of English and/or civics.** Question 10 is also a good place to describe your patient's medications and any effects those medications might have on your patient's cognitive abilities. Please refer to the enclosed examples of sufficient and insufficient answers to this question for further guidance.

We understand that this is a long and complicated form and appreciate your willingness to assist your patient with this matter. If you have any concerns or questions, please feel free to contact me at (617) 428-3775 or at vserrato@gbcinitiative.org.

Thank you,

Veronica Serrato
Executive Director
Greater Boston Citizenship Initiative

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Boston, MA 02109
info@gbcinitiative.org

Phone: 617-694-5949
Fax: 617-428-0551

**Instructions for Form N-648, Medical
Certification for Disability Exceptions****What Is the Purpose of This Form?**

In general, applicants for naturalization must demonstrate an understanding of the English language, including an ability to read, write, and speak words in ordinary usage. They must also demonstrate a knowledge and understanding of the fundamentals of the history and principles and form of government of the United States. Together, these are known as the English and civics requirements for naturalization. This form is intended for applicants who seek 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.

Who Should Submit This Form and When?

An applicant for naturalization seeking an exception to the English and/or civics requirements for naturalization because of a physical or developmental disability or mental impairment(s) should submit this form at the time he or she files an N-400, Application for Naturalization, with USCIS. Per Immigration and Nationality Act (INA) 312(b)(1), applicants are not required to fulfill the English **and/or** civics requirements if the person is unable to do so because of physical or developmental disability or mental impairment(s).

NOTE: Failure to submit Form N-648 with Form N-400 may delay the time for the adjudication of Form N-400.

Who Should Not Submit This Form?

An applicant who can satisfy the English and civics requirements for naturalization with reasonable accommodations provided under the Rehabilitation Act of 1973 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. An applicant requesting an accommodation should so indicate on Part 3 of his or her completed Form N-400. Illiteracy alone is not a valid reason to seek an exception to the English and civics requirement by submitting this form.

Who Is Authorized to Certify This Form?

Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of CNMI, 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.

How to Complete This Form?

All parts of Form N-648 except the "Applicant Attestation" and "INTERPRETER'S CERTIFICATION", must be certified by a licensed medical professional. Before certifying Form N-648, the medical professional must have conducted an in-person examination of the applicant.

All questions or items must be answered fully and accurately. USCIS will not accept an incomplete Form N-648. Responses should use common terminology, without abbreviations, that a person without medical training can understand. If completed in writing, all responses must be legible and appear in black ink. USCIS recommends that the certifying medical professional use the electronic Form N-648 located in the "FORMS" section at www.uscis.gov.

Failure to provide all information requested on the form may result in USCIS determination that the form is insufficient. In addition to providing a detailed assessment of the applicant's physical or developmental disability or mental impairment as requested on the form, a medical professional completing the form may attach supporting medical diagnostic reports or records. However, these attachments may not take the place of written responses to each question or item on Form N-648.

The following are examples of sufficient responses to some of the items on Part III of Form N-648:

- 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. If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.**

"DSM-IV 318.0 Down syndrome."

- 2. Provide a basic description of the disability and/or impairment(s).**

"Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

- 8. What caused the applicant's medical disability and/or impairment(s) listed in number 1?**

"Down syndrome is usually caused by an error in cell division occurring *in utero*. The cause of such errors in cell division is currently unknown."

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

"The patient was diagnosed *in utero* through a Chorionic Villus Sampling (CVS). CVS is a test done during early pregnancy that can identify certain genetic disorders or chromosomal birth defects, such as Down syndrome."

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

"The patient's condition is a global, lifelong impairment that severely affects cognition, language, and motor skills. While many individuals with mild to moderate forms of Down syndrome are capable of daily tasks and working in the community, this patient suffers from a particularly severe form. Because of this impairment, his memory is deficient, he cannot learn new skills, and he is not capable of reasoning but only of performing simple daily activities. The patient's severe intellectual disability (mental retardation) makes him incapable of learning a new language (even basic words) and demonstrating the required knowledge of U.S. history and government."

What Are the Penalties for Making False Representations?

Both the applicant and the medical professional are required to attest to the contents of this form **under penalty of perjury**. Title 18, United States Code, Section 1546, provides that:

Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement, shall be fined in accordance with this title or imprisoned not more than 10 years, or both.

If either the applicant or the medical professional includes in this form any information that the party knows to be false, that person may be liable for criminal prosecution under U.S. laws. In addition to the criminal penalties under Title 18 of the United States Code, Section 274C of the Immigration and Nationality Act and 8 U.S.C. 1324c provides for civil penalties.

General Instructions

USCIS recommends that the certifying medical professional complete and print the fillable electronic Form N-648 located in the "FORMS" section at www.uscis.gov.

1. Type or print clearly using black ink. Keep all information within the area provided. If you require additional space to complete the answer to any item, the information fields in the fillable electronic form will expand to accommodate the additional information. If you are not completing an electronic version of the form and you continue to need extra space to complete any item, write the applicant's name and Alien Registration Number (A-Number) at the top of each continuation sheet and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet.
2. All questions must be answered fully and accurately. If an item is not applicable, indicate it with "N/A." If the answer is none, write "None."
3. The medical professional must provide the completed form to the applicant.

Privacy Act Notice

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1103, 1423, and 1427. USCIS will use the information principally to support an individual's application for naturalization. Submission of the information is voluntary. However, failure to provide the necessary information may result in the denial of a request for a waiver of the English language and U.S. history and civic requirements for naturalization. USCIS may also, as a matter of routine use, set forth in USCIS System of Records Notices published in the Federal Register, disclose the information collected on this form, to other Federal, State, local, and foreign law enforcement and regulatory agencies.

USCIS Forms and Information

You can get USCIS forms and immigration-related information on the USCIS Internet Web site at www.uscis.gov. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by telephoning our National Customer Service Center at **1-800-375-5283**.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass**. To access the system, visit our Web site. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 120 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No. 1615-0060. **Do not mail your completed Form N-648 to this address.**

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

**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 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.

Type or print clearly in black ink.

Part I. APPLICANT INFORMATION				USCIS USE ONLY
I certify that I have examined:				This N-648 is: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE
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	
				Reviewer
				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	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)** _____



Examples of Sufficient and Insufficient Answers to Question 10*

The following examples and commentary are taken from a policy memo issued by the Immigration and Naturalization Service in April of 1999. The examples should provide guidance on exactly what USCIS is looking for in a doctor's explanation of an applicant's disability and how that disability causes the applicant to be unable to learn English and civics.

Example 1

Insufficient Answer:

The patient is a 75-year-old female who has hypertension and heart disease. She has suffered at least 2 heart attacks, once in 1996 and in 1997. Last year, she had a stroke with paralysis on the left side. She is unable to learn English and basic U.S. history and civics. *(Note: The doctor failed to articulate how any of the conditions listed affects, for example, the patient's memory, ability to learn new tasks, ability to concentrate, or ability to perform basic mental activities, and therefore failed to show that the applicant's condition has so impaired her functioning that she is unable to learn or demonstrate knowledge of English and/or U.S. history and government.)*

Sufficient Answer:

The patient is a 75-year-old female who has hypertension and heart disease. She has suffered at least 2 heart attacks, once in 1996 and in 1997. Last year, she had a stroke with paralysis on the left side. The patient's stroke caused significant cerebral infarction (i.e., death of brain tissue), and has left her with severe and irreversible neurological damage. Because of the widespread damage to the brain tissue, she has suffered markedly decreased cerebral function and is incapable of remembering, articulating, or learning. Because of the patient's condition, she is unable to learn a new language and U.S. history and civics. *(Note: The doctor adequately addressed how the stroke impaired the applicant's mental functioning, including her ability to learn or demonstrate knowledge of English and/or U.S. history and government.)*

**Reprinted from INS Memorandum, M. Pearson, "Section 312 Disability Naturalization Adjudications" (Apr. 7, 1999), 1999 WL 33914209 (INS).*

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Example 2

Insufficient Answer:

The patient suffers from Down's Syndrome. He should be exempted from the English language and U.S. civics requirements for citizenship. *(Note: The doctor made a conclusory statement but failed to explain how the applicant's condition would prevent the applicant from learning or demonstrating knowledge of English and/or U.S. history and government.)*

Sufficient Answer:

The patient suffers from Down's Syndrome, with an IQ of 50. The patient's condition is a global impairment that affects cognition, language, and motor skills. Because of the patient's global impairment, he cannot learn new skills and is not capable of reasoning. His memory is deficient, and he is only capable of performing simple daily activities. Because of the patient's mental disability, he is incapable of learning a new language (even basic words of a new language) and U.S. history and civics. *(Note: The doctor adequately addressed the nexus between the condition and how the condition affected the applicant's functioning and ability to learn or demonstrate knowledge of English and/or U.S. history and government.)*

Example 3

Insufficient Answer:

Vascular Dementia with Depression (DSM 290.43) and Psychosis
Essential Hypertension, Coronary Artery Disease, Degenerative Joint Disease,
Hyperlipidemia, Congestive Heart Failure, Prostatism, Bilateral Hearing Loss
This 68-year-old man has had long standing hypertension of 7-8 years duration and disease of the cerebral blood vessels due to arteriosclerosis, including a stroke 5 years ago. He also has an extremely severe depression, accompanied by excessive anxiety. The extent of his cognitive deficits would most definitely preclude his being able to pass basic English and Civics tests. *(Note: The doctor failed to sufficiently address how the applicant's cognitive deficits are related to the applicant's ability to learn and demonstrate knowledge of English and/or U.S. history and government.)*



Sufficient Answer:

Vascular Dementia with Depression (DSM 290.43) and Psychosis
Essential Hypertension, Coronary Artery Disease, Degenerative Joint Disease,
Hyperlipidemia, Congestive Heart Failure, Prostatism, Bilateral Hearing Loss
This 68-year-old man has had a marked, progressive loss of memory and intellectual functioning over the past 5-6 years, related to long-standing hypertension of 7-8 years duration and disease of the cerebral blood vessels due to arteriosclerosis, including a stroke 5 years ago. His immediate recall, recent memory and remote memory are all profoundly impaired as a result of the stroke. His abstracting abilities, calculations and judgment are also severely impaired. He also has an extremely severe depression, accompanied by excessive anxiety. The extent of his cognitive deficits, especially in memory functioning and concentration, in addition to his depression and anxiety, would most definitely preclude his being able to retain new words, language skills and information well enough to pass basic English and Civics tests. *(Note: The doctor sufficiently explained how the applicant's conditions affected his ability to learn and demonstrate knowledge of English and/or U.S. history and government.)*

Example 4

Insufficient Answer:

DSM Diagnosis: 290.0 Dementia, Alzheimer's type
 331.0 Alzheimer's Disease

The patient suffers from Alzheimer's Disease. He needs help taking his medications and is no longer able to prepare meals for himself, relying on family members to help him. His impairments prevent her from demonstrating knowledge of basic English and/or U.S. history and civics. *(Note: The doctor failed to sufficiently address how the applicant's condition is related to the applicant's ability to learn and demonstrate knowledge of English and/or U.S. history and government.)*

Sufficient Answer:

DSM Diagnosis: 290.0 Dementia, Alzheimer's type
 332.0 Alzheimer's Disease

The patient suffers from memory loss and cognitive difficulties caused by Alzheimer's Disease. Examination reveals the patient has impaired memory, orientation, language skills, and other cognitive functions. For example, the patient is disoriented as to person, place and time and cannot recognize, or recall the names of, family members. He also needs help taking his medications and is no longer able to prepare meals for



himself, relying on family members to help her. He cannot learn and retain new information. As a result, his impairments prevent him from demonstrating knowledge of basic English and/or U.S. history and civics. (*Note: The doctor sufficiently addressed how the applicant's condition caused problems that affect the applicant's ability to learn and demonstrate knowledge of English and/or U.S. history and government.*)

Example 5

Insufficient Answer:

(DSM 294.1) Dementia due to Hypertension and Mediterranean fever; (DSM 296.32) Major depression, recurrent, moderate. The patient is a 64 year old widowed female who presents numerous medical problems including a history of diabetes, joint disease, Mediterranean fever, hypertension, and gastro-intestinal distress. The patient also presents memory impairments, headaches, depressed mood, insomnia, poor appetite, impaired social and occupational functioning, poor concentration, dizziness and fatigue. The cognitive deficits and neurological symptoms cause significant impairment in her daily living skills and represent a significant decline from a previous level of functioning. The above described cognitive and emotional impairments would preclude the patient from being able to take the citizenship tests. (*Note: The doctor failed to adequately describe the nexus between the applicant's symptoms, her dementia and depression, and how the applicant's cognitive and emotional impairments affects her ability to learn and demonstrate knowledge of English and/or civics.*)

Sufficient Answer:

(DSM 294.1) Dementia due to Hypertension and Mediterranean fever; (DSM 296.32) Major depression, recurrent, moderate. The patient is a 64 year old widowed female who presents numerous medical problems including a history of diabetes, joint disease, Mediterranean fever, hypertension, and gastro-intestinal distress. The patient also presents memory impairment, headaches, depressed mood, insomnia, poor appetite, impaired social and occupational functioning, poor concentration, dizziness and fatigue. The patient's dementia and depression have resulted in cognitive deficits and neurological symptoms that cause significant impairment in her daily living skills and represent a significant decline from a previous level of functioning. She displays deficits in both recent and remote memory. Due to the patient's severe cognitive, emotional, and physical impairment she is unable to perform daily living skills, and therefore she has to depend on the help of the family. The above described cognitive and emotional impairments would preclude the patient from being able to learn and assimilate new skills, including language and information, and she is therefore unable to take the citizenship tests. (*Note: The doctor adequately addressed how the applicant's dementia and depression are related to the cognitive and*



emotional impairments that affect her ability to learn and demonstrate knowledge of English and/or civics.)

Example 6

Insufficient Answer:

The patient is a 60 year-old male with Schizophrenia Chronic Paranoid Type (DSM-IV 295.32) and Dependent Personality (DSM-IV 301.6). Due to his severe mental illness, the patient's cognitive functions are impaired. The patient will have difficulties learning English, history, and/or civics. For this reason the patient is unable to take the test to become a U.S. citizen. *(Note: The doctor failed to adequately describe in what way the mental illness affected the patient's cognitive functions and did not provide an opinion that the patient is unable to learn or demonstrate English and/or civics.)*

Sufficient Answer:

The patient is a 60 year-old male with Schizophrenia Chronic Paranoid Type (DSM-IV 295.32) and Dependent Personality (DSM-IV 301.6). Due to his severe mental illness, the patient's cognitive functions are impaired. For example, the patient has marked memory loss, poor concentration, and short attention span, resulting in an inability to learn or retain new information, including English, history, and/or civics. For this reason the patient is unable to take the test to become a U.S. citizen. *(Note: The doctor adequately described the effect of the mental illness on the patient's cognitive functions and provided a definitive opinion that the patient is unable to learn or demonstrate English and/or civics as a result.)*

Example 7

Insufficient Answer:

Diagnosis of mental impairment:
Dementia, Late Onset, Vascular (DSM 290.0)

Diagnosis of Physical Disability:
Hypertension for 10 years, Cardiac Arrhythmia, Angina Pectoris
Chronic Dizziness, Insomnia, Headache, Bilateral Cataract, Poor Vision
Right Ear Deafness, Peptic Ulcer Disease, Hyperlipidemia
Osteoarthritis for 16 years with Chronic Low Back Pain



This 80-year-old woman has been my patient since August 1994. Her conditions are extensive and progressively deteriorating. She cannot initiate new tasks, such as studying from audio tapes at home. The combination of physical weakness and fear of getting lost prevent her from leaving home by herself to attend classes to learn English, U.S. history and civics. As a result of her mental impairments and physical disabilities, this applicant cannot reasonably be expected to pass a test of English proficiency or a test on U.S. history and civics. (*Note: The doctor failed to adequately explain the nexus between the applicant's conditions and how those conditions affect her ability to learn and demonstrate knowledge of English and/or civics.*)

Sufficient Answer:

Diagnosis of mental impairment:
Dementia, Late Onset, Vascular (DSM 290.0)

Diagnosis of Physical Disability:
Hypertension for 10 years, Cardiac Arrhythmia, Angina Pectoris
Chronic Dizziness, Insomnia, Headache, Bilateral Cataract, Poor Vision
Right Ear Deafness, Peptic Ulcer Disease, Hyperlipidemia
Osteoarthritis for 16 years with Chronic Low Back Pain

This 80-year-old woman has been my patient since August 11, 1994. She suffers from a dementia characterized by marked progressive loss of memory and intellectual functioning over the last several years. She is disoriented as to the year, season, day, day of the week. Her immediate recall, recent memory and remote memory are also profoundly impaired. Her abstracting abilities, calculations and judgment are also impoverished. Her vision is also severely impaired.

Her conditions are extensive and progressively deteriorating. The cognitive disturbance associated with her dementia makes it impossible for her to learn new language and retain new information. As a result of these mental impairments and physical disabilities, this applicant cannot reasonably be expected to pass a test of English proficiency or a test on U.S. history and civics. (*Note: The doctor adequately addressed the connection between the applicant's condition, and how it affects her ability to learn and demonstrate knowledge of English and/or civics.*)

Example 8

Insufficient Answer:

The patient is a 70-year-old male who has been under my care since 4/23/92. Patient has a long history of chronic hypertension, uncontrollable for a long time. This vascular problem has been complicated by a stroke, first in 1982, and a second stroke in March



of 1992. Patient has been hospitalized at St. Elizabeth's Hospital with residual left leg weakness and speech impairment. It is my opinion that the patient is unable to learn English as well as U.S. history and civics. *(Note: The doctor failed to describe the nexus between the diagnosis and the applicant's impaired functioning, including his ability to learn or demonstrate knowledge of English and/or civics.)*

Sufficient Answer:

The patient is a 70 year old male who has been under my care since 4/23/92. Patient has a long history of chronic hypertension, uncontrollable for a long time. This vascular problem has been complicated by a stroke, first in 1982, and a second stroke in March of 1992. Patient has been hospitalized at St.Elizabeth's Hospital with residual left leg weakness and speech impairment.

Patient has severe memory loss and demonstrates disturbances of memory, judgment and reasoning. This memory loss is part of his progressive vascular dementia and secondary to his chronic hypertension, as well as cerebral vascular disease with cognitive impairment due to his strokes. It is my opinion that he is unable to learn English as well as U.S. history and civics. He can't acquire new knowledge required for participation in the normal testing procedure for naturalization. *(Note: The doctor adequately addressed how the disturbances of memory, judgment and reasoning are related to the applicant's diagnosed conditions, and how they have impaired the applicant's functioning, including his ability to learn or demonstrate knowledge of English and/or civics.)*

Example 9

Insufficient Answer:

The patient is a 69-year-old female who has been under my psychiatric care since 10/96. DSM-IV diagnosis: Dementia due to Multiple Medical Problems, Parkinson Disease, Cerebral Arteriosclerosis, Severe Congestive Heart Failure with ascites, Cancer of the right ear, Dizziness, Arthritis, Insomnia. She shows moderate cognitive impairment and her cognitive functioning is also declined due to her multiple medical problems. As a result of these illnesses the patient is unable to learn English and U.S. History to participate in normal testing procedure. *(Note: The doctor provided failed to provide enough information about the nexus between the diagnosis and how it impaired the applicant's functioning so as to affect her ability to learn or demonstrate knowledge of English and/or civics.)*



Sufficient Answer:

The patient is a 69-year-old female who has been under my psychiatric care since 10/96. DSM-IV diagnosis (294.1): Dementia due to Multiple Medical Problems, Parkinson's Disease, Cerebral Arteriosclerosis, Severe Congestive Heart Failure with ascites, Cancer of the right ear, Dizziness, Arthritis, Insomnia. As a result of her dementia and Parkinson's Disease, she shows cognitive impairment, including attention and orientation deficit, difficulties with naming and repetition, decreased construction abilities and significant memory loss. Her cognitive functioning is also declined due to her other medical problems. As a result of the reduction in mental capacity brought about by her multiple conditions, the learning and memorization of new information is impossible. She is therefore unable to learn English and U.S. History to participate in the normal testing procedure. *(Note: The doctor provided enough information about the nexus between the diagnosis and the applicant's impaired functioning by describing the effect of her conditions on her cognitive functioning and on her ability to learn English and/or civics.)*

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

N-648, Medical Certification for Disability Exceptions

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

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

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

USCIS USE ONLY

This N-648 is:

- Sufficient
 Insufficient
 Continued/RFE

Reviewer

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

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

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

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)** _____