TABLE OF CHANGES – FORM
Form N-648, Medical Certification for Disability Exceptions
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- Black font = Current text
- Red font = Changes

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Current Page Number and Section	Current Text	Proposed Text
Page 1, Start Here	**[Page 1]** **START HERE - Type or print in black ink.** **Please read the instructions before examining the applicant and filling out this form.** 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. These are called the "English and civics requirements." This form is used for applicants to seek an exception to the English and civics requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more. Applicants seeking such an exception should submit this form as an attachment to the Form N-400, Application for Naturalization. Please note: • Only medical doctors, doctors of osteopathy, or clinical psychologists can certify the form. • Additionally, they must be licensed to practice in the United States (including the U.S. territories of the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico,	**[Page 1]** **START HERE - Type or print in black ink.** **Please read the instructions before examining the applicant and filling out this form.** 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. These are called the "English and civics requirements." However, the law provides an exception to these requirements if applicants are unable to satisfy them due to a physical or developmental disability or mental impairment. Applicants seeking such an exception should submit this form as an attachment to the Form N-400, Application for Naturalization. Please note: • Only medical doctors, doctors of osteopathy, or clinical psychologists (hereafter referred to as "you") can certify the form. • You must be licensed to practice in the United States (including the U.S. territories of the Commonwealth of the Northern Mariana Islands, Guam,

	and the Virgin Islands) to certify the form. • While staff of the medical practice associated with the certifying medical professional certifying the form may assist in its completion, the certifying medical professional is responsible for the accuracy of the form's content and therefore must sign it. [new] Answer all the questions regarding medical information, using common terminology that a person without medical training can understand, with no abbreviations. Failure to fully and accurately complete this form, including all applicable signatures, may result in the form being found insufficient.	Puerto Rico, and the Virgin Islands) to certify the form. • While staff members may help fill out the form, you are responsible for evaluating and diagnosing the applicant, ensuring all information is accurate and must personally sign the form. • The applicant is not eligible for the exception to the English and civics requirements if his or her disability or impairment has not lasted or is not expected to last at least 12 months. • The applicant is not eligible for the exception to the English and civics requirements if his or her disability or impairment is a direct result of illegal use of drugs. • Illiteracy, age, or any other non-medical conditions are insufficient to obtain an exception. • You must attest that the applicant is **unable** to meet the English or civics requirements. Difficulty or lack of time to learn English or civics is insufficient to obtain an exception. • You must examine the applicant in person. • If necessary, communication with the applicant may be conducted through an interpreter by telephone or tele-video. • Answer all the questions regarding medical information, using common terminology that a person without medical training can understand, with no abbreviations. Failure to fully and accurately complete this form, including all applicable signatures, may result in the form being found insufficient.
Pages 1-2, Part 1. Applicant Information	**[Page 1]** **Part 1. Applicant Information** **…** **3.** Date of Birth (mm/dd/yyyy) [new]	**[Page 1]** **Part 1. Applicant Information** … **3.** Date of Birth (mm/dd/yyyy) **4.** Sex Male Female **[Page 2]** **5.** Applicant's Current Physical Address In Care of Name (if any)

		Street Number and Name Apt./Ste./Flr./Number City or Town State ZIP Code Province Postal Code Country **6.** Applicant's Telephone Number **7.** Applicant's Email Address (if any)
Pages 2-3, Part 2. Certifying Medical Professional Information	**[Page 1]** **Part 2. Certifying Medical Professional Information** **…** **8.** Medical Practice type: [fillable field] **9.** Did you use an interpreter: [ ] Yes [ ] No **10.** If No, I did not use an interpreter because: [ ] I am fluent in English and [fillable field], the language spoken by this applicant. [ ] This applicant speaks English.	**[Page 2]** **Part 2. Certifying Medical Professional Information** **…** **8.** Medical Professional Areas of Practice or Specialty: [fillable field] [deleted]
Pages 2-3, Part 3. Information About Disabilities and/or Impairments	**[Page 2]** **Part 3. Information About Disabilities and/or Impairments** **1.** Provide the clinical diagnosis and medical code for **all** physical or developmental disabilities and/or mental impairments that affect the applicant's ability to meet the English and/or civics requirements. Also, clearly describe how each disability and/or impairment prevents the applicant from learning English and/or civics. Responses should use common terminology, without abbreviations, that a person without medical training can understand. Refer to page 2 of the Instructions for an example. Please provide the relevant medical code 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). For example, "DSM-V 318.1 Intellectual Disability (Severe)" or "2022 ICD-10-CM F72 Severe intellectual disabilities." [new]	**[Page 3]** **Part 3. Information About Disability or Impairment** Provide the clinical diagnosis and all other required information for the physical or developmental disability or mental impairment that prevents the applicant from meeting the English and/or civics requirements. Responses should use common terminology, without abbreviations, that a person without medical training can understand. If a date is unknown, leave the answer blank. Diagnosis of Disability or Impairment

		Provide only one disability or impairment in this part. If the applicant has another disability or impairment, use the space provided in **Part 8. Additional Diagnosis Information**. If you need extra space to provide additional information for any of the following questions, use the space provided in **Part 7. Additional Information**. **1.a.** Diagnosis: [Text field] **1.b.** Medical Code: [Free Text] **1.c.** Date Disability Began (If Known) (mm/yyyy) **1.d.** Date of Diagnosis (mm/yyyy) **1.e.** Date of First Examination (mm/dd/yyyy) **1.f.** Date of Last Examination (mm/dd/yyyy) **1.g.** Location of First Examination: [Free Text] **1.h.** Location of Last Examination: [Free Text] **1.i.** Description of Disability/Impairment: [Fillable box with lines] **2.** Has the applicant's disability or impairment already lasted at least 12 months? [ ] Yes (**Skip** to **Item Number 4.a.**) [ ] No (Go to **Item Number 3.a.**) **3.a.** Do you expect the applicant's disability or impairment, from the date it began, to last at least 12 months? [ ] Yes (Go to **Item Number 3.b.**) [ ] No (Do not complete this form because the applicant is not eligible for the exception) **3.b.** During the remaining time needed to reach a total duration of at least 12 months, is the applicant's disability or impairment expected to improve enough that he or she will be able to learn and demonstrate the English and civics test requirements? [ ] Yes [ ] No (Go to **Item Number 3.c.**) **3.c.** Explain why the applicant's disability or impairment is not expected to improve enough during that remaining period to enable the applicant to learn and demonstrate the English language and civics requirements. [Fillable box with lines]
	6. For disabilities and/or impairments listed in **Part 3.**, **Item Number 1.**, provide the date you last examined the applicant. Date (mm/dd/yyyy) [Fillable box with lines] **3.** Have any of the applicant's disabilities and/or impairments listed in **Part 3.**, **Item Number 1.** lasted, or do you expect any of them to last, 12 months or more? If your answer is	[deleted]

	"No," do not complete this form because the applicant is not eligible for this exception. Yes No	
	4. Are any of the disabilities and/or impairment(s) listed in **Part 3.**, **Item Number 1.** the result of the applicant's illegal use of drugs? If your answer is "Yes" for all of the disabilities or impairments, do not complete this form because the applicant is not eligible for this exception. Yes No	**4.a.** Is the disability or impairment the result of the applicant's illegal use of drugs? [ ] Yes [ ] No
	[new]	**4.b.** If you answered "No," what caused the disability or impairment? If unknown, type or print "Unknown." [Fillable box with lines]
	5. If yes, for some disabilities or impairments, identify which disabilities or impairments are the result of the applicant's illegal use of drugs. [Fillable box with lines]	[deleted]
	[Page 3]	
	2. What clinical or laboratory diagnostic techniques did you use to diagnose each of the applicant's disabilities and/or impairment(s) listed in **Part 3.**, **Item Number 1.**? [Fillable box with lines]	**5.** What clinical or laboratory diagnostic techniques did you use to diagnose the disability or impairment? [Fillable box with lines]
		[Page 4]
	[new]	**6.a.** Have you prescribed treatment or therapy that in your professional opinion could help the applicant learn and demonstrate the English and/or civics requirements for naturalization? [ ] Yes [ ] No **6.b.** If you answered "No," why not? [Fillable box with lines] **7. Describe the severity of the disability or impairment and explain how it affects specific function, including in the applicant's daily life and ability to work or go to school.** Explain the basis of your assessment, including known symptoms of condition, tests conducted, observations, etc. [Fillable box with lines] **8.a.** Are you the medical professional who regularly treats this applicant for this disability or impairment?

		[ ] Yes [ ] No (**Skip** to **Item Number 9.a.**) **8.b.** If you answered "Yes," indicate the duration of treatment for the disability or impairment. Years [Number Text Box] Months [Number Text Box] **8.c.** If you answered "Yes," indicate the frequency of treatment. [ ] Weekly [ ] Monthly [ ] Yearly [ ] Other: (text box) If you are not the medical professional regularly treating this applicant, complete **Item Numbers 9.a. - 9.d.** **9.a.** Name of the Applicant's Regularly Treating Medical Professional Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) **9.b.** Business Address of the Applicant's Regularly Treating Medical Professional Street Number and Name Apt./Ste./Flr./Number City or Town State ZIP Code Province Postal Code Country **9.c.** Business Phone Number of the Applicant's Regularly Treating Medical Processional **9.d.** Explain why you are certifying this form instead of the applicant's regularly treating medical professional. [Fillable box with lines] **[Page 5]** **10.** Does this disability or impairment **alone** render the applicant unable to demonstrate the knowledge and understanding of English and/or civics or unable to learn English and/or Civics even with reasonable modifications? [ ] Yes (Go to **Item Number 11.**) [ ] No If you answered "No" in **Item Number 10.** complete a separate **Part 8. Additional Diagnosis Information** page for each additional disability or impairment**.**

		11. Clearly explain how the disability or impairment listed in **Part 3.**, **Item Number 1.a.** alone (or in combination with any other disability or impairment attached in **Part 8. Additional Diagnosis Information**) render the applicant unable to demonstrate the knowledge and understanding of English and/or civics or unable to learn English and/or civics. [Fillable box with lines]
	7. Do any of the disabilities or impairments listed in **Part 3.**, **Item Number 1.** prevent the applicant from demonstrating the following? Select **all that** apply. If none applies, do not complete this Form because 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.	**12.** Which of the following abilities is the applicant unable to learn and demonstrate based on the disability or impairment listed in **Part 3.**, **Item Number 1.a.** alone (or in combination with any other disability or impairment attached in **Part 8. Additional Diagnosis Information**)? Select **all that** apply. If none applies, do not complete this form because the applicant is not eligible for this exception. [delete] [] Read English [] Write English [] Speak English [] Answer questions regarding United States history and civics, even in a language the applicant understands.
Page 3, Part 4. Ability to Understand Oath of Allegiance	**[Page 3]** **Part 4. Ability to Understand Oath of Allegiance** The applicant will not be able to naturalize without a legal guardian, surrogate, or an eligible designated representative unless they are able to understand and communicate that they understand the meaning of the Oath of Allegiance. The Oath may be administered in the applicant's language of choice and they may communicate their understanding in any manner (for example, by nodding). …	[deleted]
Page 4, Part 5. Interpreter Information and Certification	**[Page 4]** **Part 5. Interpreter Information and Certification** If in-person interpretation services were used during the medical examination, the interpreter must fill out this section, sign, and date the certification. If telephonic interpretation services were used during the medical examination, the certifying medical professional must complete all items in this section, except **Item Number 6.** [new]	**[Page 5]** **Part 4. Interpreter Information** If in-person interpretation services were used during the medical examination(s), the interpreter must fill out **Item Numbers 3. - 6.** of this section, 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 7.** **1.a.** Did you use an interpreter when you examined the applicant? [ ] Yes [ ] No

		1.b. If you answered "Yes" to **Item Number 1.a.**, did the interpreter affirm that he or she speaks fluent English and the applicant's language of choice and that he or she will accurately and completely interpret all communications between you and the applicant? [ ] Yes [ ] No **1.c.** If you answered "No" to **Item Number 1.a.**, I did not use an interpreter because: [ ] I am fluent in English and [fillable field], the language spoken by this applicant. [ ] This applicant speaks English. **[Page 6]** **2.** Was a telephonic or video facilitated interpreter used during the examination of the applicant? Yes No **3.** Interpreter's Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) ***Interpreter's Contact Information*** **4.** Interpreter's Daytime Telephone Number **5.** Interpreter's Mobile Telephone Number (if any) **6.** Interpreter's Email Address (if any) **…** **7.** Interpreter's Signature (not required for telephonic or video facilitated interpretations) Date of Signature (mm/dd/yyyy)
	1. Was a telephonic or video facilitated interpreter used during the examination of the applicant? Yes No **2.** Interpreter's Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) ***Interpreter's Contact Information*** **3.** Interpreter's Daytime Telephone Number **4.** Interpreter's Mobile Telephone Number (if any) **5.** Interpreter's Email Address (if any) … **6.** Interpreter's Signature (not required for telephonic interpretations) Date of Signature (mm/dd/yyyy)	
Page 4, Part 6. Applicant's (Patient's) Attestation/Release of Information	**[Page 4]** **Part 6. Applicant's (Patient's) Attestation/Release of Information** **1.** I, [fillable field] (Applicant's Name), authorize [fillable field] (the Licensed medical doctor, doctor of osteopathy, or clinical psychologist completing this form) to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that the information I provided to the certifying medical professional is true and correct. I	**[Page 6]** **Part 5. Applicant's (Patient's) Attestation/Release of Information** **1.** I, [fillable field] (Applicant's Name), authorize [fillable field] (the Licensed medical doctor, doctor of osteopathy, or clinical psychologist completing this form) to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. **2.** I certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I have attended an

	certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I have attended an appointment with [fillable field] (Licensed medical doctor, doctor of osteopathy, or clinical psychologist) and was then diagnosed by him or her. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. section 1324c and INA section 274C. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may be found ineligible for the requested medical disability exception. **2.** Applicant Signature (or mark if applicant is unable to sign) Date of Signature (mm/dd/yyyy) [new]	appointment with [fillable field] (Licensed medical doctor, doctor of osteopathy, or clinical psychologist) and was then diagnosed by him or her. **3.** I certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that the information I provided to the certifying medical professional is true and correct. **4.** I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. section 1324c and INA section 274C. **5.** I understand that if this form is not completely or accurately filled out or if I fail to submit any required documentation, I may be found ineligible for this exception. **6.** Applicant Signature Date of Signature (mm/dd/yyyy) **7.** Signature of Legal Guardian, Surrogate, or designated representative (signing on behalf of the applicant if applicable) Date of Signature (mm/dd/yyyy)
Page 5, Part 7. Medical Professional's Certification	**[Page 5]** **Part 7. Medical Professional's Certification** I certify that: **1. I have examined the applicant/patient listed in Part 1. above.** **2. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent in Part 6.** [new] **3. This applicant's identity has been verified through the following United States or State government-issued photographic identity document:**	**[Page 7]** **Part 7. Medical Professional's Certification** **1.** I certify that: • **I have examined the applicant/patient listed in Part 1. above in person.** • **I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent in Part 5.** • **I will promptly comply with and respond to any request from USCIS and cooperate fully with any investigations related to this certification, based on the applicant's consent in Part 5., including participation in interviews, or offering professional testimony if necessary to verify the accuracy and authenticity of my findings and conclusion presented in this certification. For more information read the Penalties section in the form Instructions.** **2. This applicant's identity has been verified through the following United States or State government-issued photographic identity document:**

	Permanent Resident Card: State ID Number: Other Identification (Indicate type and ID Number): Additionally, I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under 18 U.S.C. section 1546, civil penalties under 8 U.S.C. section 1324c and Immigration and Nationality Act (INA) section 274C, and civil license suspension or revocation by the appropriate authorities. ….	Permanent Resident Card: State ID Number: Other Identification (Indicate type and ID Number): **3.** Additionally, I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under 18 U.S.C. section 1546, civil penalties under 8 U.S.C. section 1324c and Immigration and Nationality Act (INA) section 274C, and civil license suspension or revocation by the appropriate authorities. …
	[new]	**[Page 8]** **Part 7. Additional Information** If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number 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. **1.** Family Name (Last Name) [Auto-populated field] Given Name (First Name) [Auto-populated field] Middle Name (if applicable) [Auto-populated field] **2.** Page Number Part Number Item Number [Fillable field] **3.** Page Number Part Number Item Number [Fillable field] **4.** Page Number Part Number Item Number [Fillable field] **5.** Page Number Part Number

		Item Number [Fillable field]
	[new]	**[Page 9]** **Part 8. Additional Diagnosis Information** If the applicant has multiple disabilities or impairments, select "No" in **Part 3.**, **Item Number 10.** and complete **Part 8.**, **Additional Diagnosis Information** page for each diagnosis. Additional Diagnosis of Disability or Impairment **1.a.** Diagnosis: [Text field] **1.b.** Medical Code: [Free Text] **1.c.** Date Disability Began (mm/yyyy) **1.d.** Date of Diagnosis (mm/yyyy) **1.e.** Date of First Examination (mm/dd/yyyy) **1.f.** Date of Last Examination (mm/dd/yyyy) **1.g.** Location of First Examination: [Free Text] **1.h.** Location of Last Examination: [Free Text] **1.i.** Description of Disability/Impairment: [Fillable box with lines] **2.** Has the applicant's disability or impairment already lasted 12 months? [ ] Yes (**Skip** to **Item Number 4.a.**) [ ] No (Go to **Item Number 3.a.**) **3.a.** Do you expect the applicant's disability or impairment, from the date it began, to last at least 12 months? [ ] Yes (Go to **Item Number 3.b.**) [ ] No **3.b.** During the remaining time needed to reach a total duration of at least 12 months, is the applicant's disability or impairment expected to improve enough that he or she will be able to learn and demonstrate the English and civics test requirements? [ ] Yes [ ] No (Go to **Item Number 3.c.**) **3.c.** Explain why the disability or impairment are not expected to improve enough during that remaining period to enable the applicant to learn and demonstrate the English language and civics requirements. [Fillable box with lines] **4.a.** Is the disability or impairment the result of the applicant's illegal use of drugs? [ ] Yes [ ] No

		4.b. If you answered "No," what caused the disability or impairment? If unknown, type or print "Unknown." [Fillable box with lines] **5.** What clinical or laboratory diagnostic techniques did you use to diagnose the disability or impairment? [Fillable box with lines] **[Page 10]** **6.a.** Have you prescribed treatment or therapy that in your professional opinion could help the applicant learn and demonstrate the English and/or civics requirements for naturalization? [ ] Yes [ ] No **6.b.** If you answered "No," why not? [Fillable box with lines] **7. Describe the severity of the disability or impairment and explain how it affects specific function, including in the applicant's daily life and ability to work or go to school.** Explain the basis of your assessment, including known symptoms of condition, tests conducted, observations, etc. [Fillable box with lines]