



# Instructions for Medical Certification for Disability Exceptions

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

USCIS  
Form N-648  
OMB No. 1615-0060  
Expires 05/31/2021

## What is the purpose of Form N-648?

In general, applicants for naturalization must demonstrate **that they understand** the English language, including the ability to read, write, and speak words in ordinary usage. They must also demonstrate knowledge and understanding of the fundamentals of the **history, principles, and form** of government of the United States. Together, these **are the** English and civics requirements for naturalization. This form is intended for applicants who seek 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.

## Who should submit Form N-648 and when?

**Applicants** for naturalization seeking an exception to the English and/or civics requirements for naturalization because of a physical or developmental disability or mental **impairment** must submit this form **when they file Form N-400 Application for Naturalization, with U.S. Citizenship and Immigration Services (USCIS).** USCIS generally only considers a Form N-648 that is concurrently submitted with a Form N-400 to be filed timely, but later-submitted or multiple Forms N-648 may be accepted in certain circumstances. **Applicants do not have** to fulfill the English **and/or** civics requirements if **they cannot do so** because of a physical or developmental disability or mental **impairment.** (See Immigration and Nationality Act (INA) section 312(b)(1)). **A certifying medical professional must complete this form within six months of submission of Form N-400 to USCIS.**

## Who should not submit this Form N-648?

**Applicants** who can satisfy the English and civics requirements for naturalization with reasonable accommodations provided under the Rehabilitation Act of 1973 **do 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. **Applicants** requesting an accommodation should indicate that on **Part 3** of their completed Form N-400. **However, if you are unable to complete the English and/or civics requirements even with an accommodation, you must file Form N-648.** Illiteracy alone is not a valid reason to seek an exception to the English and civics requirement by submitting this form.

## Who is authorized to certify Form N-648?

Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of **the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands**) **may** certify this form. While staff of the medical practice associated with the medical professional certifying the form may assist in **completing it**, the medical professional is responsible for the accuracy of the form's content.

## How to Complete This Form

All parts of Form N-648, **except Part 4. Interpreter's Certification and Part 5. Applicant's (Patient's) Attestation/Release of Information,** must be certified by a licensed medical professional. Before certifying Form N-648, the medical professional must have conducted an in-person examination of the applicant.

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The medical professional must answer all questions and items fully and accurately. USCIS will not accept an incomplete Form N-648. Responses should use common terminology, without abbreviations, that a person without medical training can understand. If completed in writing, all responses must be legible and written in black ink. USCIS recommends that the certifying medical professional use the electronic Form N-648 located in the “FORMS” section at [www.uscis.gov](http://www.uscis.gov).

Failure to provide all information requested on the form may result in USCIS determining that the form is insufficient. In addition to providing a detailed assessment of any of the applicant’s physical or developmental disabilities or mental impairments that may affect the applicant’s ability to successfully complete the English and/or civics requirements, a medical professional completing the form may attach supporting medical diagnostic reports or records. However, these attachments may not take the place of written responses to each question or item on Form N-648.

**Information the medical professional (you) should include in Part 3., Information about Disability and/or Impairment: Information Needed for Item Number 1.**

You should provide the clinical diagnosis of the applicant’s medical disability and/or impairment that forms the basis for seeking an exception to the English and/or civics requirements. If applicable, please provide the relevant medical code as accepted by the Department of Health and Human Services. This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).

For example, you could provide a diagnosis of DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-10-CM F72 Severe intellectual disabilities.

**Information Needed for Item Number 2.**

You should provide a basic description of the disabilities and/or impairment(s).

For example: “Severe intellectual disability is a genetic disorder that causes lifelong intellectual disability, developmental delays, and other problems.”

**Information Needed for Item Number 7.**

You should explain the extent of the disabilities and/or impairment(s) as it specifically relates to the applicant.

For example: “The applicant’s severe intellectual disability causes very limited communication skills. He requires family supervision even in simply daily routine activities.”

**Information Needed for Item Number 8.**

You should also include an explanation of how the disabilities and/or impairment(s) affects specific functions of the applicant’s life.

For example: “Severe intellectual disability prevents the applicant from obtaining employment. The applicant is also unable to drive a car. The applicant requires routine assistance in daily activities, such as preparing meals and maintaining hygiene.”

**Information Needed for Item Number 11.**

Please explain what caused the applicant’s medical disabilities and/or impairment(s).

For example: “Severe intellectual disability is usually caused by an error in cell division occurring *in utero*. The cause of such errors in cell division is currently unknown.”

**Information Needed for Item Number 12.**

Explain which clinical methods you used to diagnose the applicant’s medical disability and/or impairment.

For example: “The patient was diagnosed *in utero* through a Chorionic Villus Sampling (CVS). CVS is a test done during early pregnancy that can identify certain genetic disorders or chromosomal birth defects, such as ‘Severe intellectual disabilities.’ I confirmed this by reviewing medical records provided by the patient.”

**Information Needed for Item Number 13.**

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You must clearly establish a causal connection that explains how the applicant's disability and/or impairment(s) affects his or her ability to demonstrate a knowledge and understanding of English and/or civics.

**For example:** "The patient's condition is a global, lifelong impairment that severely affects cognition, language, and motor skills. Because of this impairment, his memory is deficient, he cannot learn new skills, and he is not capable of reasoning but only of performing simple daily activities. The patient's severe intellectual disability makes him incapable of learning a new language (even basic words) and demonstrating the required knowledge of U.S. history and government."

Information Needed for **Item Numbers 15. and 16.**

Provide the first and last dates you examined the applicant.

Information Needed for **Item Number 22.**

If you are not the medical professional who regularly treats the applicant, please explain in detail why that professional was unable or unwilling to complete this form.

## 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 Contact Center at **1-800-375-5283** and ask that we mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

**Signature.** Each form must be properly signed and submitted. For all signatures on this form, USCIS will not accept a stamped or typewritten name in place of a signature. A legal guardian may also sign for a mentally incompetent person. If the request is not signed or if the requisite signature on the request is not valid, USCIS may reject or deny the request. See 8 CFR 103.2(a)(7)(ii)(A).

**Validity of Signatures.** USCIS will consider a photocopied, faxed, or scanned copy of the original, handwritten signature valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.

**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 or petition. 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 after we receive them.**

**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, printed name, the signature date, and the translator's contact information.

### How To Fill Out Form N-648

1. Type or print legibly in black ink.

2. 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.
3. The medical professional must provide the completed form to the applicant.
4. **Part 4. Interpreter's Contact Information, Certification, and Signature.** If an interpreter was used during the medical examination, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the certification.

### Filing Fee

There is no filing fee for Form N-648.

### Address Change

An applicant who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. For information on filing a change of address, go to the USCIS website at [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange) or reach out to the USCIS Contact Center at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) for help. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

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

### Processing Information for the Applicant

**Initial Processing.** Once USCIS accepts your form, we will check it for completeness. Failure to provide all information requested on the form may result in USCIS determining that your Form N-648 is insufficient.

**Requests for More Information.** USCIS may request that you provide more information or evidence to support your form. We may also request that you provide the originals of any copies you submit. If we request 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 N-648 involves determining whether you established eligibility for an exception to the English and/or civics requirements for naturalization. USCIS will notify you of the decision in writing.

### USCIS Forms and Information

To ensure you are using the latest version of this form, 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 call the USCIS Contact Center at **1-800-375-5283** and ask that we mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

## Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form N-648, we will deny your Form N-648 and may deny any other immigration benefit. In addition, you will face severe penalties, including up to 10 years in prison, as provided by law and may be subject to criminal prosecution. You may also lose your medical license.

## DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected **under the Immigration and Nationality Act, 8 U.S.C. Section 1423 and 8 CFR Section 312.2.**

**PURPOSE:** The primary purpose for providing the requested information on this form is to determine **whether the applicant has** established eligibility for an exception to the English language and/or U.S. history and civic requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. **DHS uses** the information provided to grant or deny the exception sought.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security Number **(if applicable)**, and any requested evidence, may delay a final decision or result in the denial of **your request**.

**ROUTINE USES:** **DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this form and any additional requested evidence** with other **Federal, state, local, and foreign government agencies and authorized organizations.** **DHS follows approved routine uses described** in the associated published system of records notices **[DHS-USCIS-001 – Alien File, Index, and National File Tracking System and DHS-USCIS-007 - Benefits Information System]** and the published privacy impact assessments **[DHS/USCIS/PIA-015 Computer Linked Application Information Management System (CLAIMS 4) and DHS/USCIS/PIA-056 USCIS Electronic Immigration System]** which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). **DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.**

## 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 and 25 minutes** per response, including the time for reviewing instructions, **gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation,** and submitting the form. 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 Ave NW, Washington, DC 20529-2140. OMB No. 1615-0060. **Do not mail your completed Form N-648 to this address.**