



# Instructions for Application for Civil Surgeon Designation

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-910  
OMB No. 1615-0114  
Expires 05/31/2018

## What Is the Purpose of Form I-910?

Form I-910, Application for Civil Surgeon Designation, is to be used by physicians seeking designation as a civil surgeon.

## What Is A Civil Surgeon?

By law, a civil surgeon is a physician designated by U.S. Citizenship and Immigration Services (USCIS) to conduct immigration medical examinations for individuals applying for an immigration benefit in the United States.

You must have civil surgeon designation if you wish to conduct immigration medical examinations in the United States, except for medical officers of the U.S. Public Health Service. If you are not designated as a civil surgeon by USCIS, you are not authorized to conduct immigration medical examinations for immigration benefit applications in the United States or to complete USCIS Form I-693, Report of Medical Examination and Vaccination Record.

Civil surgeon designation does not authorize you to conduct immigration medical examinations for individuals seeking immigration benefits abroad through the visa issuance process of the U.S. Department of State (DOS). Those immigration medical examinations are conducted by DOS-designated panel physicians overseas. For more information, visit the DOS website at [www.travel.state.gov](http://www.travel.state.gov) and search for "Panel Physicians."

## Who Should Use Form I-910?

Form I-910 should be used by a physician who is not currently designated, but who is seeking designation to perform immigration medical examinations in the United States and to complete Form I-693.

**NOTE:** Physicians who qualify for blanket civil surgeon designation provided by USCIS are not required to apply for civil surgeon designation on Form I-910. For information on blanket civil surgeon designations, visit [www.uscis.gov/civilsurgeons](http://www.uscis.gov/civilsurgeons).

## What Professional Qualifications Are Required For Civil Surgeon Designation?

In order to be designated as a civil surgeon by USCIS, you must:

1. Be licensed without restriction as a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) in the state in which you seek to perform immigration medical examinations;
2. Have at least four years of professional experience as a physician; and
3. Be authorized to work in the United States.

## Are There Other Requirements For Civil Surgeon Designation?

In addition to meeting the professional qualifications, you must:

1. Apply for civil surgeon designation using Form I-910;
2. Submit the completed Form I-910 with the correct filing fee; and
3. Have an active practice at the locations where you are requesting to perform immigration medical examinations. USCIS will not grant your civil surgeon designation for locations where you only intend to practice in the future.

**NOTE:** Civil surgeon designation is at the discretion of USCIS. Although you may meet the professional qualifications and other requirements listed on Form I-910, there is no guarantee that USCIS will designate you as a civil surgeon.

## What Are the Responsibilities Of A Civil Surgeon?

**If USCIS designates you as a civil surgeon, you must comply with the following requirements listed below:**

1. You are responsible for truthfully and accurately reporting the results of an applicant's immigration medical examination and all laboratory reports on Form I-693 where indicated, and for signing the civil surgeon's certification provided on the report.

You must take reasonable steps to ensure that the person appearing for the immigration medical examination is the same person applying for the requested immigration benefit. All applicants must present a valid government-issued photo identification (for example, a valid unexpired passport or driver's license), and you must annotate the form of identification presented and ID number in **Part 1.** of Form I-693, if applicable. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with immigration medical examinations.

You should also ensure that the applicant's name and Alien Registration Number (A-Number) (if any) are at the top of each page of Form I-693 and that they match the information provided in **Part 1.** of Form I-693.

2. Follow Health and Human Services (HHS) regulations and Centers for Disease Control and Prevention (CDC) guidelines. USCIS designates civil surgeons with the understanding that you will perform the medical examination according to HHS's regulations found at 42 CFR part 34. These regulations include the specific guidelines found in the Technical Instructions for the Medical Examination of Aliens in the United States (Technical Instructions), published by the CDC in Atlanta, Georgia. The Technical Instructions (including periodic updates posted by CDC) are available on the CDC website at [www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html).
3. Make referrals and file case reports, as required. According to the CDC's Technical Instructions, you are required to:
  - A. Refer the applicant to the local health department if the chest x-ray suggests tuberculosis (TB) or if other health-related circumstances are present as described in the CDC's Technical Instructions;
  - B. Ensure that testing and therapy are given for diagnoses of communicable diseases of public health significance, as outlined in the CDC's Technical Instructions; and
  - C. File a case report with the appropriate public health authorities if a case report is required by local laws or regulations. You must also advise the applicant that a case report is being filed.
4. Notify USCIS of any changes relevant to your designation as a civil surgeon. You are responsible for notifying USCIS in the event that:
  - A. You cease to practice medicine;
  - B. You cease to perform immigration medical examinations in the state or at the locations for which you are designated; or
  - C. There is a change in your contact information (for example, name of office, address, telephone number, fax number, or email address).

**NOTE:** You should notify USCIS within 15 days of the change. See the **When and How Do I Update My Civil Surgeon Information** section of these Instructions for more information.

## Can Civil Surgeon Designation Be Revoked?

USCIS may revoke a civil surgeon designation. Reasons for revocation include, but are not limited to: failure to continue to meet the professional qualifications required for civil surgeon designation, failure to meet the responsibilities of a civil surgeon (including failure to follow the CDC's **Technical Instructions**), engaging in immigration fraud, or otherwise engaging in activity that poses a risk to public health or safety.

## General Instructions

USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call the USCIS National Customer Service Center at **1-800-375-5283** and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

**Signature.** Each application must be properly signed and filed. For all signatures on this application, USCIS will not accept a stamped or typewritten name in place of a signature.

**Filing Fee.** Each application must be accompanied by the appropriate filing fee. (See the **What Is the Filing Fee** section of these Instructions.)

**Evidence.** At the time of filing, you must submit all evidence and supporting documentation listed in the **Specific Instructions** section of these Instructions.

**Copies.** You should submit legible **photocopies** of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application, petition, or request. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

**NOTE:** If you submit original documents when not required or requested by USCIS, **your original documents may be immediately destroyed upon receipt.**

**Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature. The Department of Homeland Security (DHS) recommends the certification contain the translator's printed name and the date and the translator's contact information.

### How To Fill Out Form I-910

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this application, use the space provided in **Part 9. Additional Information** or attach a separate sheet of paper; type or print your name and Civil Surgeon Identification (CSID) Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.
3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks "Provide the name of your current spouse"), type or print "N/A," unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None," unless otherwise directed.

## Specific Instructions

### Part 1. Information About You

Complete **Item Numbers 1.a. - 8.** only if you were previously designated as a civil surgeon.

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**Item Numbers 1.a. - 1.d. General Information about Previous Civil Surgeon Designation.** If you were previously designated as a civil surgeon, select “Yes” and provide the period of prior designation, the USCIS office that granted the designation, and the CSID Number issued, if known.

**Item Numbers 2.a. - 2.b. Revocation.** If USCIS revoked your previous civil surgeon designation, select “Yes” and provide the date of revocation. Attach the revocation letter you received from USCIS, and also include a typed or written explanation of the circumstances surrounding the revocation in a separate letter attached to this application or in **Part 9. Additional Information**. Please note that USCIS may deny your application for civil surgeon designation if the grounds upon which your previous designation was revoked still exist.

**Item Numbers 3.a. - 3.b. Voluntary Termination.** If you voluntarily terminated your previous civil surgeon designation, select “Yes” and provide the date of voluntary termination. You must also include a typed or written explanation of the circumstances surrounding the voluntary termination in a separate letter attached to this application or in **Part 9. Additional Information**.

**Item Numbers 4.a. - 4.c. Your Full Name.** Provide your last, first, and middle names in the appropriate fields.

**Item Numbers 5.a. - 5.c. Other Names Used.** Provide all the names you have used, including your maiden name, nicknames, and aliases, if applicable.

**Item Number 6. Date of Birth.** Provide your date of birth in mm/dd/yyyy format.

**Item Number 7. Gender.** Select the box that indicates whether you are male or female.

**Item Number 8. USCIS Online Account Number** (if any). If you have previously filed an application, petition, or request using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications, petitions, or requests on a paper form via a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. If you received such a notice, your USCIS Online Account Number can be found at the top of the notice. If you were issued a USCIS Online Account Number, enter it in the space provided. The USCIS Online Account Number is not the same as an A-Number.

## **Part 2. Clinical Office Locations**

### **A. Required Information**

**Item Numbers 1. - 5.** Provide the name, physical address, telephone number, fax number, and email address of the clinic or practice where you intend to perform immigration medical examinations if granted civil surgeon designation. **Failure to provide this information may result in the denial of your application.**

If you seek to perform immigration medical examinations in more than one location, provide the details for each additional location in **Part 9. Additional Information**.

**NOTE:** You must **currently** have an active practice at the locations where you are requesting to perform immigration medical examinations. USCIS will not grant civil surgeon designation for locations where you only intend to practice in the future.

**NOTE REGARDING PHYSICAL ADDRESS:** The physical address is the address where you are practicing medicine and where applicants will come to have the medical examination performed. The physical address must match with the location of your medical clinic or practice.

### **B. Additional Office Information**

**Item Numbers 6. - 14.** You may submit additional information to USCIS to be included in the public list of civil surgeons. USCIS displays this information on our website for people who want to find a civil surgeon. USCIS will update the public list with this information when feasible.

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### Part 3. Information About Your Status in the United States

In this section, provide information about the immigration status you were granted in the United States that allows you to work and practice medicine in the United States. Attach evidence establishing your legal status in the United States.

**Item Numbers 1. - 4.g. Proof of Your Status in the United States.** A physician meeting the professional qualifications for civil surgeon designation can only be designated as a civil surgeon if authorized to work in the United States. Specify whether you are a U.S. citizen or national, a lawful permanent resident, a nonimmigrant authorized to work as a physician in the United States, or another status that would allow you to practice medicine in the United States.

1. If you select **Item Number 1.**, submit proof that you are a U.S. citizen or national, such as a copy of a U.S. passport, birth certificate, or Certificate of Naturalization.
2. If you select **Item Number 2.**, submit a copy of your valid Form I-551, Permanent Resident Card. If you are currently seeking to renew or replace your Form I-551, submit evidence showing that you are doing so.
3. If you select **Item Number 3.**, you must also provide the information requested in **Item Numbers 4.a. - 4.g.**

**Item Number 4.a. Date of Last Arrival in the U.S.** (mm/dd/yyyy). The date of your last arrival to the United States.

**Item Number 4.b. Form I-94 Arrival-Departure Record Number** (if any). If U.S. Customs and Border Protection (CBP) or USCIS issued you a Form I-94, Arrival-Departure Record, provide your Form I-94 number and date that your authorized period of stay expires or expired (as shown on Form I-94). The Form I-94 number also is known as the Departure Number on some versions of Form I-94.

**NOTE:** If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, you may have been issued an electronic Form I-94 by CBP, instead of a paper Form I-94. You may visit the CBP website at [www.cbp.gov/i94](http://www.cbp.gov/i94) to obtain a paper version of an electronic Form I-94. CBP **does not** charge a fee for this service. Some travelers admitted to the United States at a land border, airport, or seaport, after April 30, 2013 with a passport or travel document, who were issued a paper Form I-94 by CBP, may also be able to obtain a replacement Form I-94 from the CBP website without charge. If your Form I-94 cannot be obtained from the CBP website, it may be obtained by filing Form I-102, Application for Replacement/Initial Nonimmigrant Arrival-Departure Record, with USCIS. USCIS **does** charge a fee for this service.

**Item Numbers 4.c. - 4.g. Passport and Travel Document Numbers.** If you used a passport or travel document to travel to the United States, enter either the passport or travel document information in the appropriate space on the application, even if the passport or travel document is currently expired.

4. **Item Number 5.**, enter information in the space provided about any other status you were granted under U.S. immigration law in the United States that allows you to work and to practice medicine in the United States.

### Part 4. Medical Licenses

**Item Numbers 1.a. - 2.d.** You must be licensed to practice medicine in the U.S. state(s) or U.S. territories in which you perform immigration medical examinations. For each U.S. state or U.S. territory in which you seek to perform immigration medical examinations, provide the name of the U.S. state or U.S. territory that issued your medical license, the medical license number, the date the medical license was issued, and the date it expires. Attach a copy of each of your medical licenses to your application.

### Part 5. Medical Degrees

**Item Number 1.a. - 2.c.** Only Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.) may be designated as civil surgeons. Provide the names of the schools you attended, your dates of attendance, and the type of medical degrees earned. Attach a copy of each of your medical degrees to your application.

### Part 6. Professional Experience

**Item Numbers 1.a. - 2.h.** To be designated as a civil surgeon, you must establish that you have practiced medicine as a physician (M.D. or D.O.) for at least four years. Provide your employers' names, the dates of employment, and your employers' contact information to cover a period of at least four years. .

**NOTE:** In calculating whether you meet the requirement of four years' practice as a physician, DO NOT count your post graduate medical training in an internship or residency program. You can, however, count the time you practiced medicine on the basis of a post-residency fellowship. Submit evidence establishing your professional experience, such as evaluations, certificates of completion, business tax returns and business licenses (for self-employed physicians), or letters of employment verification.

### **Part 7. Applicant's Statement, Contact Information, Certification, and Signature**

**Item Numbers 1.a. - 5.b.** If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

### **Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

**Item Numbers 1.a. - 9.b.** This section must contain the signature of the person who completed your application, if other than you, the applicant. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application. Select **Item Number 7.** if the preparer may act as a secondary point of contact for you, if USCIS is unable to contact you using the information provided in **Part 2. Clinical Office Locations.**

### **Part 9. Additional Information**

**Item Numbers 1.a. - 7.d.** If you need extra space to provide any additional information within this application, use the space provided in **Part 9. Additional Information.** If you need more space than what is provided in **Part 9.**, you may make copies of **Part 9.** to complete and file with your application, or attach a separate sheet of paper. Include your name at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

You may also submit a statement with additional information in a separate letter, but you must annotate in **Part 9. Additional Information** that you are attaching a separate letter. The letter must be submitted at the same time as this Form I-910 application, and make reference to the **Page Number, Part Number,** and **Item Number** of Form I-910 to which the additional information relates. Also include your full name and CSID Number, if you have one, on each page of the letter.

**We recommend that you print or save a copy of your completed application to review in the future and for your records.**

### **What Is the Filing Fee?**

The filing fee for Form I-910 is **\$785.**

There is no fee for an application from a medical officer in the U.S. Armed Forces or civilian physician employed by the U.S. Government who examines members and veterans of the Armed Forces and their dependents at a military, Department of Veterans Affairs, or U.S. Government facility in the United States.

**NOTE:** The filing fee is not refundable, regardless of any action USCIS takes on this application. **DO NOT MAIL CASH.** You must submit all fees in the exact amount.

**Use the following guidelines when you prepare your check or money order for the Form I-910 filing fee:**

1. The check or money order must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency; **and**
2. Make the check or money order payable to **U.S. Department of Homeland Security**.

**NOTE:** Spell out U.S. Department of Homeland Security; do not use the initials “USDHS” or “DHS.”

**Notice to Those Making Payment by Check.** If you send us a check, USCIS will convert it into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually take 24 hours and your bank will show it on your regular account statement.

You will not receive your original check back. We will destroy your original check, but will keep a copy of it. If USCIS cannot process the EFT for technical reasons, you authorize us to process the copy in place of your original check. If your check is returned as unpayable, USCIS will re-submit the payment to the financial institution one time. If the check is returned as unpayable a second time, we will reject your application and charge you a returned check fee.

#### **How To Check If the Fees Are Correct**

Form I-910’s filing fee is current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.

1. Visit the USCIS website at [www.uscis.gov](http://www.uscis.gov), select “FORMS,” and check the appropriate fee; or
2. Call the USCIS National Customer Service Center at **1-800-375-5283** and ask for fee information. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

#### **Where To File?**

Please see our website at [www.uscis.gov/I-910](http://www.uscis.gov/I-910) or call our National Customer Service Center at **1-800-375-5283** for the most current information about where to file this application. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

#### **Where Is Civil Surgeon Information Listed?**

USCIS provides a list of civil surgeons for public use. You can access the list in two ways:

1. Visit the USCIS website at [my.uscis.gov/findadoctor](http://my.uscis.gov/findadoctor) and select “Find a Medical Doctor” from the right side of the page; or
2. Call the USCIS National Customer Service Center at **1-800-375-5283** and follow the instructions in the automated menu. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

#### **When and How Do I Update My Civil Surgeon Information?**

You should notify USCIS **within 15 days** of any changes relevant to your designation.

**NOTE:** If the change is an update to your contact information that involves practicing in a new U.S. state or U.S. territory, then you **MAY NOT** perform immigration medical examinations in the new U.S. state or U.S. territory until USCIS approves the change. In this case, you must submit the new contact information to USCIS with evidence that you are licensed to practice medicine in the new U.S. state or U.S. territory in which you seek to perform immigration medical examinations.

Visit the USCIS website at [www.uscis.gov/I-910](http://www.uscis.gov/I-910) for the most current information about where to submit an update to your civil surgeon information.

USCIS will also conduct compliance reviews or audits to ensure the accuracy of civil surgeon information. As part of these compliance reviews or audits, USCIS may contact you on an ad hoc or ongoing annual basis to verify some or all of the information provided on Form I-910. If USCIS is unable to verify your continued eligibility for designation or confirm contact information, or if USCIS determines that you are no longer practicing medicine or no longer performing immigration medical examinations, USCIS may revoke or terminate your designation and remove you from the public list.

### Address Change

An applicant who is not a U.S. citizen must notify USCIS of his or her new address within 15 days of moving from your previous address. For information on filing a change of address go to the USCIS website at [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange) or contact the USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

**NOTE:** Do not submit a change of address request to USCIS Lockbox facilities because the Lockbox does not process change of address requests.

**NOTE:** All civil surgeons are responsible for notifying USCIS in writing of any updates to the contact information provided in this Form I-910 **within 15 days of the change, regardless whether the civil surgeon is a U.S. citizen or a foreign national**. See “**When and How Do I Update My Civil Surgeon Information?**” for additional information or visit the USCIS website at [www.uscis.gov/I-910](http://www.uscis.gov/I-910) for information on how to submit a change.

### Processing Information

**USCIS will reject any Form I-910 that is not signed or accompanied by the correct fee, and will send you a notice that Form I-910 is deficient.** You may correct the deficiency and resubmit the Form I-910. A Form I-910 is not considered properly filed until accepted by USCIS.

**Initial Processing.** Once USCIS accepts your application we will check it for completeness. If you do not completely fill out this application, you will not establish a basis for your eligibility and USCIS may reject or deny your application.

**Requests for More Information.** We may request that you provide more information or evidence to support your application. We may also request that you provide the originals of any copies you submit. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

**Decision.** The decision on Form I-910 involves a determination of whether you have established eligibility for the designation you are seeking. USCIS will notify you of the decision in writing.

### USCIS Forms and Information

To ensure you are using the latest version of this application, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov) where you can obtain the latest USCIS forms and immigration-related information. If you do not have Internet access, you may order USCIS forms by calling the Forms Request Line at **1-800-870-3676**. You may also obtain forms and information by calling the USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Instead of waiting in line for assistance at your local USCIS office, you can schedule an appointment online at [www.uscis.gov](http://www.uscis.gov). Select “Schedule an appointment online” and follow the screen prompts to set up your appointment. Once you finish scheduling an appointment, the system will generate an appointment notice for you.



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## Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-910, we will deny your Form I-910 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

## USCIS Compliance Review and Monitoring

By signing this application, you have stated under penalty of perjury (28 U.S.C. Section 1746) that all information and documentation submitted with this application is complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine eligibility for the designation you are seeking and consent to USCIS verifying such information.

DHS has the authority to verify any information you submit to establish eligibility for the immigration benefit you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. Sections 1103 and 1222(b) and 8 CFR **Part 232.2(b)**. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.

Agency verification methods may include, but are not limited to: review of public records and information; contact via written correspondence, the Internet, facsimile, other electronic transmission, or telephone; unannounced physical site inspections of medical clinics or practices; and interviews. USCIS will use information obtained through verification to assess your compliance with the laws and to determine your eligibility for a benefit.

Subject to the restrictions under 8 CFR **Part 103.2(b)(16)**, USCIS will provide you with an opportunity to address any adverse or derogatory information that may result from a USCIS compliance review, verification, or site visit after a formal decision is made on your case or after the agency has initiated an adverse action which may result in revocation or termination of an approval.

## USCIS Privacy Act Statement

**AUTHORITIES:** USCIS collects the information requested from a physician seeking to be designated by USCIS as a Civil Surgeon pursuant to Section 232 of the Immigration and Nationality Act, as amended and 8 CFR 232.2.

**PURPOSE:** The primary purpose for requesting the requested information is to determine whether you are eligible to be designated as a USCIS Civil Surgeon. USCIS will use the information you provide to determine your eligibility for designation as a Civil Surgeon. If USCIS does designate you as Civil Surgeon, USCIS will provide your contact information to USCIS applicants who are required to have an immigration-related medical examination completed by a USCIS-designated Civil Surgeon.

**DISCLOSURE:** Providing this information is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision in your case or result in denial of your request to be designated as a Civil Surgeon.

**ROUTINE USES:** USCIS may share the information you provide to USCIS with other federal, state, local, and foreign government agencies and authorized individuals or organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records and DHS-USCIS-007 - Benefits Information System] which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). USCIS may also make the information available, as appropriate for law enforcement purposes or in the interest of national security.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 2 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, attaching necessary documentation, and submitting the application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0114. **Do not mail your completed Form I-910 to this address.**

## Is Your Application Complete?

Ensure that you have completed the following actions before you file Form I-910 with USCIS.

- Did you fill out the application properly, leaving spaces blank on any questions that did not apply to you?
- Did you provide an original, handwritten signature and date your application?
  - If you had someone else prepare the application on your behalf, did that person complete **Part 8.**, and sign and date the application?
  - If that person was an attorney, did the attorney submit For G-28 with the application?
- Did you include a check or money order according to the **What Is the Filing Fee** section of these Instructions?
- Did you attach the required documentation or evidence including proof of your immigration status in the United States, copies of current state medical licenses and medical degrees, and proof that you meet the professional experience requirement because you have practiced medicine as a physician (M.D. or D.O.) for at least four years?
- If you intend to perform immigration medical examinations in more than one location, did you provide details for each additional location in **Part 9. Additional Information**?