Disability Exceptions

ALL parts of this form, except the "APPLICANT ATTESTATION" and "INTERPRETER'S CERTIFICATION" must be certified by a licensed medical professional as provided in the instructions for Form N-648. Before certifying this form, the medical professional must conduct an in-person examination of the applicant. (See instructions for Form N-648 for additional information which is also located in the "FORMS" section at <u>www.uscis.gov</u>.)

Reminder About Eligibility Requirements

This form is intended for an applicant who seeks an exception to the English and/or civics requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. An applicant who with reasonable accommodations provided under the Rehabilitation Act of 1973 can satisfy the English and civics requirements does not need to submit this form. Reasonable accommodations include, but are not limited to, sign language interpreters, extended time for testing, and off-site testing.

Type or print clearly in black ink.

Completing and Certifying This Form

All questions or items must be answered fully and accurately. Responses should utilize common terminology, without abbreviations, that a person without medical training can understand. U.S. Citizenship and Immigration Services (USCIS) recommends that the certifying medical professional use the electronic Form N-648 located in the "FORMS" section <u>www.uscis.gov</u>. If the medical professional completes the form by hand, then responses must be legible and appear in black ink.

Part 1. APPLICANT INFORMATION			USCIS USE ONLY
I certify that I have examined:			This N-648 is:
Last Name First Name Mid	dle Name	IS A-Number	Sufficient Insufficient Continued/RFE
Address (Street Number and Name)	U.S.	Social Security Number	Reviewer
City Telephone Number E-Mail Address (if any)	State or Province Date of Birth	Zip Code or Postal Code Gender Male Female	Location & Date

Part 2. MEDICAL PROFESSIONAL INFORMATION

Type or print clearly in black ink. If you need more space to complete an answer, use a separate sheet of paper. Write the applicant's name and Alien Registration Number (A-Number), at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.

NOTE: Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form's content.

Last Name	First Name		Middle Name	
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number
License Number	Licensing State	E-Mail Address (i	f any)	
1. Currently licensed as a (<i>Check all that apply</i>).	: Dedical Doctor	Doctor of Oste	opathy 🗌 Clinical	Psychologist

2. Medical practice type:

Applicant's Name		USCIS A-Number
		A-
Part 3. INFORM	MATION ABOUT DISABILITY and/or IMPAIRMENT(S)	
Provide the clinics and/or civics requ Services (HHS).	al diagnosis of the applicant's disability and/or impairment, that form the nirements. If applicable, please provide the relevant medical code as accord This includes the Diagnostic and Statistical Manual of Mental Disorders For example, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 IC	ne basis for seeking an exception to the English epted by the Department of Health and Humar (DSM) and the International Classification of
	DRAF	Γ
	NOT EC	
	escription of the disability and/or impairment(s), for example, Intellectu tellectual disability, developmental delays, and other problems.	al Disability (Severe) is a genetic disorder that
		al Disability (Severe) is a genetic disorder that
		al Disability (Severe) is a genetic disorder that
causes lifelong int	tellectual disability, developmental delays, and other problems. $\frac{RODUC}{01/13/20}$	al Disability (Severe) is a genetic disorder that
Causes lifelong inf		<u>17</u>
causes lifelong inf	tellectual disability, developmental delays, and other problems. RODUCI 01/13/20 mined the applicant regarding the condition(s) listed in number 1. Location (if different from business address on Page 1; otherwise write "same	as business address")
causes lifelong int	tellectual disability, developmental delays, and other problems.	as business address")

Yes (If "Yes," indicate duration of treatment.)

Years _____ Months _____

No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

Applicant's Name	USCIS A-Number
	A-

Name of Regularly Treating Medical Professional and Address.

Last Name	First Name		Middle Name	
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number

Explanation

DRAFT
6. Has the applicant's disability and/or impairment(s) lasted, or do you expect it to last, 12 months or more?
 Yes (If "Yes, "continue to complete this form.) No (If "No," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.") 7. Is the applicant's disability and/or impairment(s) the result of the applicant's illegal use of drugs?
 Yes (If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.") No (If "No," continue to complete this form.) 8. What caused this applicant's medical disability and/or impairment(s) listed in number 1, if known?

Applicant's Name	USCIS A-Number
	A-
9. What clinical methods did you use to diagnose the applicant's medical disability and/or im	pairment(s) listed in number 1?
10. Clearly describe how the applicant's disability and/or impairment(s) affect his or her abilit understanding of English and/or civics.	ty to demonstrate knowledge and
- DD OD I OT	TANT
	17

11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)

The ability to:

Read English

Write English

Speak English

Answer questions regarding United States history and civics, even in a language the applicant understands.

Applicant's Name	USCIS A-Number
	A-
 12. Was an interpreter used during your examination of the applicant? Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.) No 	
Additional Comments (Optional)	
DRAFT	
NOT FO	R
MEDICAL PROFESSIONAL' S CERTIFICATION Complete the following if an interpreter was not used during your examination of the applicant between the second seco	
pertaining to the examination(s) that form the basis of this Form N-648 certification.	the applicant and medical professional
	Therefore, an interpreter was not used during
All medical professionals must complete the certification below.	
I certify that this applicant's identity has been verified through the following United States or Statidentity document:	te government-issued photographic
Permanent Resident Card State ID Number:	
Other Identification (State type and ID Number):	
I certify, under penalty of perjury under the laws of the United States of America, that the information of with it are all true and correct. I will furnish relevant medical records to USCIS, if requested to do so by I am aware that the knowing placement of false information on Form N-648 and related documents may including under Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the civil license suspension or revocation by the appropriate authorities.	y USCIS, based on the applicant's consent. y also subject me to criminal penalties
Licensed Medical Professional Signature	Date (mm/dd/yyyy)

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Applicant's I	Name
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INTERPRETER'S CERTIFICATION

An interpreter must complete, and certify, the section below if an interpreter translated communications between the applicant and medical professional on the day of the examination that formed the basis of this Form N-648 certification.

Interpreter Information

Last Name	First Name		Middle Name	
Address (Street Number and Name)		City	State or Province	Zip Code or Postal Code
Was a phone interpreter used? Yes (If yes, the interpreter is not required) No (If no, the interpreter is required to co				
Interpreter Certification I am fluent As the interpreter, I certify that I am fl I further certify that I have accurately and complet occurred on,	tely translated all			the applicant that
Interpreter Signature			Date (mm/dd/y	vvv)
				5557
				N
APPLICANT (PATI	ENT) ATTES	STATION/RELEASE OF	INFORMATION	N
I,	rvices all relevan glish language an information I pro N-648 and relate	, authorize	octor, doctor of osteopathy mation related to my m turalization. I certify ur l is true and correct. I a to civil penalties unde	y, or clinical psychologist) nedical status for the nder penalty of perjury, am aware that the r Title 8, U.S.C.