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
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What is the Purpose of Form N-648?

This form is completed and certified by authorized medical professionals (medical doctors, doctors of osteopathy, or clinical psychologists) on behalf of applicants who are requesting an exception from the English and/or civics requirements for naturalization because of a permanent physical or developmental disability or mental impairment. Applicants who submit a Form N-648 that U.S. Citizenship and Immigration Services (USCIS) finds sufficient do not have to fulfill the English **and** civics requirements.

For additional information on Medical Disability Exception (Form N-648), see Policy Manual Volume 12, Citizenship and Naturalization, Part E, English and Civics Testing and Exceptions (available at **uscis.gov/policy-manual/volume-12-part-e**).

What is a Disability or Impairment(s) for Exception

An applicant is eligible for this exception if he or she establishes a permanent medical condition. A permanent medical condition means medically determinable physical or developmental disability, or mental impairment (or a combination of impairments). The disability or impairment must result from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. Permanent refers to a case in which no substantial medical recovery is reasonably expected even with continued medical treatment or rehabilitation. The disability or impairment must result in functioning so impaired that the applicant is unable to demonstrate the required educational requirements for naturalization.

NOTE: The definition of disability or impairment(s) used for this exception may be different from the definition used for other purposes (for example, for Social Security Administration programs, Department of Veterans Affairs programs, and state worker's compensation programs). If responses on Form N-648 do not address how the applicant's disability or impairment prevents the applicant from demonstrating the knowledge of English and civics, USCIS will find the form insufficient and will request that the applicant submit a supplemental Form N-648 with the required information.

Who Should Submit Form N-648?

This form must be submitted by applicants for naturalization who seek an exception to the English and/or civics requirements for naturalization because of a physical or developmental disability or mental impairment.

When Should Applicants Submit Form N-648?

Applicants must submit Form N-648 at the same time they file Form N-400, Application for Naturalization, with USCIS.

1. **Online Filing**. If applicants complete and file Form N-400 electronically through the USCIS online filing system, upload a scanned copy of the certified Form N-648 as a PDF attachment within the online application portal.
2. **Paper Filing**. If applicants prepare and file a physical copy of Form N-400, include the certified Form N-648 as a physical attachment to the Form N-400 application package.

USCIS may not consider a Form N-648 if the certifying medical professional completed this form more than 180 days before filing Form N-400.

Who Should Not Submit 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 examination. Applicants may request a disability accommodation online at **uscis.gov/accommodations** or by calling the USCIS Contact Center at **800-375-283** (TTY **800-767-1833**). However, if the applicant is unable to complete the English and/or civics requirements even with an accommodation, he or she must submit Form N-648 to request an exception from these requirements. Illiteracy, advanced age alone, or conditions caused by illegal drug use are not valid reasons to seek an exception from the English and/or civics requirements. For additional information, go to **uscis.gov/about-us/disability-accommodations-for-the-public**.

Who May Certify This Form

This form must be completed and certified by an authorized medical professional who is registered with USCIS. See Form N-640, **Application to Register as a Medical Professional Authorized to Certify Form N-648.** Any Form N-648 submitted by an unauthorized medical professional will not be found sufficient.

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 **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. USCIS will not accept a stamped or typewritten name in place of a signature. A legal guardian, surrogate or designated representative, may also sign for an applicant who has been deemed legally incompetent. If the form is not signed or if the requisite signature on the request is not valid, USCIS may reject the request. See 8 CFR 103.2(a)(7)(ii)(A). If USCIS accepts a request for adjudication and determines that it has a deficient signature, USCIS may reject or deny the request.

Validity of Signatures. A photocopied, faxed, or scanned copy of the original or a handwritten signature is valid for purposes of this form. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.

Filing Fee. See Form G-1055, available at **uscis.gov/forms**, for specific information about the fees applicable to this form.

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 USCIS 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 they are 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 Complete This Form

The certifying medical professional must have conducted an examination of the applicant in person before certifying Form N-648. USCIS does not accept a Form N-648 that is certified by a medical professional who completed the medical examination through telehealth.

Parts 1. - 3. and **Part 6.** must be completed by a licensed medical professional. The certifying medical professional must also complete certain portions of **Part 4. Interpreter Information and Certification** depending on whether an interpreter was used or not. Throughout these instructions, "you" or "your" refers to the medical professional certifying the form. When providing information about other parties, such as the applicant (patient) or interpreter, they will be referred to by their specific role or title.

If an in-person interpreter is used, the interpreter must complete relevant portions of **Part 4. Interpreter Information and Certification**.

The applicant for naturalization must complete **Part 5. Applicant's (Patient's) Attestation/Release of Information**.

The certifying medical professional must answer all questions and items fully and accurately. Failure to provide all information requested on the form may result in USCIS determining that the form is insufficient. USCIS will not accept an incomplete Form N-648. If handwritten, all responses must be legible and written in black ink. USCIS recommends that the certifying medical professional use the electronic PDF Form N-648 located in the "FORMS" section at **uscis.gov/n-648**. The certifying medical professional must provide the completed form to the applicant for submission to USCIS.

In addition to providing a detailed assessment of the applicant's physical or developmental disabilities or mental impairments that affect the applicant's ability to successfully complete the English and/or civics requirements, you may attach supporting medical diagnostic reports or records. However, these attachments cannot replace the written responses required for each question or item on Form N-648.

Specific Instructions by Item Number

This form is divided into 8 parts.

Part 1. Applicant Information

Item Number 1. Enter the applicant's (patient's) current legal name (do not provide a nickname). The current legal name is the name on applicant's birth certificate unless it changed after birth by a marriage, divorce, or court order.

Item Number 2. Provide the Applicant's Alien Registration Number (A-Number) (if any). The A-Number is an immigration file number provided by U.S. immigration officials. We use your A-Number to identify your immigration records. It is a 7 to 9-digit number that begins with an "A" and can be found on correspondence or cards you have received from the Department of Homeland Security (DHS), USCIS, or on immigration court records (for example, Form I-797, Receipt Notice; an Employment Authorization Document; a Permanent Resident Card). If you do not have an A-Number, USCIS may assign one to you.

Item Number 3. Enter the applicant's date of birth. Use eight numbers to show the date of birth in the "mm/dd/yyyy" format.

Item Number 4. Select the applicant's sex, as provided on his or her birth certificate issued at the time of birth or issued closest to the time of birth or in secondary evidence he or she provides, if applicable.

Item Number 5. Enter the applicant's physical address (where the applicant currently resides).

Item Numbers 6. - 7. Provide the applicant's telephone number and email address (if any).

Part 2. Certifying Medical Professional Information

Item Number 1. Enter the certifying medical professional's (your) name.

Item Number 2. Enter Your business address (where you currently conduct business).

Item Numbers 3 - 4. Provide your license number and licensing state.

Item Numbers 5 - 6. Provide your business telephone number and email address (if any).

Item Number 7. Select whether you are currently licensed as a medical doctor, doctor of osteopathy, or a clinical psychologist. Select more than one option if it applies.

Item Number 8. Enter your type of medical practice. "Medical Professional Areas of Practice or Specialty" refers to the specific type of medical specialty or professional area of practice of the licensed medical professional who is certifying Form N-648. Typical medical practice types may be, but are not limited to: Psychiatry, Neurology, Family Medicine, Internal Medicine, Primary Care, and Specialized Disability Medicine.

You should enter the specialty that best reflects your main area of medical practice and expertise that are most relevant to your qualifications for evaluating the applicant's specific physical or developmental disability, or mental impairment.

Part 3. Information About Disability or Impairments

Item Numbers 1.a. - 1.i. Provide the required information about the primary disability or impairment that prevents the applicant from meeting the English and/or civics requirements for naturalization. If this disability or impairment alone (not in combination with other disabilities or impairments) qualifies the applicant for the exemption, do not list any additional disabilities or impairments in **Part 8. Additional Disability Information**, even if the applicant has other medical conditions. Only use **Part 8.** to document additional disabilities or impairments if a combination of multiple conditions is necessary to qualify the applicant for the exemption.

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.

Item Number 1.b. Provide the relevant medical code of the clinical diagnosis, as accepted by the U.S. Department of Health and Human Services (HHS). This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).

Item Number 1.c. Provide the date the disability began. If this is not known, type or print "Unknown."

Item Number 1.d. Provide the date the applicant was diagnosed with the relevant disability or impairment.

Item Numbers 1.e. - 1.f. Provide the first and last dates you examined the applicant.

Item Numbers 1.g. - 1.h. Provide the location where you first and last examined the applicant. If the address is the same as the business address provided in **Part 2.**, enter "Same as business address."

Item Numbers 1.i. Provide a basic description of the applicant's medical disability or impairment that forms the basis for seeking an exception to the English and/or civics requirements. If you need more space to describe the disability or impairment, use the space provided in **Part 8. Additional Information**.

Responses should use clear and common terminology, without abbreviations, that a person without medical training can understand. For example: "Intellectual Disability (Profound) is a global, lifelong impairment that profoundly affects cognition, language, and motor skills."

In **Item Number 2.**, indicate whether the applicant's disability or impairment has already lasted at least 12 months.

- If you answer "Yes," skip **Item Numbers 3.a.**, **3.b.**, **3.c.**, and answer **Item Number 4.a.**
- If you answered "No" for this disability or impairment and all other potential disabilities or impairments, go to **Item Number 3.a.** to answer whether the disability or impairment will last at least 12 months.

In **Item Number 3.a.**, indicate whether the applicant's disability or impairment is expected to last 12 months or more from the date it began.

- If you answer "Yes" answer **Item Number 3.b.**
- If you answer "No" do not complete this form because the applicant does not qualify for the exception at this time.

In **Item Number 3.b.**, provide your professional opinion after you have evaluated the applicant on whether his or her disability or impairment is likely to improve within the next 12 months to the extent that he or she will be able to satisfy the English and civics requirements for naturalization.

- If you answered "Yes" for this disability and all other potential disabilities, do not complete this form because the applicant is not eligible for the exception at this time. This means that in your professional judgement, the applicant's medical condition is temporary, and he or she will likely regain the ability to learn and demonstrate the required knowledge within remaining time needed to reach the total duration of at least 12 months.
- If you answered "No," proceed to **Item Number 3.c.**

In **Item Number 3.c.**, explain why the disability or impairment is not expected to improve in required period.

Item Number 4.a. Regulations (8 CFR sections 312.1 and 312.2) provide that the applicant's disability or impairment (or a combination of disabilities or impairments) **must not** be a direct result of illegal use of drugs. You must answer whether the disability or impairment is the result of the applicant's illegal use of drugs.

- If the applicant's disability or impairment is the result of the applicant's illegal use of drugs, do not complete this form because the applicant is not eligible for this exception.
- If you answered "No," explain in **Item Number 4.b.** what caused the applicant's medical disability or impairment, if known. For example: "Profound 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." If the cause is unknown, type or print "Unknown."

In **Item Number 5.**, explain which clinical methods or laboratory diagnostic techniques you used to diagnose each of the applicant's disability or impairments.

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 which can result in brain malfunctions and severe intellectual disability."

In **Item Number 6.a.**, answer whether you prescribed treatment or therapy to the applicant for the disability or impairment that could help him or her learn and demonstrate the English and/or civics requirements for naturalization.

- If you answered "No," explain in **Item Number 6.b.** why you have not prescribed such treatment or therapy.

In **Item Number 7.**, you should explain how severe the applicant's disability or impairment is. For example: "The applicant's intellectual disability is profound and causes very limited communication skills. He requires family supervision even in simply daily routine activities."

In this item, you should also explain how the disability or impairment affects specific functions of the applicant, including the applicant's daily life. For example: "Profound 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."

Item Number 8.a. asks if you are the medical professional who regularly treats the applicant for the disability or impairment. A regularly treating medical professional is a medical professional who provides ongoing care for the applicant.

- If you answered "Yes," indicate in **Item Numbers 8.b. - 8.c.** the duration and frequency of treatment for the disability or impairment.
- If you answered "No," complete **Item Numbers 9.a. - 9.c.**, by providing the name of the medical professional who regularly treats the applicant, the business address, and phone number of the applicant's regularly treating medical professional. Also, explain in detail why the regularly treating medical professional was unable or unwilling to complete this form, and why you are completing it instead

Item Number 10. After providing all the required information about the disability or impairment in **Item Numbers 1.a. - 9.c.**, answer whether this disability or impairment alone is sufficient to render the applicant unable to meet the English and civics requirements for naturalization

- If you answered "Yes," do not provide any additional disabilities or impairments even if the applicant has other medical conditions. Instead go to **Item Number 11.** (see below).
- If you answered "No," provide in **Part 8. Additional Disability Information**, any additional disabilities or impairments only if such additional disability or impairment alone or in combination with multiple conditions is necessary to qualify the applicant for the exemption. If the applicant has no other disability or impairment that alone or in combination with multiple medical conditions, the applicant is not eligible for this exception at this time.

Item Number 11. You must clearly, in as much detail as possible, establish a causal connection (also referred to as "nexus") that explains how the disability or impairment prevents the applicant from learning and demonstrating the knowledge and understanding of English and/or civics.

Responses should use clear and common terminology, without abbreviations, that a person without medical training can understand. For example: "Because of [name of impairment], the patient is not capable of reasoning, his (her) memory is deficient, and therefore cannot learn new skills. The patient is only able to perform simple daily activities. The patient's severe intellectual disability makes it impossible to learn a new language (even basic words) or new facts and therefore the patient cannot demonstrate the required English language and knowledge of U.S. history and government."

Item Number 12. Select the box for each skill or ability, (read, write, speak English, or answer questions regarding United States history and civics) that the applicant **is unable to** learn and demonstrate due to his or her disability or impairment (or combination thereof). Do not check the box for the skill that the applicant is able to demonstrate.

Part 4. Interpreter Information and Certification

If in-person interpretation services were used during the medical examination(s), the interpreter must fill out this section, except **Item Numbers 1.a., 2.,** and **7.**, then sign and date the certification. If telephonic or video-facilitated interpretation services were used during the medical examination, you must complete all items in this section, except **Item Number 6.**

Part 5. Applicant's (Patient's) Attestation/Release of Information

This part requires the applicant (patient) to formally authorize the release of medical information and certify the accuracy of the statements made in the form. The applicant must read and understand all five statements carefully to acknowledge legal consequences of providing false information or incomplete documentation. Then the applicant must sign and date in the appropriate fields at the bottom of the section.

If the applicant cannot sign due to physical or developmental disability or mental impairment then the applicant's legal guardian, surrogate, or a designated representative (U.S. citizen relative) can sign on his or her behalf.

Part 6. Medical Professional's Certification

In this part, you must verify the applicant's identity through a government-issued ID document. Then, you must certify that you have examined the applicant in person, that you will furnish USCIS with relevant medical records if required, and that you will comply with USCIS's requests for cooperation. Then you must sign and date in the appropriate fields.

Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space provided in **Part 7. Additional Information**. If you need more space than what is provided in **Part 7.**, you may make copies of **Part 7.** to complete and file with your form, or attach a separate sheet of paper. Type or print your name and A-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.

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 **uscis.gov/addresschange** or reach out to the USCIS Contact Center at **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, it will be checked 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. USCIS may also request that you provide the originals of any copies you submit. If USCIS requests an original document from you, USCIS will return it to you after we determine we no longer need your original.

Decision. The decision on Form N-648 involves determining whether you have 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 **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 USCIS 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**.

Please visit us at **uscis.gov/contactcenter** to get basic information about immigration services and ask questions about a pending case. Through our digital self-help tools and live assistance, the USCIS Contact Center provides a pathway for you to get consistent, accurate information and answers to immigration case questions.

Penalties

Pursuant to its authority under INA sections 103(a), 235(d)(3) and 287(b), 8 U.S.C. 1103(a), 1225(d)(3) and 1357(b), sections 402 and 451(a)(3) of the HSA, 6 U.S.C. 202, and 271(a)(3), and 8 CFR 2.1, USCIS conducts inspections, evaluations, verifications, and compliance reviews, to ensure that applicants are eligible for the benefit sought and that all laws have been complied with before and after approval of such benefits. These inspections, verifications, and other compliance reviews may be conducted telephonically or electronically, as well as through physical on-site inspections (site visits). Pursuant to INA section 287 and 8 CFR part 287, and 8 CFR part 335, USCIS may also subpoena the information as part of the investigation.

Failure by you (the applicant) to participate in a Fraud Detection and National Security (FDNS) site visit, telephonic inquiry, or electronic inquiry related to a Form N-648 review, may result in the determination that you are not eligible for the benefit sought. Additionally, if you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form N-648 or other documentation related to your application for naturalization, we may deny your N-648, your application for naturalization, or any other immigration benefit. You may also face severe penalties, including up to 10 years in prison, as provided by law and you may be subject to criminal prosecution.

Failure by you (the medical professional) to participate in an FDNS site visit, telephonic inquiry, or electronic inquiry related to a Form N-648 review, may result in the determination that an applicant is not eligible for the benefit sought. In addition, you (the medical professional) attest, by signing Form N-648, that you have answered all the questions in a complete and truthful manner, that you and the applicant agreed to the release of all medical records relating to the applicant that may be requested by USCIS and that you (the medical professional) attest that any knowingly false or misleading statements may subject you (the medical professional) to the penalties for perjury pursuant to 18 U.S.C. section 1546 and 8 U.S.C. section 1746 and to civil penalties under INA section 274C. If you (the medical professional) knowingly and willfully falsify or conceal a material fact or submit a false document with Form N-648, you will face severe penalties, as provided by law, and you may be subject to criminal prosecution. As a result of such actions, and depending on the jurisdiction(s) in which you are licensed to practice your profession, you may also lose your professional 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 sections 312.1 and 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 civics 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 **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 3.4 hours per response for the medical professional and 8 hours per response for the applicant, including the time for reviewing instructions, gathering the required documentation and information, completing the form, preparing statements, attaching necessary documentation, travel, appointments, 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0060. **Do not mail your completed Form N-648 to this address.**