

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	
Information About The Applicant (Patient). I certify that I have examined:					
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 _____					
Information About The Medical Professional					
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(s):

The disability or impairment(s) 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 Social Security Administration and 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 website ("Immigration Forms" link 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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you answered "Yes," you may provide information on an attached sheet.	
Signature of Applicant (or Applicant's authorized representative)	Date

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 on to item 5.)

No (If you answered "No," state from whom the applicant usually receives medical care, your plan of treatment, 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 above; otherwise write "same as above")
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6. How often do you examine this patient (applicant)? (Check or specify)

Weekly Monthly Annually Other

Nature and Duration of Disability or Impairment(s)

7. Has the applicant's claimed disability or impairment(s) 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 Instructions for examples).

NOTE: The description should include the severity of the effects of the disability or impairment(s) on specific functions of the applicant's daily life.

(b) What medically acceptable clinical or laboratory diagnostic techniques were used to arrive at this diagnosis, as well as the plan of treatment administered or to be administered? (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(s) that you described above. If a DSM-IV-TR code does not exist, write "N/A."

Applicant's Name	Alien Registration Number
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Nexus (connection) Between Disability or Impairment(s) 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 demonstrate knowledge of English or civics (See 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 required 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(s) 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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