



## **Form N-648 Quality Control Checklist**

- ☐ Edition date printed in the lower right corner is 05/23/2019.
- ☐ Applicant's name and A-Number is written at the tops of Pages 2-6. If it's missing, add it.
- ☐ Form is legible.
- ☐ Form uses common terminology a person without medical training can understand.
- ☐ Form indicates that the medical professional has conducted at least one in-person examination of the applicant (i.e., it doesn't indicate that another person completed it).
- ☐ Part I is complete. If anything is missing, add it.
- ☐ Part II is complete. If anything is missing, add it.
- ☐ License number is valid.
  - MDs / DOs: <http://profiles.ehs.state.ma.us/Profiles/Pages/FindAPhysician.aspx>.
  - Psychologists: <https://www.mass.gov/how-to/check-a-professional-license>.
- ☐ Question 1 has at least one diagnosis and corresponding medical code that forms a basis for seeking an exception to the English and/or civics requirements.
- ☐ Question 2 has a basic description of the conditions discussed in Question 1. The description is general and does not reference the applicant specifically.
- ☐ Question 3 has the date and location the medical professional first examined the applicant regarding the conditions listed in Question 1. If the location is missing, add "same as business address."
- ☐ Question 4 has the date and location the medical professional last examined the applicant regarding the conditions listed in Question 1, if different from Question 3. If the location is missing, add "same as business address."

- ☐ Question 5 indicates whether the medical professional certifying the form is the person regularly treating the applicant for the conditions listed in Question 1.
  - ☐ If yes, the duration of treatment is consistent with Questions 3 and 4.
  - ☐ If no, Page 3 lists the name and address of the regularly treating medical professional and explains why another medical professional is certifying the form.
- ☐ Question 6 has the “Yes” box checked.
- ☐ Question 7 has the “No” box checked.
- ☐ Question 8 is completed.
  - “Unknown” is okay.
- ☐ Question 9 lists at least one method used to diagnose the applicant’s disability.
- ☐ Question 10 clearly describes how the applicant’s disability affects his or her ability to demonstrate knowledge and understanding of English and/or civics.
  - ☐ Restates the diagnosis.
  - ☐ Describes the applicant’s specific symptoms.
  - ☐ Concludes that the applicant’s condition makes him or her unable to meet the English and/or civics requirements.
- ☐ Question 11 has all necessary boxes checked.
  - ☐ Consistent with Question 10.
- ☐ Question 12 indicates whether an interpreter was used.
  - ☐ If yes, the Interpreter’s Certification section on Page 6 is complete and the signature is original and dated. The section also indicates whether a phone interpreter was used. If no box is checked, check the appropriate one.
    - If a phone interpreter was used, the interpreter does not have to sign, but as much information about the interpreter should be provided as possible.
    - The date of the exam should be the same as the date indicated in Question 4.
    - The date of the interpreter’s signature is no earlier than the date indicated in Question 4 (later is fine).

- ☐ On Page 5, the Medical Professional's Certification section is complete. If no box is checked, check "Permanent Resident Card."
- ☐ The signature is original and dated within the last 6 months.
- ☐ On Page 6, the Applicant Attestation section is complete.
- ☐ The signature is original and dated no earlier than the date indicated in Question 4 (later is fine). If there is no date, add the date from Question 4.
  - The date does not need to match the date indicated in the Medical Professional's Certification section.