

# Instructions for Form N-648, Medical Certification for Disability Exceptions

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

## 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 impairments 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 impairments.

**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](http://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 3** of Form N-648:

1. Provide the clinical diagnosis of the applicant's medical disability and/or impairments 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.**

"Severe intellectual disability 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 impairments listed in Part 3. Item Number 1?**

"Severe intellectual disability 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 impairments listed in Part 3. Item 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 "Severe intellectual disabilities."

**10. Clearly describe how the applicant's disability and/or impairments, 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 Severe intellectual disabilities 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 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](http://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, type or print 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, type or print "None."
3. The medical professional must provide the completed form to the applicant.

**USCIS Forms and Information**

You can get USCIS forms and immigration-related information on the USCIS Internet website at [www.uscis.gov](http://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**.

Instead of waiting in line for assistance at your local USCIS office, **you can schedule an appointment online at [www.uscis.gov](http://www.uscis.gov)**. Select "Schedule an appointment online" and follow the screen prompts to set up your appointment. Once you finish scheduling an appointment, the system will generate an appointment notice for you.

**USCIS Privacy Act Statement**

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected pursuant to Section 1103, 1423, and 1427 of the Immigration and Nationality Act, as amended INA Section 101, et seq.

**PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility for an exception to the English language and/or U.S. history and civic requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. USCIS requests that you provide your Social Security Number to facilitate and expedite the adjudication of your request. USCIS will use the information provided to grant or deny the exception sought.

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**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security Number, and any requested evidence, may delay a final decision or result in the denial of your disability exception request.

**ROUTINE USES:** The information you provide on this form may be shared with other federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

### **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.**