

**ATTENTION: ALL parts of this form (except for the "APPLICANT ATTESTATION" below) must be completed by a licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist. (See instructions)**

Part I. BIOGRAPHICAL INFORMATION (Type or print clearly in black ink)				USCIS USE ONLY	
<b>Information About The Applicant (Patient). I certify that I have examined:</b>					
Applicant Last Name	First Name	Middle Name	Alien Registration Number		
Address			U. S. Social Security Number		
City		State	Zip Code		
Telephone Number	E-Mail Address	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE  Reviewer _____ Location & Date _____					
<b>Information About The Medical Professional</b>					
Last Name		First Name		Middle Name	
Business Address		City, State, Zip Code		Telephone Number	
License Number		Licensing State		E-Mail Address (if any)	

**Reminder about Eligibility Requirements**

This form is intended for applicants for U.S. citizenship who seek an exception to the English and civics testing requirements for naturalization "because of physical or developmental disability or mental impairment." In general, applicants for naturalization are required to learn and demonstrate knowledge of the English language, including an ability to read, write, and speak words in ordinary usage in the English language, as well as demonstrate knowledge and understanding of the fundamentals of the history, principles, and form of government of the United States (civics).

**Definition of Disability or Impairment:**

The disability or impairment rendering the individual incapable of meeting the testing requirements must be long-term; result from anatomical, physiological, or psychological abnormalities (which can be supported by medically acceptable techniques); and result in functioning so impaired as to render an individual completely **unable** to learn and demonstrate the required knowledge.

This definition of disability may be different from definitions used by the U.S. Social Security Administration and U.S. Department of Veterans Affairs or used in worker's compensation claims; however, such disability determinations may be considered as evidence.

**Preparation of the Certification**

All questions must be answered fully and accurately, using common terminology that a person without medical training can understand, with no abbreviations. Copies of relevant medical reports/records may be attached to support the claim indicated. However, a supplemental report is not acceptable as a **substitute** for any of the responses.

USCIS recommends that the certifying medical professional complete the fillable electronic Form N-648 provided on the USCIS Web site ("Immigration Forms" link [www.uscis.gov](http://www.uscis.gov)). If typed or completed manually, print legibly in black ink.

If you need more space, attach additional pages, indicating item, applicant's name, and your signature on each. (See instructions for further details).

**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 (USCIS) 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 on this form and any evidence submitted with it are all 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. 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.

**Has any United States or State government agency made a determination on any disability you are claiming on this form?**

Yes  No NOTE: If you answered "Yes," you may provide information on an attached sheet.

Signature of Applicant (or Applicant's authorized representative)	Date
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Applicant's Name	Alien Registration Number
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**Part II. MEDICAL INFORMATION (Type or print clearly in black ink.)**

**Background Information**

1. I am a currently licensed: (Check or specify)  Medical Doctor  Doctor of Osteopathy  Clinical Psychologist

2. What is the nature of your medical practice?  Family/General Practice  Internal Medicine  
 Psychiatry/Psychology  Other (specify) \_\_\_\_\_

3. How long have you been treating this applicant?

Year(s)  Month(s) or Since

OR

This is my first examination of this applicant.

4. Are you the medical professional regularly treating this applicant for the claimed condition(s)?

Yes (If "Yes," go to item 5.)

No (If you answered "No," state from whom the applicant usually receives medical care and explain why you are completing this form.)

Name of Regularly Treating Medical Professional/Clinic and Address

Explanation:

5. Date and location of your most recent examination(s) of the applicant:

Date	Location (if different from business address on Page 1; otherwise write "same as business address")
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6. How often do you examine this applicant? (Check or specify)

Weekly  Monthly  Annually  Other

**Nature and Duration of Disability or Impairment**

7. Has the applicant's claimed disability or impairment lasted, or do you expect it to last, 12 months or longer?

Yes  No

8. Is the particular claimed disability or impairment(s) the direct effect of the applicant's illegal use of drugs?

Yes  No

Applicant's Name

Alien Registration Number

**Diagnosis of Disability or Impairments(s)**

**9. (a) Provide your clinical diagnosis of the applicant's disability or impairment(s) and its origin. Describe the disability or impairment(s) in terms a person without medical training can understand (See Page 2 of the instructions for examples).**

NOTE: The description should include the severity of the effects of the disability or impairment.

**(b) What medically acceptable clinical or laboratory diagnostic techniques were used to arrive at this diagnosis, as well as the plan of treatment administered, if any? (List and provide the results and conclusions drawn from these tests.)**

**(c) Provide the relevant DSM-IV-TR code(s) for each disability or mental impairment that you described above. If a DSM-IV-TR code does not exist, write "N/A."**

Applicant's Name

Alien Registration Number

**Nexus (connection) Between Disability or Impairment and Inability to Learn/Demonstrate**

**10. In your professional opinion, based on your examination of the applicant, provide *detailed* information on the nexus (connection) between the disability, impairment, or combination of impairments and the applicant's inability to learn and/or demonstrate knowledge of English and/or civics (See Page 2 of the instructions for examples).**

**NOTE:** This description must address the severity of the effects of the medical condition(s) on:

1. The applicant's ability to learn and demonstrate the required knowledge; and
2. The activities of the applicant's daily life.

Applicant's Name	Alien Registration Number
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**Professional Certified Opinion**

The law requires that in order to be eligible for the disability exception, the applicant must be **unable** to fulfill the English and civics testing requirements for naturalization. An applicant's **difficulty** in fulfilling the requirements, such as illiteracy in his or her native language, is not sufficient by itself to support a finding of eligibility for the exception.

**11. ENGLISH REQUIREMENT**

In your professional medical opinion, based on your examination of the applicant, the applicant's symptoms, previous medical records, clinical findings, or tests:

**(a) Does the applicant have any disability or impairment that affects his or her ability to function to such a degree that he or she is unable to learn and demonstrate an ability to speak, read, or write English?**

Yes       No

**(b) If "Yes," which of the following is the applicant unable to learn and demonstrate? (Check all that apply.)**

Speaking       Reading       Writing

**12. U.S. HISTORY AND CIVICS REQUIREMENT**

In your professional medical opinion, based on your examination of the applicant, the applicant's symptoms, previous medical records, clinical findings, or tests, does the applicant have any disability or impairment(s) that affects his or her ability to function to such a degree that he or she is unable to learn and demonstrate knowledge of U.S. history and civics, even in a language the applicant understands?

Yes       No

**NOTE: If you answered "No" to BOTH items 11(a) and (12), the applicant is ineligible for a disability exception.**

Sign the "Medical Professional's Certification" below.

**MEDICAL PROFESSIONAL ' S CERTIFICATION**

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. The applicant having consented in Part I to the release of his or her relevant medical records to U.S. Citizenship and Immigration Services, I will furnish such records, if requested by that agency. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties under Title 18, U.S.C.1546 and civil penalties under Title 8, U.S.C.1324c.

**I certify that I have verified the applicant's identity through the following United States or State government-issued photographic identity document:** \_\_\_\_\_

Licensed Medical Professional's Signature	Date
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