

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 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 USPS ZIP Code Lookup | | | | USCIS USE ONLY | |
|--|-------------------------|-------------------|-----------------------------|--|--|
| I certify that I have examined: | | | | | |
| Last Name | First Name | Middle Name | USCIS A-Number A- | | |
| Address (Street Number and Name) | | | U.S. Social Security Number | | |
| City | | State or Province | Zip Code or Postal Code | | |
| Telephone Number | E-Mail Address (if any) | | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | This N-648 is: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE | |
| | | | | Reviewer | |
| | | | | Location & Date | |

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- |
|------------------|-----------------------------|

Part 3. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis of the applicant's disability and/or impairment, 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, for example, Intellectual Disability (Severe) is a genetic disorder that causes lifelong intellectual disability, developmental delays, and other problems.

3. Date you first examined the applicant regarding the conditions listed in number 1.

| | |
|-------------------|---|
| Date (mm/dd/yyyy) | Location (if different from business address on Page 1; otherwise type or print "same as business address") |
|-------------------|---|

4. Date you last examined the applicant regarding the conditions listed in number 1, if different from above.

| | |
|-------------------|---|
| Date (mm/dd/yyyy) | Location (if different from business address on Page 1; otherwise type or print "same as business address") |
|-------------------|---|

5. Are you the medical professional regularly treating this applicant for the conditions listed in Item Number 1?

☐ Yes (If "Yes," indicate duration of treatment.) Years _____ Months _____

☐ No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

| | |
|------------------|-----------------------------|
| 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 | Middle 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, _____, authorize _____

(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 Representative Signature

Date (mm/dd/yyyy)

➡ _____