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info@projectcitizenship.org

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

Dear Medical Professional:

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** certify 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.

Please note: USCIS has recently changed the form edition and their policy guidance for reviewing N-648s. **The edition date on the bottom of the form must be 5/23/19**, or the form will not be accepted by USCIS. Furthermore, if each section is not properly completed, USCIS will reject the form. Do not leave any responses blank.

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, and 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 to 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 prevents him/her from demonstrating 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 statement that this inability is caused by the condition. Even when the causation 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]

You can complete this form online at the link below to make it easier to read.

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

N-648s cannot be completed by a 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 05/31/2021

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.) <https://www.uscis.gov/n-648>

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.

Type or print clearly in black ink.

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.

Part 1. APPLICANT INFORMATION <small>USPS ZIP Code Lookup</small>				USCIS USE ONLY	
I certify that I have examined:				This N-648 is:	
Last Name	First Name	Middle Name	USCIS A-Number	<input type="checkbox"/> Sufficient	Reviewer
Address (Street Number and Name)			U.S. Social Security Number	<input type="checkbox"/> Insufficient	
City			State	<input type="checkbox"/> Continued/RFE	
Telephone Number	E-Mail Address (if any)	Date of Birth	Gender	Location & Date	
			<input type="checkbox"/> Male <input type="checkbox"/> 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	Nurse practitioners and residents cannot certify this form.		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: _____

Please make sure you are using the form dated 5/23/19

Form N-648 05/23/19 Page 1

Applicant's Name

Make sure the applicant's name and A-number are on every page.

USCIS A-Number

A-

Part 3. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis of the applicant's disability and/or impairment, that form the basis for seeking an exception to the English and/or civics requirements. If applicable, please provide the relevant medical code as accepted by the Department of Health and Human Services (HHS). This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). For example, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-10-CM F72 Severe intellectual disabilities.

**Be sure to include
the ICD-10 or
DSM-V code!**

**Words like "illiterate" or
"uneducated" are red flags to
USCIS and may cause the form to
be denied, regardless of the
patient's other diagnoses.**

2. Provide a basic description of the disability and/or impairments, for example, Intellectual Disability (Severe) is a genetic disorder that causes lifelong intellectual disability, developmental delays, and other problems.

**The description must be basic
and general. You should define
the condition for a non-medical
audience. Avoid description that
is specific to the patient.**

3. Date you first examined the applicant regarding the condition listed in number 1.

Date (mm/dd/yyyy)

Location (if different from business address on Page 1, otherwise type or print "same as business address")

4. Date you last examined the applicant regarding the conditions listed in number 1, if different from above.

Date (mm/dd/yyyy)

Location (if different from business address on Page 1, otherwise type or print "same as business address")

5. Are you the medical professional regularly treating this applicant for the conditions listed in Item Number 1?

☐ Yes (If "Yes," indicate duration of treatment.) Years _____ Months _____

☐ No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

Applicant's Name	USCIS A-Number A-
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Name of Regularly Treating Medical Professional and Address

Last Name	First Name	Middle Name
Business Address (Street Number and Name)	City	State or Province
		Zip Code or Postal Code
		Telephone Number

Explanation

If you are not the regularly treating medical professional, you must explain why you are the medical professional completing the form.

6. Has the applicant's disability and/or impairments lasted, or do you expect it to last, 12 months or more?

☐ Yes (If "Yes," continue to complete this form.)

☐ 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 impairments the result of the applicant's illegal use of drugs?

☐ 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.")

☐ No (If "No," continue to complete this form.)

8. What caused this applicant's medical disability and/or impairments listed in number 1, if known?

If the cause is not known, you should write "unknown."

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 impairments listed in number 1?

No specific tests are required for this section, but you must give a thorough explanation. You should describe the test(s), lay out the patient's results, and explain what those results mean and why they lead you to the diagnosis. You should use common language in describing the tests and results.	One quick test that USCIS will accept for mental capacity is the Mini Mental State Examination. See minimental.com for more information.	

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

If the patient's impairment would not prevent them from learning English or Civics, do not fill out this form.	The causation is critical! USCIS will not approve the waiver without this explanation. You should:	You can also use this space to discuss the applicant's medication(s) and how those medications affect the applicant's impairment.
	1) Restate the disability and the symptoms	
	2) Explain how the symptoms make it impossible to learn new information	
	3) Affirmatively state the applicant is unable to take the test.	

11. In your professional medical opinion, does the applicant's disability or impairment 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.

COPY
For Training Purposes Only

Applicant's Name	USCIS A-Number A-
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12. Was an interpreter used during your examination of the applicant?

- ☐ Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.)
- ☐ No

Additional Comments (Optional)

Interpreters, including family members and phone interpreters, must be listed.

COPY
For Training Purposes Only

MEDICAL PROFESSIONAL'S CERTIFICATION

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examinations that form the basis of this Form N-648.

I am fluent in English and _____, the language spoken by this patient. Therefore, an interpreter was not used during my examinations of this applicant.

All medical professionals must complete the certification below.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

- ☐ Permanent Resident Card ☐ State ID Number: _____
- ☐ Other Identification (Indicate type 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 18 U.S.C. section 1546, civil penalties under 8 U.S.C. section 1324c and Immigration and Nationality Act (INA) section 274C, and civil license suspension or revocation by the appropriate authorities.

Licensed Medical Professional Signature

Don't forget to sign!

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

Date (mm/dd/yyyy)

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.

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 dates of the examinations that form the basis of this certification.

Interpreter Signature

Date (mm/dd/yyyy)

Don't forget to sign!

APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION

I, _____ (Applicant's Name), authorize _____ (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 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 8 U.S.C. section 1324c and INA section 274C. 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!

The date the interpreter and the applicant signed should be the same as the date you signed.

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

Form N-648, Medical Certification for Disability Exceptions

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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 1. APPLICANT INFORMATION <i>USPS ZIP Code Lookup</i>				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: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE	
				Reviewer	
				Location & Date	

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)		

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-

Part 3. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis of the applicant's disability and/or impairment, that form the basis for seeking an exception to the English and/or civics requirements. If applicable, please provide the relevant medical code as accepted by the Department of Health and Human Services (HHS). This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). For example, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-10-CM F72 Severe intellectual disabilities.

2. Provide a basic description of the disability and/or impairments, for example, Intellectual Disability (Severe) is a genetic disorder that causes lifelong intellectual disability, developmental delays, and other problems.

3. Date you first examined the applicant regarding the conditions listed in number 1.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise type or print "same as business address")
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4. Date you last examined the applicant regarding the conditions listed in number 1, if different from above.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise type or print "same as business address")
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5. Are you the medical professional regularly treating this applicant for the conditions listed in Item Number 1?

- ☐ Yes (If "Yes," indicate duration of treatment.) Years _____ Months _____
- ☐ No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

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.

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 dates of the examinations 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 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 8 U.S.C. section 1324c and INA section 274C. 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)



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