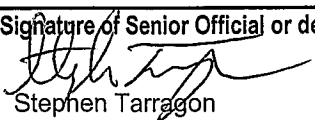


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency Department of Homeland Security, U.S. Citizenship and Immigration Services		OMB Control Number 1615 - 0060
<i>Enter only items that change</i>		
	Current record	New record
Agency form number (s) N-648		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	0 %	0 %
Total annual hours		
Difference		
Explanation of difference		
Program change Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		
Other changes** The attached table of changes show minor corrections or clarifications in grammar. They were made at the suggestion of some of the original public commenters, who asked that the language in the form be understandable to the users. These changes are minor and not substantive.		
Signature of Senior Official or designee:  Stephen Tarragon	Date: 6/5/2009	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.

TABLE OF CHANGES - INSTRUCTIONS
FORM N-648
OMB Control No. 1615-0060

PROPOSED VERSION	CURRENT VERSION	LOCATION
<p align="center">Applicant (Patient) Attestation/Release of Information</p>	<p align="center">Applicant (Patient) Attestation</p>	<p align="center">Page 1 - Applicant (Patient) Attestation</p>
<p><input type="checkbox"/> No (If you answered "No," state from whom the applicant usually receives medical care and explain why you are completing this form.)</p>	<p><input type="checkbox"/> 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.)</p>	<p align="center">Page 2 - Question 4</p>
<p>NOTE: The description should include the severity of the effects of the disability or impairment(s).</p>	<p>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.</p>	<p align="center">Page 3 - Question 9(a)</p>
<p>(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?</p>	<p>(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?...</p>	<p align="center">Page 3 - Question 9(b)</p>
<p>10. In your professional opinion, based on your examination of the applicant, provide <i>detailed</i> information on the nexus (connection) between the disability, impairment, or combination of impairments and the applicant's inability to demonstrate knowledge of English and/or civics...</p>	<p>10. In your professional opinion, based on your examination of the applicant, provide <i>detailed</i> 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...</p>	<p align="center">Page 4 - Question 10</p>

* No changes to instructions.