

4 Faneuil South Market Building

3<sup>rd</sup> Floor

Boston, MA 02109 Phone: 617-694-5949

Fax: 617-859-9993

info@projectcitizenship.org

Dear Medical Professional:

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

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 complete 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.

# Part 2

Enter your name and business address, along with your 6-digit license number and licensing state (<u>not</u> your NPI). **Unfortunately, medical residents and nurse practitioners cannot certify this form.** 

# Part 3, Question 1

Write out in full the names of <u>all</u> 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 <u>first</u> examined the patient for this condition, the **most recent date** you examined the patient, 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 no 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. <u>USCIS is looking for specific</u> 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

<u>This is the most important question.</u> 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 <u>how</u> these make the patient <u>unable</u> to learn or demonstrate 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 <u>inability</u>, 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 <u>a clear nexus between the condition(s) and this inability.</u> Even when the nexus 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 <u>unable</u> to learn English and is <u>unable</u> 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 <a href="mailto:info@projectcitizenship.org">info@projectcitizenship.org</a> or (617) 694-5949.

Date:
U.S. Department of Homeland Security U.S. Citizenship and Immigration Services
Re: N-400, Application for Naturalization
EVALUATION TO TAKE THE OATH OF ALLEGIANCE
Dear USCIS:
In accordance with Volume 12, Part J, Chapter 3 of the USCIS Policy Manual, I am providing this evaluation regarding the above mentioned applicant's ability to take the Oath of Allegiance. <sup>1</sup>
The applicant has been my patient since:  •
The applicant has the following condition(s) which affect the applicant's ability to understand or communicate an understanding of the Oath of Allegiance:  •
The condition(s) are characterized by the following symptoms:  •
Considering the applicant's symptoms, it is my medical opinion that the applicant is:
unable to understand or communicate an understanding of the meaning of the Oath of Allegiance and is not expected to be able to do so in the near future.
able to understand or communicate and understanding of the meaning of the Oath of Allegiance.
Sincerely,
Medical Professional
License Number

<sup>&</sup>lt;sup>1</sup> See 12 USCIS-PM J.3(C), available at <a href="https://www.uscis.gov/policy-manual/volume-12-part-j-chapter-3">https://www.uscis.gov/policy-manual/volume-12-part-j-chapter-3</a>.

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

2. Medical practice type:

N-648s cannot be completed by a representative for doctor' 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

Department of Homeland Security U.S. Citizenship and Immigration Services Form N-648, Medical Certification for

**Disability Exceptions** 

												nust be certified by a
												l professional must ch is also located in the
"FORMS" secti	ion at <u>www.us</u>	cis.gov.)	https:/	//www.us	cis.gov/n-	-648	<b>←</b>					
Reminder Abou	ıt Eligibility R	equirem	ents			(	Completin	g and (	Certifying	This Form	l	
This form is interest. English and/or cidevelopmental diexpected to last, reasonable accompage according to the compage a	ivics requireme isability or mer 12 months or n nmodations pro the English and Reasonable a anguage interpr	nts due to ntal impa nore. An ovided un d civics re ccommodeters, ex	o a physica irment that applicant der the Re equiremen dations inc tended time Disability 12 months	has lasted, who with habilitation its does not lude, but are for testing or impairs or more.	or is  a Act of need to re not g, and ment must Applicants	in the second of	Responses bbreviation J.S. Citizer nat the cert I-648 locat nedical pronust be leg sted or be	should as, that aship ar ifying red in the fession able and expected	a person valuation of the management of the mana	nmon termin without med ation Servic ofessional u (S" section w	by U	ly and accurately. gy, without training can understand. USCIS) recommends the electronic Form v.uscis.gov. If the thand, then responses  Vaiver requests are reviewed SCIS officers, not by train edical professionals.
Type or print c	•				not qualif	y.					<u> </u>	
Part 1. APP			ATION	<u>USPS</u>	ZIP Code Le	оокир	<u> </u>				_	USCIS USE ONLY
I certify that I	have examine				- All	000	)				$\perp$	This N-648 is:
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Address (Street N	Number and Nam	e)	A106	dining	nly	S	7	U.S. S	ocial Secur	rity Number		Reviewer
City		BO	3° 1		Stat	te Prov	vince		Zip Code	or Postal Cod	le	Location & Date
Telephone Numb	per ]	E-Mail Ac	ldress (if an	()		Date of	f Birth		Gender  Male	Female		
nd Alien Registrefers. You must form N-648. You MOTE: Only me	arly in black inlation Number of sign and date of umay, but are needical doctors, Rico, and the N	k. If you (A-Number control not required doctors of	need more per), at the cinuation sl red to, atta f osteopath ands) are a	e space to c top of each neet. You r ch to this co ny, or clinic uthorized to	omplete an sheet of particle and sheet of particle answer ompleted for call psychologo certify the	answer aper and co orm sup ogists li-	I indicate to complete each portive me censed to p While state	he part ch ques dical di bractice f of the	and numb tion since agnostic r in the United the united in	er of the iter USCIS will eports or rec ited States ( practice asso	m to not cord included	nt the applicant's name o which the answer accept an incomplete is regarding the applicant. uding the U.S. territories and with the medical form's content.
Last Name				First Name					Middle	Name		
Business Address	`			City			State or P	rovince	Zip Code	e or Postal Co	ode	Telephone Number
License Number	Nurse pra and reside certify thi	ents <u>ca</u>	nnot	Licensing S	tate		E-Mail A	ddress (	if any)			
Currently lice	nsed as a (Che	ck all tha	nt apply):	☐ Med	lical Doctor	r 🗆	Doctor o	f Osteo	pathy	☐ Clinic	al P	sychologist

Applicant's Name	USCIS A-Number
Make sure the applicant's name and A-number are on every page.	A-
<u> </u>	

Part 3. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT	I DISABILITY and/or IMPAIRMENT(S)
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_	Provide the clinical diag	nts. If applicable, please p	ability and/or impairn	nent, that form the	basis for seeking an exception to to to ted by the Department of Health DSM) and the International Classi	and Human
	Diseases (ICD). For exa	mple, DSM-V 318.1 Intelle	ectual Disability (Seve	re) or 2015/16 ICD	-10-CM F72 Severe intellectual dis	sabilities.
		Be sure to include	e			
		the ICD-10 or				
		DSM-V code!				
						1
				Words lil	ke "illiterate" or	
				"uneduca	ted" are red flags to	
				USCIS ar	nd may cause the form to	
				be denied	l, regardless of the	
				patient's	other diagnoses.	
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2.		al disability, developments Th		oblems.  1st be basic	Disability (Severe) is a genetic diso	rder that
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3.	Date you first examined t	the applicant regarding the	e ca dition listed in n	umaes 1.		
	Date (mm/dd/yyyy)	Location (if different from b	usiness address on Page	otherwise Vice of prin	nt "same as business address")	
4.	Date you last examined the	he applicant regarding the	conditions listed in nu	ımber 1, if differen	t from above.	
	Date (mm/dd/yyyy)	Location (if different from b	usiness address on Page 1;	otherwise type or prir	nt "same as business address")	
5.	Are you the medical prof	essional regularly treating	this applicant for the	conditions listed in	Item Number 1?	
	Yes (If "Yes," indica	te duration of treatment.)	Years N	Months		
	No (If"No " provide	the name of the applicant's	regularly treating medi-	ral professional on +	he next nage and explain why you o	re certificina
		of the regularly treating me		ai pioiessionai on t	he next page and explain why you a	re certifying

Applicant's Name			USCIS A-Number	
			A-	
Name of Regularly Treating Medical Profess	sional 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 reg		l .	.1
	you must explain wh			
	the medical profession			
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6. Has the applicant's disability and/or impa	irments lasted, or do you exp	t it to last, 12 mont	hs or more?	
Yes (If "Yes,"continue to complete this	s form)			
No (If "No," the applicant is not eligib the "Medical Professional's Certific		not complete the re	mainder of the questions	. Please go directly to
7. Is the applicant's disability and/or impair	ments the result of the applican	t's illegal use of dru	ıgs?	
Yes (If "Yes," the applicant is not eligi				is. Please go directly to
the "Medical Professional's Certification.")		•	•	
No (If "No," continue to complete this	form.)			
8. What caused this applicant's medical disa	bility and/or impairments listed	l in number 1, if kn	own?	
	If the cause is	not		
	known, you s	hould		
	write "unkno	wn."		

Applicant's Name			USCIS A-Number	
Applicant's Name			A-	
9. What clinical methods did you u	ise to diagnose the applicant's medical disa	bility and/or impa	irments listed in number	1?
No	specific tests are required for			
this	s section, but you must give a			
tho	rough explanation. You should			
des	cribe the test(s), lay out the			
	ient's results, and explain what			
	se results mean and why they		e quick test that	
	dyoutothediagnosis. You		CIS will accept for	
	ouldusecommonlanguagein		ental capacity is the	
des	cribing the tests and results.		ni Mental State	
			amination. See	
			nimental.com for	
		mo	ore information.	
of English and/or civics.	The causation is critical! USCIS approve the waiver without thi explanation. You should:  1) Restate the disability and symptoms 2) Explain how the symptom	the	Voy can also	you this are so
If the patient's	2) Explain how the sympton impossible to learn new in		to discuss the	use this space
impairment would	3) Affirmatively state the ap		medication(s	
not prevent them	unable to take the test.	pircuitt is	those medica	
from learning				's impairment
English or Civics,		4		<u>.</u>
do not fill out this			0,5	
form.			050	
following requirements? (Check: The ability to: Read English Write English Speak English	nion, does the applicant's de ability or neall that apply. If none applicant is the applicant in the applicant in a lange of the states history and civics, even in a lange of the applicant in the applicant in a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant is a lange of the applicant in the applicant in the applicant in the applicant is a lange of the applicant in the a			rating the

Applicant's Name		USCIS A-Number <b>A-</b>
12. Was an interpreter used during your examination of the a  Yes (If "Yes," the interpreter must complete the "Interpre		
☐ No  Additional Comments (Optional)	Interpreters, including family members and p interpreters, must be l	hone
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	OUTPOSE	Ψ
	ining 19	
	Tra Or	
MEDICAL PROFI	ESSIONAL' S CERTIFICATIO	N
Complete the following if an interpreter was not used during your pertaining to the examinations that form the basis of this Form N-		applicant and medical professional
am fluent in English and	, the language spoken by this patient. Th	erefore, an interpreter was not used during
All medical professionals must complete the certification below I certify that this applicant's identity has been verified throu	<del>_</del>	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 S with it are all true and correct. I will furnish relevant medical re I am aware that the knowing placement of false information on including under 18 U.S.C. section 1546, civil penalties under 8 I and civil license suspension or revocation by the appropriate aut	ecords to USCIS, if requested to do so by Form N-648 and related documents may a U.S.C. section 1324c and Immigration and thorities.	USCIS, based on the applicant's consent. Iso subject me to criminal penalties
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-	
I	NTERPRETE	ER'S CERTIFICATION			
An interpreter must complete, and certify, the section	on below if an int	erpreter translated communicatio	ns be	etween the applicar	nt and
medical professional on the day of the examination		-		11	
Interpreter Information					
Last Name	First Name		Mic	ddle Name	
Address (Street Number and Name)		City		State or Province	Zip Code or Postal Code
Was a phone interpreter used?		.0.5			
Yes (If "Yes", the interpreter is not require	ed to complete the	information below.)			
No (If "No", the interpreter is required to	complete the info	rmation pelow.)			
	R				
Interpreter Certification	. 200	4			
I am fluent as the interpreter, I certify that I am flu	uent in English av	he followed nguage:			•
I further certify that I have accurately and complete	Overans at 191	community tions tween the me	dica	professional and t	he applicant that
occurred on,	, the dates of the	woming ons that form the basis of	of thi	s certification.	
201	. (	1>			
Interpreter Signature				Date (mm/dd/y	ууу)
Don't forget to sign!					
•					
APPLICANT (PATI	ENT) ATTES	STATION/RELEASE OF	INI	FORMATION	
T					
(Applicant's Name)		, authorize (Licensed medical de	octor	, doctor of osteopathy	y, or clinical psychologist)
to release to U.S. Citizenship and Immigration Ser	rvices all relevant	physical and mental health infor	matic	on related to my me	edical status for the
purpose of applying for an exception from the Eng	glish language and	U.S. civics requirements for natu	uraliz	zation. I certify un	der penalty of perjury,
pursuant to 28 U.S.C. section 1746, that the inform placement of false information on Form N-648 and					
INA section 274C. I understand that if this form is					
eligible for the requested disability exception.	1	•	•		
Applicant or Applicant's Authorized Represent	tative Signature			Data (mm/d-1/2	2011)
	mare Digitature			Date (mm/dd/y	ууу)
Don't forget to sign!					

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

# Form 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 <a href="https://www.uscis.gov">www.uscis.gov</a>.)

#### **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 <a href="www.uscis.gov">www.uscis.gov</a>. 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 I	NFORMATION <u>USPS Z</u>	IP Code L	<u>ookup</u>			USCIS USE ONLY
I certify that I have examine	ed:					This N-648 is:
Last Name	First Name	Middle N	Name	USCI <b>A-</b>	S A-Number	Sufficient Insufficient Continued/RFE
Address (Street Number and Nar	ne)			U.S.	Social Security Number	Reviewer
City		Sta	te 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 (i	f any)	
Currently licensed as a (Check all that apply):     Medical practice type:	☐ Medical Doctor ☐	Doctor of Osteop	pathy   Clinical P	sychologist

	pplicant's Name		USCIS A-Number
			A-
Pa	ert 3. INFORMAT	TION ABOUT DISABILITY and/or IMPAIRMENT(S)	
•	and/or civics requirem Services (HHS). This	agnosis of the applicant's disability and/or impairment, that form the batents. If applicable, please provide the relevant medical code as accepte includes the Diagnostic and Statistical Manual of Mental Disorders (DS xample, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-10	d by the Department of Health and Human (SM) and the International Classification of
•		ption of the disability and/or impairments, for example, Intellectual Distual disability, developmental delays, and other problems.	ability (Severe) is a genetic disorder that
•	Date you first examine	d the applicant regarding the conditions listed in number 1.	
•	Date you first examined Date (mm/dd/yyyy)	d the applicant regarding the conditions listed in number 1.  Location (if different from business address on Page 1; otherwise type or print "	'same as business address")
	Date (mm/dd/yyyy)		
	Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise type or print "	from above.
•	Date (mm/dd/yyyy)  Date you last examined  Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise type or print "  I the applicant regarding the conditions listed in number 1, if different f	from above.  'same as business address")
•	Date (mm/dd/yyyy)  Date you last examined  Date (mm/dd/yyyy)  Are you the medical pr	Location (if different from business address on Page 1; otherwise type or print "  I the applicant regarding the conditions listed in number 1, if different f  Location (if different from business address on Page 1; otherwise type or print "	from above.  'same as business address")

Applicant's Name			USCIS A-Number A-			
Name	of Regularly Treating Medical Professions	al and Address				
Last 1		First Name		Middle Name		
Business Address (Street Number and Name)		City State or Pro		Zip Code or Postal Code	Telephone Number	
Expla	nation					
	Yes (If "Yes,"continue to complete this for the "Medical Professional's Certification of the "Medical Professional" of the "Medical Professional of the "Medical Professional" of the "Medical Profession	or this exception and you need non.")  Into the result of the applicant's for this exception and you need ion.")	ot complete the ren	mainder of the questions.		
8. W	hat caused this applicant's medical disabil	ity and/or impairments listed i	n number 1, if kn	nown?		
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A	pplicant's Name	USCIS A-Number A-					
9.	What clinical methods did you use to diagnose the applicant's medical disability and/or impaire	linical methods did you use to diagnose the applicant's medical disability and/or impairments listed in number 1?					
10.	Clearly describe how the applicant's disability and/or impairments affect his or her ability to d of English and/or civics.	emonstrate knowledge and understanding					
11.	11. In your professional medical opinion, does the applicant's disability or impairments 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						
		J					
	Answer questions regarding United States history and civics, even in a language the applicant ur	igersiangs.					

Applicant's Name    USCIS A-Number			
2. 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)	Applicant's Name		
Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.)   No   Additional Comments (Optional)			A-
MEDICAL PROFESSIONAL'S CERTIFICATION  **Omplete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional ertaining to the examinations that form the basis of this Form N-648.  am fluent in English and	2. Was an interpreter used during your examination of the ap	oplicant?	
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 ertaining to the examinations that form the basis of this Form N-648.  am fluent in English and	Yes (If "Yes," the interpreter must complete the "Interpre	ter Certification" section.)	
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 vertaining to the examinations that form the basis of this Form N-648.  An induct in English and	□ No		
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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.  am fluent in English and			
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am fluent in English and, the language spoken by this patient. Therefore, an interpreter was not used during 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.	MEDICAL PROFE	SSIONAL' S CERTIFICATI	ON
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Licensed Medical Professional Signature  Date (mm/dd/yyyy)	with it are all true and correct. I will furnish relevant medical red I am aware that the knowing placement of false information on Fincluding under 18 U.S.C. section 1546, civil penalties under 8 U.S.C.	cords to USCIS, if requested to do so b form N-648 and related documents ma U.S.C. section 1324c and Immigration	by USCIS, based on the applicant's consent. y also subject me to criminal penalties
	Licensed Medical Professional Signature		Date (mm/dd/yyyy)

Applicant's Name				USCIS A-Number A-			
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 M		Midd	Middle Name			
Address (Street Number and Name)		City		State or Province Zip Code or Posta			
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,(Applicant's Name)		, authorize(Licensed medical do	octor, d	loctor of osteopathy	y, 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)			