Form N-648, Medical Certification for Disability Exceptions

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.

Part I. APPLICANT INFORMATION					USCIS USE ONLY
Type or print clearly is	This N-648 is:				
I certify that I hav	e examined:				Sufficient
Last Name	First Name	Middle Nam	e	USCIS A-Number	Insufficient
				A-	Continued/RFE
Address (Street Number and Name)				U.S. Social Security Number	
					Reviewer
City		S	tate or Province	Zip Code or Postal Code	
Telephone Number	E-Mail Address (if any)	Ε	Pate of Birth	Gender Male Female	Location & Date

Part II. 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. Write 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 III. INFORMA	TION ABOUT DISABILITY and/o	or IMPAIRMENT(S)		
1. Provide the clinical diagnosis and DSM IV code (<i>if applicable</i>) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome". If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.				
		s), e.g., "Down syndrome is a genetic disorder that causes ation), developmental delays, and other problems."		
3. Date you first examined the applicant regarding the condition(s) listed in number 1.				
Date	Location (if different from business address on	Page 1; otherwise write "same as business address")		
_		listed in number 1, if different from above.		
Date	Location (if different from business address or	Page 1; otherwise write "same as business address")		
5. Are you the medical professional regularly treating this applicant for the condition(s) listed in number 1?				
Yes (If "Yes," indicate duration of treatment.) Years Months				
	de the name of the applicant's regularly treat	ing medical professional on the next page and explain why you		

Applicant's Name			USCIS A-Number A-		
Name of Regularly Treating Medical Profes	ssional and Address.				
Last Name	First Name Mid		Middle Name		
Business Address	City	State or Province	Zip Code or Postal Code	Telephone Number	
Explanation:				<u> </u>	
6. Has the applicant's disability and/or imp	airment(s) lasted or do you	evnect it to las	st 12 months or mor	ո?	
Yes (If "Yes,"continue to complete th		expect it to its	si, 12 months of more		
No (If "No," the applicant is not eligi Please go directly to the "Medical Pro		ı need not comp	plete the remainder of	the questions.	
7. Is the applicant's disability and/or impair	rment(s) the result of the ap	plicant's illega	l use of drugs?		
Yes (If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")					
☐ No (If "No," continue to complete thi	s form.)				
8. What caused this applicant's medical disability and/or impairment(s) listed in number 1, if known?					

Applicant's Name	USCIS A-Number A-			
9. What clinical methods did you use to diagnose the applicant's medical disability and/or impairment(s) listed in number 1?				
10. Clearly describe how the applicant's disability and/or impairment(s) affect his or her ability	ty to demonstrate knowledge and			
understanding of English and/or civics.				
11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)				
The ability to:				
Read English				
Write English Speak English				
Speak English Answer questions regarding United States history and giving even in a language the applications.	oont understands			
Answer questions regarding United States history and civics, even in a language the applic	cant understands.			

	USCIS A-Number A-			
	Α-			
12. 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 CERTIFICATION	1			
Complete the following if an interpreter was not used during your examination of the applicant betweeprofessional pertaining to the examination(s) that form the basis of this Form N-648 certification.	veen the applicant and medical			
I am fluent in English and, , the language spoken by this patient.	Therefore, an interpreter was not			
used during my examination(s) 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 State government-issued photographic identity document:				
Permanent Resident Card State ID Number:				
Other Identification (State type and ID Number):				
I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.				
Licensed Medical Professional Signature	Date			

Applicant's Name	1.	USCIS A-Number		
		A	-	
I	NTERPRETER'S CERT	IFICATION		
An interpreter must complete, and certify, the medical professional on the day of the exami				
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 require	ed to complete the information b	elow.		
No If no, the interpreter is required to	complete the information below	,		
Interpreter Certification				
As the interpreter, I certify that I am fluent in	n English and the following lang	guage:		
I further certify that I have accurately and co	mpletely translated all commun	ications between the medi	cal professional and the	
applicant that occurred on	, the date(s) of the	ne examination(s) that form	n the basis of this certification.	
Interpreter Signature	nterpreter Signature Date			
APPLICANT (PAT	TIENT) ATTESTATION/R	ELEASE OF INFORM	MATION	
(Applicant's Name)	, authorize	Ligansed medical dector, dector	of astoonathy, or alinical psychologist)	
(Electised fledical doctor, doctor of osteopathy, of chilical 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 Title 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 Title 8, U.S.C. Section 1324c. 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.				
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Applicant or Applicant's Authorized Represe	ntauve Signature		Date	