TABLE OF CHANGES – INSTRUCTIONS Form N-648, Medical Certification for Disability Exceptions OMB Number: 1615-0060 07/22/2025

Reason for Revision: REV Project Phase: 60-Day

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires xx/xx/2028 (09/30/2027) Edition Date xx/xx/2026 (09/25/2024)

Current Page Number and Section	Current Text	Proposed Text
Page 1,	[Page 1]	[Page 1]
What is the purpose of Form N-648?		What is the Purpose of Form N-648?
	What is the purpose of Form N-648? This form is filled out and certified by certain medical professionals on behalf of applicants who are requesting an exception from the English and/or civics requirements for naturalization because of a disability and/or impairment.	This form is completed and certified by authorized medical professionals (medical doctors, doctors of osteopathy, or clinical psychologists) on behalf of applicants who are requesting an exception from the English and/or civics requirements for naturalization because of a physical or developmental disability or mental impairment. Applicants who submit a Form N-648 that U.S. Citizenship and Immigration Services (USCIS) finds sufficient do not have to fulfill the English and civics requirements.
		For additional information on Medical Disability Exception (Form N-648), see Policy Manual Volume 12, Citizenship and Naturalization, Part E, English and Civics Testing and Exceptions (available at uscis.gov/policy-manual/volume-12-parte).
	Definition of Disability and/or Impairment(s) for Exception from Literacy Requirements	What is a Disability or Impairment(s) for Exception from Educational Requirements
	An applicant is eligible for this exception if they are unable to learn and/or demonstrate knowledge of English and/or U.S. history	An applicant is eligible for this exception if they are unable to learn and/or demonstrate knowledge of English and/or U.S. history and civics because of a medically

and civics because of a physical or developmental disability, or mental impairment (or a combination of impairments). The disability and/or impairment must result from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The disability and/or impairment must result in functioning so impaired that the applicant is unable to demonstrate the required knowledge.

NOTE: The definition of disability used for this exception may be different from the definition used for other purposes (for example, for Social Security Administration programs, Department of Veterans Affairs programs, and state worker's compensation programs). If your responses do not address how the applicant's disability affects their ability to learn English and civics, we will request that the applicant submit a revised or second Form N-648 with the required information.

determinable physical or developmental disability, or mental impairment (or a combination of impairments). The disability or impairment must result from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The disability or impairment must result in functioning so impaired that the applicant is unable to demonstrate the required educational requirements for naturalization.

NOTE: The definition of disability or impairment(s) used for this exception may be different from the definition used for other purposes (for example, for Social Security Administration programs, Department of Veterans Affairs programs, and state worker's compensation programs). If responses on Form N-648 do not address how the applicant's disability or impairment prevents the applicant from demonstrating the knowledge of English and civics, USCIS will find the form insufficient and will request that the applicant submit a supplemental Form N-648 with the required information.

Page 1, Who should submit Form N-648 and when?

[Page 1]

Who should submit Form N-648 and when?

Applicants for naturalization seeking an exception to the English and/or civics requirements for naturalization because of a physical or developmental disability or mental impairment should submit this form when they file Form N-400, Application for Naturalization, with U.S. Citizenship and Immigration Services (USCIS). Applicants whose N-648 has been found sufficient do not have to fulfill the English and/or civics requirements if they cannot do so because of a physical or developmental disability or mental impairment. (See Immigration and Nationality Act (INA) section 312(b)(1)). USCIS may not consider a Form N-648 if the certifying medical professional completed this form more than 180 days before the submission of Form N-400 to USCIS.

[Page 1]

Who Should Submit Form N-648?

This form must be submitted by applicants for naturalization who seek an exception to the English and/or civics requirements for naturalization because of a physical or developmental disability or mental impairment.

[New [Page 1]

	[new]	When Should Applicants Submit Form N-648?
		Applicants must submit Form N-648 at the same time they file Form N-400, Application for Naturalization, with USCIS.
		 Online Filing. If applicants complete and file Form N-400 electronically through the USCIS online filing system, upload a scanned copy of the certified Form N-648 as a PDF attachment within the online application portal. Paper Filing. If applicants prepare and file a physical copy of Form N-400, include the certified Form N-648 as a physical attachment to the Form N-400 application package.
		USCIS may not consider a Form N-648 if the certifying medical professional completed this form more than 180 days before filing Form N-400.
Page 1,	[Page 1]	[Page 1]
Who should not submit this Form N-648?	Who should not submit Form N-648?	Who Should Not Submit Form N-648?
	Applicants who can satisfy the English and civics requirements for naturalization with reasonable accommodations provided under the Rehabilitation Act of 1973 do not need to submit this form. Reasonable accommodations include, but are not limited to, sign language interpreters, extended time for testing, and off-site examination. Applicants may request a disability accommodation online at uscis.gov/accommodations or by calling the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833). However, if you are unable to complete the English and/or civics requirements even with an accommodation, you must file Form N-648 to request an exception from these requirements. Illiteracy and advanced age alone are not valid reasons to seek an exception from the English and/or civics requirements. For additional information,	Applicants who can satisfy the English and civics requirements for naturalization with reasonable accommodations provided under the Rehabilitation Act of 1973 do not need to submit this form. Reasonable accommodations include, but are not limited to, sign language interpreters, extended time for testing, and off-site examination. Applicants may request a disability accommodation online at uscis.gov/accommodations or by calling the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833). However, if the applicant is unable to complete the English and/or civics requirements even with an accommodation, he or she must submit Form N-648 to request an exception from these requirements. Illiteracy and advanced age alone are not valid reasons to seek an exception from the English and/or civics requirements. For additional information,

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	go to <u>www.uscis.gov/about-us/disability-accommodations-for-the-public</u> .	go to <u>uscis.gov/about-us/disability-</u> <u>accommodations-for-the-public</u> .
Page 2-3, How to Complete This Form	[Page 2]	[Page 2]
	How to Complete This Form	How to Complete This Form
	The certifying medical professional must have conducted an examination of the applicant before certifying Form N-648. Parts 1 3. must be completed and certified by a licensed medical professional. If a telephonic or video facilitated interpreter was used, the certifying medical professional must also complete Part 5. Interpreter Information and Certification.	The certifying medical professional must have conducted an examination of the applicant in person before certifying Form N-648. Parts 1 4. and Part 7. must be completed by a licensed medical professional. The certifying medical professional must also complete certain portions of Part 5. Interpreter Information and Certification depending on whether an interpreter was used or not. Throughout these instructions, "you" or "your" refers to the medical professional certifying the form. When providing information about other parties, such as the applicant (patient) or interpreter, they will be referred to by their specific role or title.
		If an in-person interpreter is used, the interpreter must complete relevant portions of Part 5. Interpreter Information and Certification.
	USCIS may accept a Form N-648 certified by an authorized medical professional who completed the applicant's medical examination through telehealth. The medical professional should be licensed, and telehealth examinations should be synchronous, real-time interactions between the medical professional and the applicant.	[deleted]
	The applicant for naturalization must complete Part 6. Applicant's (Patient's) Attestation/Release of Information.	The applicant for naturalization must complete Part 6. Applicant's (Patient's) Attestation/Release of Information.
	The certifying medical professional must answer all questions and items fully and accurately. USCIS will not accept an incomplete Form N-648. If handwritten, all responses must be legible and written 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/n-648 . The certifying medical professional must provide the completed form to the applicant for submission to USCIS. For	The certifying medical professional must answer all questions and items fully and accurately. Failure to provide all information requested on the form will result in USCIS determining that the form is insufficient. USCIS will not accept an incomplete Form N-648. If handwritten, all responses must be legible and written in black ink. USCIS recommends that the certifying medical professional use the electronic PDF Form N-648 located in the "FORMS" section at uscis.gov/n-648. The certifying medical professional must

applications, the N-648 may be uploaded as additional evidence.

Failure to provide all information requested on the form may result in USCIS determining that the form is insufficient. In addition to providing a detailed assessment of any of the applicant's physical or developmental disabilities or mental impairments that may affect the applicant's ability to successfully complete the English and/or civics requirements, the certifying 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.

[new]

provide the completed form to the applicant for submission to USCIS.

In addition to providing a detailed assessment of the applicant's physical or developmental disabilities or mental impairments that affect the applicant's ability to successfully complete the English and/or civics requirements, you may attach supporting medical diagnostic reports or records. However, these attachments cannot replace the written responses required for each question or item on Form N-648.

Specific Instructions by Item Number

This form is divided into 9 parts.

Part 1. Applicant Information

Item Number 1. Enter the Applicant's (Patient's) Current Legal Name (do not provide a nickname). The current legal name is the name on applicant's birth certificate unless it changed after birth by a marriage, divorce, or court order.

Item Number 2. Enter the Applicant's Physical Address (where the applicant currently resides).

Item Number 3. Provide the Applicant's Alien Registration Number (A-Number) (if any). The A-Number is an immigration file number provided by U.S. immigration officials. We use your A-Number to identify your immigration records. It is a 7 to 9-digit number that begins with an "A" and can be found on correspondence or cards you have received from DHS, USCIS, or on immigration court records (for example, Form I-797, Receipt Notice; an Employment Authorization Document; a Permanent Resident Card). If you do not have an A-Number, USCIS may assign one to you.

Item Number 4. Enter the Applicant's Date of Birth. Use eight numbers to show

[new]

the date of birth in the "mm/dd/yyyy" format.

Item Number 5. Select the Applicant's Sex, as provided on his or her birth certificate issued at the time of birth or issued closest to the time of birth or in secondary evidence he or she provides, if applicable.

Item Numbers 6. - 7. Provide the Applicant's Telephone Number and Email Address (if any).

Part 2. Certifying Medical Professional Information

Item Number 1. Enter the Certifying Medical Professional's (Your) Name.

Item Number 2. Enter Your Business Address (where you currently conduct business).

Item Numbers 3. - 4. Provide Your License Number and Licensing State.

Item Numbers 5. - 6. Provide Your Business Telephone Number and Email Address (if any).

Item Number 7. Select whether you are currently licensed as a medical doctor, doctor of osteopathy, or a clinical psychologist. Select more than one option if it applies.

Item Number 8. Enter your type of medical practice. "Medical Professional Areas of Practice or Specialty" refers to the specific type of medical specialty or professional area of practice of the licensed medical professional who is certifying Form N-648. Typical medical practice types may be, but are not limited to: Psychiatry, Neurology, Family Medicine, Internal medicine, Primary Care, and Specialized Disability Medicine.

You should enter the specialty that best reflects your main area of medical practice and expertise that are most relevant to your qualifications for evaluating the applicant's specific physical or developmental disability, or mental impairment.

Information the certifying medical professional (you) should include in Part 3. Information about Disabilities and/or Impairments:

Information Needed for Item Number 1.

[new]

You should provide the clinical diagnosis of the applicant's medical disability and/or impairment that forms the basis for seeking an exception to the English and/or civics requirements.

[new]

Part 3. Information About Disability or Impairment

Information Needed for Item Number 1.

Provide the required information about the primary disability or impairment that prevents the applicant from meeting the English and/or civics requirements for naturalization. If this disability or impairment alone (not in combination with other disabilities or impairments) qualifies the applicant for the exemption, do not list any additional disabilities or impairments in Part 9. Additional Disability **Information**, even if the applicant has other medical conditions. Only use Part 9. to document additional disabilities or impairments if a combination of multiple conditions is necessary to qualify the applicant for the exemption.

Item Number 1.A. You should provide the clinical diagnosis of the applicant's medical disability and/or impairment that forms the basis for seeking an exception to the English and/or civics requirements.

In **Item Number 1.B.**, provide the relevant medical code of the clinical diagnosis, as accepted by the U.S. 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).

In **Item Number 1.C.**, provide the date the disability began. If this is not known, write "Unknown."

In **Item Number 1.D.**, provide the date the applicant was diagnosed with the relevant disability or impairment.

In **Item Numbers 1.E. - 1.F.**, provide the first and last dates you examined the applicant.

In **Item Numbers 1.G. - 1.H.**, provide the location where you first and last examined the applicant. If the address is the same as

the business address provided in **Part 2.**, enter "Same as business address").

In Item Number 1.I., provide a basic description of the applicant's medical disability or impairment that forms the basis for seeking an exception to the English and/or civics requirements. If you need more space to describe the disability or impairment, use the space provided in Part 8. Additional Information.

Also, in **Item Number 1.**, the certifying medical professional needs to explain, in as much detail as possible, how each disability and/or impairment prevents the applicant from learning English and/or civics. In other words, you should explain how the disability and/or impairment causes the applicant's inability to learn English and/or civics.

[deleted]

Responses should use clear and common terminology, without abbreviations, that a person without medical training can understand. For example: "The patient's condition is a global, lifelong impairment that severely affects cognition, language, and motor skills. Because of this impairment, the patient's memory is deficient, the patient cannot learn new skills, and the patient is not capable of reasoning. The patient is only able to perform simple daily activities. The patient's severe intellectual disability makes the patient incapable of learning a new language (even basic words) and demonstrating the required knowledge of U.S. history and government."

Responses should use clear and common terminology, without abbreviations, that a person without medical training can understand. For example: "Intellectual Disability (Profound) is a global, lifelong impairment that profoundly affects cognition, language, and motor skills."

[new]

In **Item Number 1.J.**, indicate whether the applicant's disability or impairment lasted 12 months, or if you expect it to last 12 months or more.

If you answer "No" for this
 disability and all other potential
 disabilities, do not complete this
 form because the applicant does not
 qualify for the exception at this
 time.

In **Item Number 1.K.**, provide your professional opinion after you have evaluated the applicant on whether his or her disability or impairment is likely to improve within the next 12 months to the extent that he or she will be able to satisfy the English and civics requirements for naturalization.

- If you answer "Yes" for this disability and all other potential disabilities, do not complete this form because the applicant is not eligible for the exception at this time. This means that in your professional judgement, the applicant's medical condition is temporary, and he or she will likely regain the ability to learn and demonstrate the required knowledge within the next 12 months.
- If you answer "No" proceed with completing the form but explain in **Item Number 1.K.1**. why the disability or impairment is not expected to improve in the next 12 months.

Item Number 1.L. Regulations (8 CFR Section 312.1 and Section 312.2) provide that the applicant's disability or impairment (or a combination of disabilities or impairments) **must not** be a direct result of illegal use of drugs. You must answer whether the disability or impairment is the result of the applicant's illegal use of drugs.

- If the applicant's disability or impairment is the result of the applicant's illegal use of drugs, do not complete this form because the applicant is not eligible for this exception.
- If you answer "No," explain in Item Number 1.L.1. what caused the applicant's medical disability or impairment, if known. For example: "Profound 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." If the cause is unknown, write "Unknown."

Explain which clinical methods or laboratory diagnostic techniques you used to diagnose each of the applicant's disabilities and/or impairments.

For example: "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.' I confirmed this by reviewing medical records provided by the patient."

[new]

In Item Number 1.M., explain which clinical methods or laboratory diagnostic techniques you used to diagnose each of the applicant's disability or impairments.

For example: "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."

In **Item Number 1.N.**, answer whether you prescribed treatment or therapy to the applicant for the disability or impairment that could help him or her learn and demonstrate the English and/or civics requirements for naturalization.

• If you answer "No," explain in **Item Number 1.N.1**. why you have not prescribed such treatment or therapy.

In **Item Number 1.O.**, you should explain how severe the applicant's disability or impairment is. For example: "The applicant's intellectual disability is profound and causes very limited communication skills. He requires family supervision even in simply daily routine activities."

In this item, you should also explain how the disability or impairment affects specific functions of the applicant, including the applicant's daily life. For example: "Profound intellectual disability prevents the applicant from obtaining employment. The applicant is also unable to drive a car. The applicant requires routine assistance in daily activities, such as preparing meals and maintaining hygiene."

Item Number 1.P. asks if you are the medical professional who regularly treats the applicant for the disability or impairment. A regularly treating medical professional is a medical professional who provides ongoing care for the applicant.

• If you answered "Yes," indicate in **Item Numbers 1.P.1.** – **1.P.2.** the

Information Needed for Item Number 2. [new]	duration and frequency of treatment for the disability or impairment. • If you answered "No," complete Item Numbers 1.Q.1 1.Q.3., by providing the name of the medical professional who regularly treats the applicant, the business address, and phone number of the applicant's regularly treating medical professional. Also explain in detail why the regularly treating medical professional was unable or unwilling to complete this form, and why you are completing it instead. Information Needed for Item Number 2. After providing all the required information about the disability or impairment in Item Number 1., answer whether this disability or impairment alone is sufficient to render the applicant unable to meet the English and civics requirements for naturalization. • If you answered "Yes," do not provide any additional disabilities or impairments even if the applicant has other medical conditions. Instead go to Item Number 3. (see below). • If you answered "No." provide in Part 9 Additional Disability
	Number 3. (see below).

Information Needed for Item Number 3.

time.

such additional disability or impairment alone or in combination with multiple conditions is necessary to qualify the applicant for the exemption. If the applicant has no other disability or impairment that alone or in combination with multiple medical conditions, the applicant is not eligible for this exception at this

You must clearly, in as much detail as possible, establish a causal connection (also referred to as "nexus") that explains how the disability or impairment prevents the applicant from learning and demonstrating

the knowledge and understanding of English and/or civics. Responses should use clear and common terminology, without abbreviations, that a person without medical training can understand. For example: "Because of [name of impairment], the patient is not capable of reasoning, his (her) memory is deficient, and therefore cannot learn new skills. The patient is only able to perform simple daily activities. The patient's severe intellectual disability makes it impossible to learn a new language (even basic words) or new facts and therefore the patient cannot demonstrate the required English language and knowledge of U.S. history and government." Information Needed for Item Number 4. Check the box for each skill or ability, (read, write, speak English, or answer questions regarding United States history and civics) that the applicant is unable to learn and demonstrate due to his or her

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Part 4. Ability to Understand Oath of Allegiance

Information Needed for Item Number 1.

[new]

Part 4. Ability to Understand Oath of Allegiance

disability or impairment (or combination thereof). If the applicant is able to

demonstrate any of the skills listed, do not

check any of the boxes.

Information Needed for Item Number 1.

Before becoming a U.S. citizen, an eligible naturalization applicant must take an oath of renunciation and allegiance (Oath of Allegiance) in a public ceremony. This oath requires the applicant to swear loyalty to the United States, renounce allegiance to any foreign country, and affirm his or her willingness to support and defend the U.S. Constitution and laws. For more information on the Oath of Allegiance, see the USCIS Policy Manual, Volume 12, Citizenship and Naturalization, Part J, Oath of Allegiance, at uscis.gov/policy-manual/volume-12-part-i-chapter-1.

To complete **Item Number 1.**, you must determine whether the applicant can

In order to obtain an oath waiver because of a medical disability, an applicant must have a legal guardian, surrogate, or designated representative to complete the naturalization process. In the absence of a legal guardian or surrogate, a U.S. citizen spouse, parent, adult son or daughter, or adult brother or sister who is the primary custodial caregiver and who takes responsibility for the applicant can serve as the designated representative.

Part 5. Interpreter Information and Certification. If in-person interpretation services were used during the medical examination, the interpreter must fill out this section and sign and date the certification. If telephonic interpretation services were used during the medical examination, the certifying medical professional must complete all items in this section, except Item Number 6.

[new]

understand and communicate that he or she understands the meaning of the oath, even if through non-verbal means (for example, nodding or gestures) or in his or her preferred language.

- If the applicant is capable of understanding and communicating his or her understanding of the oath, even with reasonable accommodations, despite the disability, select "Yes."
- If the applicant's disability or impairment listed in Part 3., Item Number 1., alone (or in combination with any other disability or impairment attached in Part 9. Additional Diagnosis **Information),** prevents him or her from comprehending or expressing an understanding of the Oath of Allegiance in any manner, select "No." In that case, the applicant will need a legal guardian, surrogate, or an eligible designated representative to be able to naturalize. In the absence of a legal guardian or surrogate, a U.S. citizen spouse, parent, adult son or daughter, or adult brother or sister who is the primary custodial caregiver and who takes responsibility for the applicant can serve as the designated representative.

Part 5. Interpreter Information and Certification. If in-person interpretation services were used during the medical examination(s), the interpreter must fill out this section, except Item Numbers 1., 2., and 7., then sign and date the certification. If telephonic or video-facilitated interpretation services were used during the medical examination, you must complete all items in this section, except Item Number 7.

Part 6. Applicant's (Patient's)
Attestation/Release of Information. This part requires the applicant (patient) to formally authorize the release of medical information and certify the accuracy of the

statements made in the form. The applicant must read and understand all five statements carefully to acknowledge legal consequences of providing false information or incomplete documentation. Then the applicant must sign and date in the appropriate fields at the bottom of the section.

Part 7. Medical Professional's Certification. In this part, you must verify the applicant's identity through a government-issued ID document. Then, you must certify that you have examined the applicant in person, that you will furnish USCIS with relevant medical records if required, and that you will comply with USCIS's requests for cooperation. Then you must sign and date in the appropriate fields.

Part 8. Additional Information. Use this space to add information that could not fit in the space provided for answers to questions throughout the form.

Page 3, General Instructions

[Page 3]

General Instructions

. . .

Signature. Each form must be properly signed and submitted. USCIS will not accept a stamped or typewritten name in place of a signature. A legal guardian, surrogate or designated representative, may also sign for an applicant who has been deemed legally incompetent. If the request is not signed or if the requisite signature on the request is not valid, USCIS may reject the request. See 8 CFR 103.2(a)(7)(ii)(A). If USCIS accepts a request for adjudication and determines that it has a deficient signature, USCIS may deny the request.

Validity of Signatures. USCIS will consider a photocopied, faxed, or scanned copy of the original, handwritten signature valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.

. . .

Copies. You should submit legible photocopies of documents requested unless

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General Instructions

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Signature. Each form must be properly signed and submitted. USCIS will not accept a stamped or typewritten name in place of a signature. A legal guardian, surrogate or designated representative, may also sign for an applicant who has been deemed legally incompetent. If the form is not signed or if the requisite signature on the request is not valid, USCIS may reject the request. See 8 CFR 103.2(a)(7)(ii)(A).

Validity of Signatures. A photocopied, faxed, or scanned copy of the original or a handwritten signature is valid for purposes of this form. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.

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[no change]

must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application or petition. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original. NOTE: If you submit original documents when not required or requested by USCIS, your original documents may be immediately destroyed after we receive them.	NOTE: If you submit original documents when not required or requested by USCIS, your original documents may be immediately destroyed after USCIS receive them.
[Page 4]	[Page 4]
Processing Information for the Applicant	Processing Information for the Applicant
Initial Processing. Once USCIS accepts your form, we will check it for completeness. Failure to provide all information requested on the form may result in USCIS determining that your Form N-648 is insufficient.	Initial Processing. Once USCIS accepts your form, it will be checked for completeness. Failure to provide all information requested on the form may result in USCIS determining that your Form N-648 is insufficient.
Requests for More Information. USCIS may request that you provide more information or evidence to support your form. We may also request that you provide the originals of any copies you submit. If USCIS requests an original document from you, we will return it to you after we determine we no longer need your original	Requests for More Information. USCIS may request that you provide more information or evidence to support your form. USCIS may also request that you provide the originals of any copies you submit. If USCIS requests an original document from you, USCIS will return it to you after we determine we no longer need your original
[Page 4]	[Page 4]
USCIS Forms and Information	USCIS Forms and Information
To ensure you are using the latest version of this form, visit the USCIS website at www.uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may call the USCIS Contact Center at 1-800-375-5283 and ask that we mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.	To ensure you are using the latest version of this form, visit the USCIS website at uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may call the USCIS Contact Center at 1-800-375-5283 and ask that USCIS mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833
	may request an original document at the time of filing or at any time during processing of an application or petition. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original. NOTE: If you submit original documents when not required or requested by USCIS, your original documents may be immediately destroyed after we receive them. [Page 4] Processing Information for the Applicant Initial Processing. Once USCIS accepts your form, we will check it for completeness. Failure to provide all information requested on the form may result in USCIS determining that your Form N-648 is insufficient. Requests for More Information. USCIS may request that you provide more information or evidence to support your form. We may also request that you provide the originals of any copies you submit. If USCIS requests an original document from you, we will return it to you after we determine we no longer need your original. [Page 4] USCIS Forms and Information To ensure you are using the latest version of this form, visit the USCIS website at www.uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may call the USCIS Contact Center at 1-800-375-5283 and ask that we mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.

statements may subject you (the medical 16	deny your Form N-648 and may deny any other immigration benefit. In addition, you will face severe penalties, including up to 10 years in prison, as provided by law and may be subject to criminal prosecution. You may also lose your medical license.	402 and 451(a)(3) of the HSA, 6 U.S.C. 202, and 271(a)(3), and 8 CFR 2.1, USCIS conducts inspections, evaluations, verifications, and compliance reviews, to ensure that applicants are eligible for the benefit sought and that all laws have been complied with before and after approval of such benefits. These inspections, verifications, and other compliance reviews may be conducted telephonically or electronically, as well as through physical on-site inspections (site visits). Pursuant to INA 287 and 8 CFR part 287, and 8 CFR part 335, USCIS may also subpoena the information as part of the investigation. Failure by you (the applicant) to participate in an FDNS site visit, telephonic inquiry, or electronic inquiry related to a Form N-648 review, may result in the determination that you are not eligible for the benefit sought. Additionally, if you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form N-648 or other documentation related to your application for naturalization, we may deny your N-648, your application for naturalization for naturalization, or any other immigration benefit. You may also face severe penalties, including up to 10 years in prison, as provided by law and you may be subject to criminal prosecution. Failure by you (the medical professional) to participate in an FDNS site visit, telephonic inquiry, or electronic inquiry related to a Form N-648 review, may result in the determination that an applicant is not eligible for the benefit sought. In addition, you (the medical professional) attest, by signing Form N-648, that you have answered all the questions in a complete and truthful manner, that you and the applicant agreed to the release of all medical records relating to the applicant that may be requested by USCIS and that you (the medical professional) attest that any knowingly false or misleading
	16	statements may subject you (the medical

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Penalties

Pursuant to its authority under INA sections

1103(a), 1225(d)(3) and 1357(b), sections 402 and 451(a)(3) of the HSA, 6 U.S.C.

103(a), 235(d)(3) and 287(b), 8 U.S.C.

Page 4, Penalties

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Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false

document with your Form N-648, we will

		professional) to the penalties for perjury pursuant to Title 18, United Stated Code (U.S.C.), Section 1546 and 8 U.S.C. 1746 and to civil penalties under section 274C of the Immigration and Nationality Act. If you (the medical professional) knowingly and willfully falsify or conceal a material fact or submit a false document with Form N-648, you will face severe penalties, as provided by law, and you may be subject to criminal prosecution. As a result of such actions, and depending on the jurisdiction(s) in which you are licensed to practice your profession, you may also lose your professional license.
Page 5, DHS Privacy	[Page 5]	[Page 5]
Notice	DHS Privacy Notice	DHS Privacy Notice
	AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, 8 U.S.C. Section 1423 and 8 CFR Section 312.2.	AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, 8 U.S.C. Section 1423 and 8 CFR Sections 312.1 and 312.2.
Page 5, Paperwork	[Page 5]	[Page 5]
Reduction Act	Paperwork Reduction Act	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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 2 hours per response for the medical professional and 8 hours per response for the applicant, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation, travel, appointments, 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital	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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 2.40 hours per response for the medical professional and 8 hours per response for the applicant, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation, travel, appointments, 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital

Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615- 0060. Do not mail your completed Form N-648 to this address.	Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615- 0060. Do not mail your completed Form N-648 to this address.