



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	Form I-910		
Form Title:	Application for Civil Surgeon Designation		
Component:	U.S. Citizenship and Immigration Services (USCIS)	Office:	Field Operations Directorate

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Form I-910, <i>Application for Civil Surgeon Designation</i>		
OMB Control Number:	1615-0114	OMB Expiration Date:	May 31, 2020
Collection status:	Revision	Date of last PTA (if applicable):	August 28, 2019

PROJECT OR PROGRAM MANAGER

Name:	David P. Johnson		
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COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Melanie Frank
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Office:	OPS-PRA Compliance Branch	Title:	Management & Program Analyst
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SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*

If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

2020 Revision

USCIS is submitting this PTA update to document that Form I-910 will collect new information. Form I-910 will now collect the county of practice for the clinic/practice; the physician email address; confirmation as to whether the clinic’s physical address is the same as the clinic’s mailing address; the mailing address of the clinic if it is not the same as the physical address; the name of the school and graduation date of the civil surgeon; confirmation of whether the medical license is in good standing; and information about the interpreter.

USCIS is also deleting some questions from the form. Because the I-910 is solely processed by the National Benefits Center, USCIS will remove the section indicating what office granted the civil surgeon designation. USCIS will also remove the following section from the form:

Part 2, Additional Office Information, questions 8-14:

- 8. Fees for Medical Examination
- 9. Acceptable Means of Payment
- 10. Accepted Medical Insurance Plans
- 12. Office Hours
- 13. Handicap Accessibility
- 14. Other

This section was deleted because it contained numerous questions that were not necessary for adjudication of the Form I-910.

Form I-910, Application for Civil Surgeon Designation



Section 212(a)(1)(A) of the Immigration and Nationality Act (Act) renders individuals inadmissible if the individual is afflicted with the statutorily mentioned diseases or medical conditions (these diseases and conditions include communicable diseases of public health significance, failure to meet vaccination requirements, mental or physical disorders with associated harmful behavior, or drug abuse or addiction). In order to establish that the individual is admissible when seeking adjustment of status to a lawful permanent resident (and in certain cases other aliens seeking an immigration benefit), the individual must submit Form I-693, Report of Medical Examination and Vaccination Record, that is completed by a civil surgeon, a USCIS-designated physician.

The statutory basis for the designation of civil surgeons and the medical examination of aliens is contained in section 232 of the INA and 8 CFR 232.2. To be selected as a civil surgeon, the physician has to demonstrate that he or she is a licensed physician with no less than 4 years of professional experience. The National Benefits Center (NBC) currently adjudicates all requests for civil surgeon designation, which are filed on Form I-910, Application for Civil Surgeon Designation. Since March 11, 2014, adjudication of Form I-910 has been centralized at NBC.

Relevant IT System

Form I-910 is processed and stored in the National Benefits Center Processing Workflow Repository (NPWR).

- b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

The authority to collect information in this form is set forth in Section 232 of the INA and 8 CFR 232.2.

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information" (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	<input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.
<p>c. Who will complete and submit this form? (<i>Check all that apply.</i>)</p>	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input checked="" type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> Click here to enter text.
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i> https://www.uscis.gov/i-910
<p>e. What information will DHS collect on the form? <i>List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<p>To apply for civil surgeon designation, USCIS requires a civil surgeon to submit the following information:</p> <ul style="list-style-type: none"> • A properly completed and signed Form I-910, with the required fee; • A copy of a current medical license (for each state in which the physician seeks to complete immigration medical examinations); • A copy of each of the physician’s medical degrees, either as a Doctor of Medicine (M.D.) or as a Doctor of Osteopathy (D.O.); • Proof of four years of professional experience, excluding any time spent in post-medical school training. Evidence of professional experience includes, but is not limited to, evaluations, certificates of completion, business tax returns or business licenses (for self-employed physicians), or letters of employment verification; and 	



- Proof of U.S. citizenship, lawful permanent resident (LPR) status, or proof of nonimmigrant status and employment authorization in the United States.

The Form I-910 collects the following required data about the applicant:

- Information about Civil Surgeon Designation (Civil Surgeon Identification Number), period of designation, if USCIS has revoked designation, date of revocation, if applicant has voluntarily terminated designation, date of termination
- First, middle and last name
- Other names used
- Date of birth
- Gender
- USCIS Online Account Number (if any)
- Alien Number
- Medical school and degree information (name of school, dates of attendance, graduation date, degree)
- Medical license information (State or US territory, medical license number, date of issue, date of expiration, if medical license is in good standing)
- Immigration status in the United States (date of last arrival in the US, Form I-94 number, passport number, country of issuance, expiration date for passport, current nonimmigrant status, confirmation of possession of Employment Authorization Document (EAD) and a copy of the EAD)
- Proof of four years of professional experience, including the names and contact information of the physician's employers

The Form I-910 collects the following required data about the Clinical Office:

- Name of Clinic/Practice
- Mailing address
- Physical address
- County of practice
- Telephone number
- Fax number
- Email address

The Form I-910 also collects the following optional data about the physician's medical practice where he or she intends to perform medical examinations:

- Email address
- Website address
- Languages spoken

Information collected about the interpreter includes:

- Full name
- Organization
- Mailing address
- Daytime telephone number



- Mobile telephone number
- Email address
- Interpreter’s certification
- Signature of the interpreter

Information collected about the form preparer includes:

- Full name
- Organization
- Mailing address
- Preparer’s Certification
- Attorney State Bar Number
- Attorney or Accredited Representative USCIS Online Account Number
- Signature of the form preparer

This information will be included in the Civil Surgeon Locator (now Find a Doctor) to assist applicants in searching for a civil surgeon.

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.*

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Social Security number | <input type="checkbox"/> DHS Electronic Data Interchange |
| <input checked="" type="checkbox"/> Alien Number (A-Number) | Personal Identifier (EDIPI) |
| <input type="checkbox"/> Tax Identification Number | <input type="checkbox"/> Social Media Handle/ID |
| <input type="checkbox"/> Visa Number | <input type="checkbox"/> Known Traveler Number |
| <input checked="" type="checkbox"/> Passport Number | <input type="checkbox"/> Trusted Traveler Number (Global |
| <input type="checkbox"/> Bank Account, Credit Card, or other | Entry, Pre-Check, etc.) |
| financial account number | <input type="checkbox"/> Driver’s License Number |
| <input checked="" type="checkbox"/> Other. <i>Please list:</i> USCIS Online | <input type="checkbox"/> Biometrics |
| Account Number | |

g. List the **specific authority** to collect SSN or these other SPII elements.

Section 232 of the INA and 8 CFR 232.2 allows USCIS to collect SPII in order to adjudicate the Form I-910.

h. How will this information be used? What is the purpose of the collection? Describe **why** this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.

This data collection is necessary to determine whether a physician meets the statutory and regulatory requirements for civil surgeon designation. All documents are reviewed to determine whether the physician has a currently valid medical license or and whether the physician has had any action taken against him or her by the medical licensing authority of the state.



<p>i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party?</i>)?</p>	<p><input checked="" type="checkbox"/> Yes. Please describe how notice is provided. Yes, a payment acceptance or rejection notice is provided by the Lockbox as well as an acknowledgment of receipt notice from NBC is provided. Furthermore, USCIS provides a Privacy Notice to the individual on the form instructions prior to collecting any information.</p> <p><input type="checkbox"/> No.</p>
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3. How will DHS store the IC/form responses?	
<p>a. How will DHS store the original, completed IC/forms?</p>	<p><input checked="" type="checkbox"/> Paper. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Click here to enter text.</p> <p><input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Scanned forms are stored in the National Benefits Center Processing Workflow Repository (NPWR).</p>
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<p><input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. Data input by contractors and signature page is scanned in.</p> <p><input type="checkbox"/> Automatically. Please describe. Click here to enter text.</p>
<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input checked="" type="checkbox"/> By a unique identifier.² Please describe. If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Receipt numbers are generated with a "CSD" prefix and uploaded into RAILS, and a unique CS Identification Number (CSID) is generated for each civil surgeon applicant.</p>

² Generally, a unique identifier is considered any type of "personally identifiable information," meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	<input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> Click here to enter text.
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	Paper files are stored for 35 years at Harrisonburg (HBG) in accordance with DAA-0566-2014-0001.
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	Harrisonburg personnel are responsible for ensuring the records are disposed of once the 35 year records retention schedule has been met.
f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i>	
<input checked="" type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. USCIS does not routinely share information with other DHS components to designate physicians as civil surgeons. However, in the event USCIS suspects a physician of fraud, USCIS will forward the case to ICE for potential criminal investigation.	
<input checked="" type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. USCIS does not routinely share information with external components. However, USCIS may share this information with the Department of Health and Human Services (HHS) during the course of the civil surgeon application process as required by law and pursuant to Routine Use Q in the DHS/USCIS-007 Benefits Information System SORN.	
<input type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	





**Homeland
Security**

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy

Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Amanda Hoffmaster
Date submitted to component Privacy Office:	January 14, 2020
Date submitted to DHS Privacy Office:	January 16, 2020
Have you approved a Privacy Act Statement for this form? <i>(Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.)</i>	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. We are updating the Privacy Notice to include the myUSCIS PIA. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
The USCIS Office of Privacy recommendation is to designate Form I-910 as a privacy sensitive form with coverage under the following:	
<u>PIA</u> <ul style="list-style-type: none"> DHS/USCIS/PIA-067 Civil Surgeon Designation, which covers the information collected through the Form I-910, used, and maintained by the respective IT systems. DHS/USCIS/PIA-064 myUSCIS, which covers the Find a Civil Surgeon locator. 	
<u>SORN</u> <ul style="list-style-type: none"> DHS/USCIS-007 Benefits Information System SORN, which USCIS updated to cover the collection, use, and maintenance of civil surgeon data 	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Jamie Huang
PRIVCATS Workflow Number:	0010470
Date approved by DHS Privacy Office:	January 22, 2020
PTA Expiration Date	January 22, 2023

DESIGNATION

Privacy Sensitive IC or Form:	Yes If "no" PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	New e(3) statement is required. OCC is currently reviewing the Privacy Notice
PTA:	Choose an item. Click here to enter text.
PIA:	System covered by existing PIA If covered by existing PIA, please list:



	<ul style="list-style-type: none"> • DHS/USCIS/PIA-064 myUSCIS • DHS/USCIS/PIA-067 Civil Surgeon Designation <p>If a PIA update is required, please list: Click here to enter text.</p>
SORN:	<p>System covered by existing SORN</p> <p>If covered by existing SORN, please list:</p> <ul style="list-style-type: none"> • DHS/USCIS-007 - Benefits Information System October 19, 2016 81 FR 72069 <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>DHS Privacy Office Comments:</p> <p><i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>USCIS is submitting this PTA update to document that Form I-910 will collect new information. Form I-910 will now collect the county of practice for the clinic/practice; the physician email address; confirmation as to whether the clinic’s physical address is the same as the clinic’s mailing address; the mailing address of the clinic if it is not the same as the physical address; the name of the school and graduation date of the civil surgeon; confirmation of whether the medical license is in good standing; and information about the interpreter. USCIS is also deleting some questions from the form. Because the I-910 is solely processed by the National Benefits Center, USCIS will remove the section indicating what office granted the civil surgeon designation.</p> <p>The DHS Privacy Office agrees with USCIS Office of Privacy’s recommendation to designate Form I-910 as a privacy sensitive form with coverage under the following PIAs and SORNs:</p> <p><u>PIA</u></p> <ul style="list-style-type: none"> • DHS/USCIS/PIA-067 Civil Surgeon Designation, covers the information collected through the Form I-910, used, and maintained by the respective IT systems. Specifically, physician’s information for the purpose of accrediting the physician as a civil surgeon. • DHS/USCIS/PIA-064 myUSCIS, covers the “Find a Civil Surgeon” locator tool. <p><u>SORN</u></p> <ul style="list-style-type: none"> • DHS/USCIS-007 Benefits Information System SORN, covers the collection, use, and maintenance of civil surgeon data <p>OCC is currently reviewing the Privacy Notice and PRIV requests a copy of the PN once it has been finalized.</p>	