Form N-648, Medical Certification for Disability Exceptions

Department of Homeland SecurityU.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 www.uscis.gov.)

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 <u>USPS ZIP Code Lookup</u>					USCIS USE ONLY	
I certify that I have examined:						This N-648 is:
Last Name	First Name Middle Name USCIS A-Number A-		☐ Sufficient ☐ Insufficient ☐ Continued/RFE			
Address (Street Number and Name)				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 (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-
art 3 INFORMA	TION ABOUT DISABILITY and/or IMPAIRMENT(S)	
	iagnosis of the applicant's disability and/or impairment, that form the b	agis for goalving an avantion to the English
and/or civics required Services (HHS). This	ments. If applicable, please provide the relevant medical code as accepted includes the Diagnostic and Statistical Manual of Mental Disorders (Disexample, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-1	ed by the Department of Health and Human SM) and the International Classification of
Provida a basic descr	iption of the disability and/or impairments, for example, Intellectual Di	sability (Severe) is a genetic disorder that
	ctual disability, developmental delays, and other problems.	salviney (servere) is a generic disorder than
		salvant, (severe) is a generic disorder unit
		savate, (severe) is a generic disorder white
		savanty (sovere) is a generic disorder while
		Salvant, (Severe) is a generic disorator unit
		Salvant, (Sovere) is a generic disortate than
causes lifelong intelle		
Date you first examin	ed the applicant regarding the conditions listed in number 1.	
Date you first examin Date (mm/dd/yyyy)	ed the applicant regarding the conditions listed in number 1.	"same as business address")
Date you first examin Date (mm/dd/yyyy)	ed 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") from above.
Date you first examine Date you last examine Date (mm/dd/yyyy)	ed the applicant regarding the conditions listed in number 1. Location (if different from business address on Page 1; otherwise type or print ed the applicant regarding the conditions listed in number 1, if different ed the applicant regarding the conditions listed in number 1, if different ed the applicant regarding the conditions listed in number 1, if different ed the applicant regarding the conditions listed in number 1, if different ed the applicant regarding the conditions listed in number 1, if different ed the applicant regarding the conditions listed in number 1.	"same as business address") from above. "same as business address")

Appli	Applicant's Name			USCIS A-Number		
		A-				
Name	of Regularly Treating Medical Profession	al and Address				
Last I		First Name		Middle Name		
Busin	ess Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number	
Explai	nation			I	I	
6. Has	Yes (If "Yes,"continue to complete this for No (If "No," the applicant is not eligible for the "Medical Professional's Certification	rm.) or this exception and you need n			Please go directly to	
7. Is t	he applicant's disability and/or impairmer	nts the result of the applicant's	illegal use of dru	gs?		
	Yes (If "Yes," the applicant is not eligible the "Medical Professional's Certification		not complete the r	remainder of the question	s. Please go directly to	
	No (If "No," continue to complete this form	m.)				
8. WI	hat caused this applicant's medical disabil	ity and/or impairments listed i	n number 1, if kn	nown?		
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Applicant's Name What clinical methods did you use to diagnose the applicant's medical disability and/or impairments listed in number 1? What clinical 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 demonstrate knowledge and to of English and/or civics.	
10. Clearly describe how the applicant's disability and/or impairments affect his or her ability to demonstrate knowledge and u	
	ınderstanding
11. In your professional medical opinion, does the applicant's disability or impairments prevent him or her from demonstratin following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)	g the
The ability to:	
Read English	
☐ Write English	
Speak English	
Answer questions regarding United States history and civics, even in a language the applicant understands.	

Applicant's Name	
	USCIS A-Number A-
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)	
MEDICAL PROFESSIONAL' S CERTIFICA'	ΓΙΟΝ
Complete the following if an interpreter was not used during your examination of the applicant between	
Complete the following if an interpreter was not used during your examination of the applicant between the examinations that form the basis of this Form N-648. am fluent in English and, the language spoken by this patien	
Complete the following if an interpreter was not used during your examination of the applicant between the examinations that form the basis of this Form N-648. am fluent in English and, the language spoken by this patien	en the applicant and medical professional
Complete the following if an interpreter was not used during your examination of the applicant between taining to the examinations that form the basis of this Form N-648. am fluent in English and, the language spoken by this patient yexaminations of this applicant.	en the applicant and medical professional at. Therefore, an interpreter was not used durin
Complete the following if an interpreter was not used during your examination of the applicant between training to the examinations that form the basis of this Form N-648. am fluent in English and, the language spoken by this patient has 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 the second s	en the applicant and medical professional nt. Therefore, an interpreter was not used durin State government-issued photographic
Complete the following if an interpreter was not used during your examination of the applicant between the examinations that form the basis of this Form N-648. am fluent in English and, the language spoken by this patient are 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 identity document:	en the applicant and medical professional nt. Therefore, an interpreter was not used durin State government-issued photographic
Complete the following if an interpreter was not used during your examination of the applicant between tertaining to the examinations that form the basis of this Form N-648. am fluent in English and, the language spoken by this patient has 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 identity document: Dermanent Resident Card Dermanent State ID Number:	en the applicant and medical professional at. Therefore, an interpreter was not used durin State government-issued photographic on on this form and any evidence submitted o by USCIS, based on the applicant's consent. may also subject me to criminal penalties

Applicant's Name				JSCIS A-Number		
			F	\-		
I	INTERPRETER'S CERTIFICATION					
An interpreter must complete, and certify, the section professional on the day of the examination that form			ns bet	ween the applican	nt and medical	
Interpreter Information						
Last Name	st Name First Name Mi		Mido	iddle 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,(Amplicant's Name)		, authorize		14f44l		
(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 Represen	tative Signature	e		Date (mm/dd/y	уууу)	