

TABLE OF CHANGES- FORM
FORM I-910, Application for Civil Surgeon Designation
OMB No: 1615-0114
Submission Date

| Current Section and Page Number | Current Text | Proposed Section and Page Number <i>(If Changing)</i> | Proposed Text |
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| N/A | [If USCIS determines that a physician applying for civil surgeon designation has been previously designated but is no longer designated at time of application, USCIS may inquire further as to the circumstances of the prior termination or revocation of civil surgeon designation to determine whether any concerns remain that might impact the current application for civil surgeon designation.] | Form I-910, Part 1, p. 1 | Part 1. For Previously Designated Civil Surgeons * * * |
| USCIS Web site | <p>Doctors interested in being registered as a Designated Civil Surgeon should submit the following to their local District Office:</p> <ul style="list-style-type: none"> • A letter to the District Director requesting consideration • A copy of a current medical license • A current resume that show 4 years of professional experience, not including a residency program • Proof of U.S. Citizenship or lawful status in the United States • Two signature cards showing name typed and the signature below <p>[We currently request interested applicants to submit the information required to USCIS to be considered for civil surgeon designation.]</p> | Form I-910, Parts 2-8, pp. 1-4; Part 10, p. 5 | <p>Part 2. Information About You * * *</p> <p>Part 3. Clinical Office Locations * * *</p> <p>Part 4. Information About Your Status in the United States * * *</p> <p>Part 5. Medical License(s) * * *</p> <p>Part 6. Medical Degree(s) * * *</p> <p>Part 7. Professional Experience * * *</p> <p>Part 10. Additional Information * * *</p> |
| USCIS Web site | [We currently request interested applicants to submit the information required to USCIS to be considered for civil surgeon designation. If the application is prepared by someone other than the physician (e.g. an office manager or | Form I-910, Part 9 | Part 9. Signature of Person Preparing This Application, If Other Than Applicant * * * |

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| | assistant), then this information may be included in the letter requesting civil surgeon designation.] | | |