Commenter	Topic	USCIS Response
Immigrant Legal Resource Center (ILRC)	Immigrant Legal Resource Center (ILRC) submits the following comments opposing the revisions to the N-648, Medical certification for disability exceptions, published in the Federal Register on June 5, 2026. The proposed changes are in violation of the statute, regulations and U.S. Citizenship and Immigration Service's (USCIS) own guidance in the USCIS Policy Manual because the form changes create new standards for eligibility. The changes also violate the Administrative Procedures Act and the Paperwork Reduction Act. We request that USCIS withdraw these changes. We refer to Docket ID USCIS2008-0021, OMB Control Number 1615-0060. We have previously commented on the N-648 proposed changes that were published on August 29, 2025.[1] Our objections to the current proposed changes 1 ILRC, ILRC Comment Opposing Revisions to N-648, Medical Certification for Disability Exceptions, (Sep. 30, 2025). persist, as the form published with changes in June 2026 is almost completely the same as the version proposed in July 2025. The one difference in the redlined forms from 2025 to the present version is that the 2026 form no longer contains a question asking the medical professional if the applicants have the ability to understand the oath of allegiance. We support the elimination of this question, as the oath waiver has a separate statutory basis and purpose. The oath waiver should never have been included in the N-648, which was designed by regulation for the sole purpose of applying for a disability waiver of the English/civics requirement for naturalization. The remainder of the proposed changes are in violation of the law because they do not comply with the statute, the regulations or USCIS's own Policy Manual. A form cannot create a policy; it can only implement existing policy. The changes also violate the Administrative Procedures Act and the Paperwork Reduction Act. We request that USCIS withdraw these changes. We refer to Docket ID USCIS-2008-0021, OMB Control Number 1615-0060.	**General Issue: Form changes violate the statute, regulations and USCIS's own guidance, create new standards for eligibility, and violate the APA and Paperwork Reduction Act.** **Response:** No further changes were made based on this comment. USCIS disagrees that the revisions exceed USCIS' authority or are contrary to the INA 312 or its implementing regulations at 8 CFR part 312. USCIS also disagrees that proposed form changes violate the APA or Paper Reduction Act (PRA) and that the information collection is unduly burdensome, duplicative, or otherwise creates obstacles for naturalization applicants seeking a disability exception of the English/civics requirements, and the medical professionals completing the form. The Form N-648 revision is an information collection designed to elicit clinical evidence and factual details. USCIS officers require the information to determine whether an applicant meets the criteria for an exception from the English and Civics requirement consistent with INA 312 and 8 CFR part 312. Specifically, 8 CFR 312.2(b)(2) requires the medical professional to diagnose and attest to the origin, nature and extent of the physical and mental impairment of the applicant as the medical condition relates to the disability exceptions. The additional questions are necessary to ensure that the USCIS officer has the necessary information to assess whether the applicant meets the statutory and regulatory requirements for an exception. The additional questions also enhance and maintain the integrity of the benefit granted. Finally, USCIS believes that these additional questions may reduce instances in which USCIS has credible doubts about the veracity of the medical certification and thus, when USCIS may ask an alien to submit a new Form N-648 from a different medical professional. See 8 CFR 312.2(b)(2). USCIS Policy Manual is the agency's centralized online repository for USCIS' immigration policies and assists officers in rendering decisions. This Form N-648 revision will be coordinated with a Policy Manual update that conforms to the new changes in the form. Until the form goes into effect, the current guidance is still being used to guide adjudication of the current version of Form N-648.

[1] ILRC, *ILRC Comment Opposing Revisions to N-648, Medical Certification for Disability Exceptions*, (Sep. 30, 2025), https://www.ilrc.org/resources/ilrc-comment-opposing-revisions-n-648-medical-certification-disability-exceptions.

Background on ILRC

The ILRC is a national non-profit organization that provides legal trainings, educational materials, and advocacy to advance immigrant rights. The ILRC's mission is to work with and educate immigrants, community organizations, and the legal sector to continue to build a democratic society that values diversity and the rights of all people. Since its inception in 1979, the ILRC has provided technical assistance on hundreds of thousands of immigration law issues, trained thousands of advocates and pro bono attorneys annually on immigration law, distributed thousands of practitioner guides, provided expertise to immigrant-led advocacy efforts across the country, and supported hundreds of immigration legal non-profit organizations in building their capacity. Through our close ties with the community, we have a profound awareness of the hurdles faced by qualified low-income immigrants in filing for naturalization.

General Comments

We oppose the proposed changes to the N-648 and request that they be withdrawn, with the exception of the elimination of the oath waiver question. The changes create a series of substantial obstacles for naturalization applicants applying for a disability waiver of the English/civics requirement. The proposed changes create a form more than twice the length (10pages) of the current form (just over 4 pages.) which creates an undue burden on applicants and the medical professional who must complete the N-648. Standards expressed in the revised form are outside any guidance provided by the statute, regulations, and USCIS Policy Manual. The form purports to create law and invents substantial barriers to eligibility in areas where no such law has been established by legitimate guidance.

Thoroughly completing the N-648 and complying with existing guidance is already a formidable challenge, as the standards have changed frequently in recent years. The USCIS Policy Manual was amended in June 2025[2] to tighten requirements for the N-648. We opposed the changes to

[2] USCIS, Policy Alert (June 13, 2025) https://www.uscis.gov/sites/default/files/document/policy-manualupdates/20250613-N-648MedicalCertification.pdf .

the Policy Manual as they unduly burdened applicants and made assumptions about fraud that are not warranted by the facts.[3] However, the current revisions to the N-648 are not reflected in the Policy Manual but instead create many new standards for eligibility that have no basis in law. The overall impact of these changes is to render otherwise eligible persons unable to qualify for the disability waiver and, consequently, naturalization.

Physicians who complete the N-648s are unfairly burdened by the voluminous additional questions in the N-648, many of which are repetitive and confusing. Physicians may simply refuse to complete such a complex and lengthy form, leaving eligible applicants who are unable to proceed without this waiver with no path to naturalize.

If these revisions are adopted, this vulnerable population of applicants will be faced with denial for simple mistakes and misunderstandings of a complex process because of the new standards. In sum, these proposed form changes would implement many of the worst practices that advocates had complained of in some USCIS offices; mainly, where disabled applicants were treated with disrespect and were subject to a dismissive attitude of fraud by adjudicators, who often substitute their own judgement and opinions in lieu of the unbiased standard contemplated by the law. Justification for this assumption of fraud and unreliability of physician's certifications was not provided in the form changes. Our partner organizations report that qualified disability waiver applicants will face a gauntlet of new hurdles in applying for disability waivers if these changes are adopted and, as a result, will not be able to access their right to U.S. citizenship.

I. Proposed Changes to the N-648 Are Not Authorized by Law, Regulation, or the USCIS Policy Manual Guidance

The proposed changes to the form represent a significant change in policy through changes on an application form that do not have additional basis in any other statutory or regulatory authority. Further,

[3] ILRC, ILRC Comment, (July 9, 2025) https://www.ilrc.org/resources/ilrc-comment-opposing-uscis%E2%80%99srevisions-guidance-disability-waivers-english-and-civics .

the changes contradict USCIS' own policy manual guidance, creating an inconsistency that will overly burden applicants, legal service providers, and adjudicators alike. We detail our objections below. **A. There is no legal requirement that a "regularly treating physician" complete the N648 yet the revised N-648 and instructions impose that standard.** The proposed changes include several questions to the certifying physician that express a preference for a "medical professional who provides ongoing care for the applicant,"[4] and if they are not a regularly treating physician, they must justify why they are completing the form. They also must list the name, address, and phone number of the "regularly treating physician." Furthermore, they must explain why the regularly treating physician was unwilling or unable to complete the form. This requirement is invented out of thin air, as neither the regulations nor USCIS Policy Manual have any reference to or requirement of a "regularly treating physician." N-648 applicants seek out a medical professional to evaluate whether they have a disability or impairment that renders them unable to learn or understand English/civics – this does not mean that they have the resources or ability needed to see a doctor on a regularly basis. In addition, it is nonsensical to ask the certifying physician why someone else (the nonexistent "regularly treating physician") failed to complete the form, as they would have no information as to the existence or mindset of such a person. The applicants for a disability waiver who our community represents are often low-income, further exacerbating the difficulty of finding and paying for a "regularly treating" physicians.[5] Most N-648 applicants consult a physician or specialist on a one-time basis to perform the	**A. Regularly-Treating Physician:** There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and can attest to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The proposed question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability or impairment and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS

[4] Proposed changes to N-648 Q. 8a-10 (2026).
[5] Association of American Medical Colleges, *New AAMC Report Shows Continued Projected Physician Shortage* (Mar 21, 2024), "We know that people struggle to find new physicians — both primary care and specialists — so the real-world impact of the physician shortages in our research findings is felt every day by people all over the country," https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage .

	needed evaluation, as that is what they can afford, and that is what the law requires. There is no reference to or requirement of a regularly treating physician in the statute, regulations or USCIS's own Policy Manual.[6] The law requires that the medical professional must be properly licensed in the United States or one of its territories, not that they be a "regularly treating physician." Many times, applicants must consult specialized medical professionals even if they have a regularly treating physician because of the nature of their disability. Other applicants may not have a regularly treating physician at all. There is no reasonable justification, nor controlling statutory or regulatory authority, for requiring the doctor to be the regularly treating physician, and this creates an arbitrary barrier to otherwise eligible applicants. **B. There is no legal requirement that the certifying physician provide treatment or therapy to "cure" an applicant's disability that prevents the learning of English/civics yet the revisions to the N-648 incorrectly impose that standard.** The revisions to the N-648 ask the certifying physician to describe their treatment or therapy that would allow the applicant to learn and demonstrate the English/civics requirement, and the physician must explain why they did not include such information if they have not made such a prescription. Again, this requirement is invented and imposes an illegal barrier to a disability waiver. There is no requirement of treatment in the statute, regulations or USCIS Policy Manual, which focus on evaluating the disability and its connection to the ability to learn and understand English/civics.[7] Setting aside the question of whether a condition can be "cured," whether the condition can be subject to therapy is irrelevant, and goes beyond any requirements that exist in law. It also discourages a certifying physician from completing the form, for fear that they haven't performed needed requirements.	Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document the reason that medical professional is certifying Form N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will prevent misunderstandings and provide officers with the necessary information in support of applicants with a disability or an impairment. **B. Providing Treatment or Therapy:** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and is therefore relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. It provides the officer with the necessary and relevant information, supports Form N-648 process integrity, and deters fraudulent or unsupported claims. A lack of prescribed treatment or therapy does not create grounds for denial, as long as it's accompanied by an explanation.

[6] INA 312, 8 CFR 312.2(b)(2), 12 USCIS-PM E.3 do not contain the words or requirement of "regularly treating physician."
[7] Id.

	C. There is no legal requirement that the applicant be tested by ability to perform daily activities such as employment or education, but the revised N-648 would impose that standard. Both the revisions to the N-648 form and its instructions demand that the certifying physician explain not only how the disability impacts the learning of English/civics, but also whether the applicant can perform specific functions in daily life, including employment, school, driving a car, preparing meals and maintaining hygiene. This requirement is also invented as it does not exist in the statute, regulations, or USCIS Policy Manual.[8] In addition, it contradicts the USCIS Policy Manual instructions on how to evaluate sufficiency of an N-648, and it invites USCIS officers to second-guess the evaluation of qualified physicians by inquiring into daily activities.[9] Many wrongful denials will be encouraged by this as adjudicators will substitute their opinion of disability for that of a qualified medical professional. Daily activities are not a criterion for a disability waiver. The law requires a disability or impairment that prevents an applicant from learning or understanding English and/or civics, not one that keeps them from doing any activity in their daily life. **D. The revised form states that the medical professional "must examine the applicant in person"[10] despite guidance in the USCIS Policy Manual that specifically permits telehealth exams.** The revised N-648 directly contradicts the agency's own guidance in the USCIS Policy Manual in regard to the sufficiency of telehealth appointments. The revised form contains the mandatory language that the physician "must examine the applicant in person," even though the USCIS Policy Manual has provided since 2022 that "USCIS may accept a Form N-648 certified by an authorized medical professional who	**C. Daily Activities Question:** The inclusion of questions regarding daily activities does not establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical condition(s) as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers must assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **D. In-Person Examination** The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated

[8] There is no reference suggesting that ability to perform daily activities should be evaluated in the statute, regulations, or USCIS Policy Manual. INA 312, 8 CFR 312.2(b)(2), 12 USCIS-E.3.
[9] We note as well reports from the field that some individuals who filed an N-648 have been the subject of neighborhood investigations seemingly intended to root out fraud in the disability waiver context. This is an escalation of the questions concerning a person's daily activities which, again, have no place in statute or regulation.
[10] USCIS, Proposed N-648, Medical Certification of Disability Exception, p. 1 (2026).

	completed the [applicant's] medical examination through a telehealth examination."[11] In the era of the COVID pandemic, the in-person exam became an unreasonable requirement as many medical professionals turned to remote examinations, especially for patients with additional vulnerabilities such as those who have disabilities or impairments. The need for these accommodations persists today and, as a result, availability of telehealth appointments is more common, allowing more people to seek out the care they need from medical professionals. Although the form revisions later state that "if necessary, communication with the applicant may be conducted through an interpreter by telephone or tele-video," this caveat is meaningless with the mandatory language preceding it that requires an in-person exam. **II. The Proposed N-648 Imposes a New standard for Sufficiency on the N-648 Not Based in Law.** The collective impact of these ultra vires additions to the N-648 form that do not exist in the Policy Manual is to create a new standard for sufficiency of the form that is not based in law and will result in many unfair denials. The USCIS Policy Manual puts forth a standard for judging the sufficiency of an N-648: "An officer must find the Form N-648 insufficient if the form lacks any of the required information detailed below. 1. Sufficient Form N-648 A request for a medical disability exception is sufficient if it contains the following information: • Clinical diagnosis of the alien's disabilities or impairments that render the alien unable to meet the English and civics requirements;[28] • Indication whether any disability or impairment has lasted, or is expected to last, at least 12 months; 10 USCIS, Proposed N-	accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022 Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed doctor (medical or osteopathy) or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures related to the completion of Form N-648. The updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. **New standard for sufficiency on the N-648** USCIS disagrees that the proposed changes impose a new standard for sufficiency. As explained above, these changes enhance the integrity and reliability of the information collected. The changes are necessary to better evaluate eligibility for the disability exception established by statute and regulations. Specifically, the changes clarify the criteria needed for a clinical diagnosis, including evidence of duration of disability or impairment and a clear explanation of the nexus between the disability or impairment and the inability to meet the English and civics requirements. This information collection is also intended to reduce follow-up burdens, such as requests for supplemental certifications, and to reduce inconsistent denials because of lack of specific clinical information. The form does

[11] 12 USCIS-PM E.3.F.

	648, Medical Certification of Disability Exception, p. 1 (2026). 11 12 USCIS-PM E.3.F. • Statement that the physical or developmental disability or mental impairment is not the result of the illegal use of drugs; • Description of the clinical or laboratory diagnostic methods used to diagnose each disability or impairment; • Date that the medical professional last examined the alien for the disability or impairment; • A sufficient explanation of how the alien's disability or impairment prevents the alien from meeting the English requirement, the civics requirement, or both requirements (the "nexus"); and • Form N-648 must be properly completed, certified, and signed by all appropriate parties."[12] However, the agency proposes changes that would also require that the physician be the regularly treating physician, that the applicant be examined in person, that the physician and adjudicator examine applicant's ability to perform daily activities, among other changes. The form also asks questions about treatment imposed as well as detailed information on repeated visits to the certifying physician, none of which is required by the law. None of these requirements is supported by law or the agency's internal guidance. **III. USCIS fails to justify doubling the burden of completing an N-648 on applicants, physicians, and adjudicators.** The revised N-648 is 10 pages long, compared to 4 pages for the current version. This change will greatly increase the burden on applicants, certifying medical professionals and adjudicators. The Federal Register notice estimates that the burden will be 2.4 hours for physicians, and 8 hours for applicants.[13] This time estimate is identical to what was	not add new eligibility requirements; rather, by collecting the additional information relevant to the proper adjudication of the disability exception, USCIS has carefully assessed maximum practical utility of the information collected and ensures proper performance of the agency function to comply with the legal requirements and achieve program objectives. The changes furthermore eliminate ambiguity and ensure that necessary information is collected to make a sound and consistent determination on the sufficiency of Form N-648 and reduce instances of fraud in the program.

[12] 12 USCIS-PM E.3.H.1.

[13] DHS, USCIS, Agency Information Collection Activities; Revision of a Currently Approved Collection: Medical Certification for Disability Exceptions, 90 Fed. Reg. 166 (Aug. 29. 2025).

	estimated for the prior version of the form, which was less than half the length and did not contain dozens of irrelevant questions.[14] A more reasonable estimate of the burden would be at least twenty hours on applicants, and ten hours on physicians. The amount of time required to complete the form will necessarily increase simply by the number of questions, many of which are repetitive and unnecessary, and others of which are irrelevant. The revised form creates multiple obstacles for otherwise eligible applicants for a benefit because it asks information not required by the law or regulations, it creates new and unfair standards for eligibility, it requests burdensome, repetitive, or unnecessary supporting documentation, all of which we object to as excessive burdens on the public, which is in direct contrast to the Paperwork Reduction Act. If a proposed form change would increase the amount of time that advocates and immigrants would have to spend completing the form, as is clearly the case here, there should be supporting justification from the agency for that change.[15] The agency provided no such justification for doubling the length and burden this form will pose. **IV. Revisions to the USCIS Policy Manual in June 2025** We have previously filed our objections to changes in the USCIS Policy Manual which require that an applicant must file their N-648 simultaneously with their N-400 and which impose credible doubt on applicants who for legitimate reasons may have filed multiple N-648s.[16] We repeat our objections to those changes here. **V. Conclusion**	**Burdens and barriers** USCIS appreciates the support for removing the oath waiver question. USCIS notes that Congress decided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected is needed for the adjudication of an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements. The requirement for detailed medical documentation, including diagnostic techniques and evaluation methods, is intended to ensure that medical certifications are supported by the factual information necessary to substantiate the nexus between the applicant's disability and their inability to satisfy English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b). The additional information in the revised Form N-648 will maintain and enhance integrity and accountability, and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. Therefore, although the additional information collected increases the burden on the medical professionals and applicants these questions are necessary for the proper performance of the agency's function to comply with the legal requirements and to achieve the program's objectives. USCIS acknowledges and appreciates the commenter's concerns about time estimates, but the revised form added questions necessary to determine eligibility

[14] DHS, USCIS, Agency Information Collection Activities, Extension Without Changes of a Currently Approved Collections; Medical Certification of Disability Exceptions (June 14, 2024). https://www.regulations.gov/document/USCIS-2008-0021-0102 .
[15] 44 U.S.C. § 3506 et seq. Congressional Research Service, The Paperwork Reduction Act and Federal Collections of Information: A Brief Overview (April 17, 2024).
[16] ILRC, *Comment Opposing Revisions to the Policy Manual on Disability Waivers*, (June 2025), https://www.ilrc.org/resources/ilrc-comment-opposing-uscis%E2%80%99s-revisions-guidance-disability-waivers-english-and-civics

	For the above reasons we urge USCIS to withdraw these proposed revisions to the N-648 given that the changes will increase the burden for all parties involved and that the form creates a new adjudication standard, which is not contemplated in any other legal authority including the agency's own internal guidance. The only exception to the changes is the elimination of the oath of allegiance question, which should never have been included on the N-648 as they are separate statutory waivers with different purposes and guidance. Submitted by, Peggy Gleason Senior Attorney Immigrant Legal Resource Center	for an exception from the educational requirements, consistent with INA 312 and 8 CFR part 312. Officers will assess the information in the totality of the circumstances. The additional questions also improve the integrity and reliability of the information provided. While the form includes additional questions, the questions are needed to gather and provide the officer with detailed, relevant information to assess and to substantiate disability claims, per INA 312(b)(1), and ensure there is a nexus between the applicant's medical condition and the disability exception before granting the exception. Further, by collecting information that is relevant to the proper adjudication of the disability exception, additional items are intended to reduce other burdens, such as requests for evidence or for supplemental certifications. Therefore, USCIS believes that while the form completion time may increase, overall program burden is expected to remain the same or may even decrease. USCIS did not make any additional changes based on this comment. Current regulations under 8 CFR 312.2(a)(2) require the submission of Form N-648 with form N-400. USCIS will still accept a Form N-648 if the applicant demonstrates extenuating circumstances such as the applicant developing a disability or medical condition after filing the naturalization application. **Estimated time burden of completing Form N-648** USCIS appreciates this commenter's feedback. The time burden estimate for medical professionals was recalculated. The current estimated time burden for Form N-648 is estimated at 2 hours per response for the medical professionals and 8 hours per response for the applicant. Based on the proposed edits for this revision action, USCIS is reporting an increase in the estimated time burden for medical professionals of 1 hour and 25 minutes and no change for the estimated time burden for applicants. Therefore, USCIS estimates the time to complete the proposed edition of Form N-648 to 3.4 hours for medical professionals and 8 hours for applicants. The estimated time burden for applicants and the proposed estimated time burden for medical professionals includes 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.
Laura Burdick	I am writing to submit comments on the proposed changes to the disability waiver application (Form N-648). I write as a private citizen, but	**Form too long; Increase burden**

	one who spent her entire career – more than 25 years – helping people with disabilities to become U.S. citizens as a policy advocate and a trainer for legal service providers. While I am no longer employed at this time, I have a long memory of disability waiver history and policy that gives me a unique perspective on the proposed changes. I was at the table with staff from Immigration and Naturalization Service (INS) headquarters in the late 1990s when the first N-648 form was created. At that time, staff from nonprofit organizations that served the immigrant community were invited to meet with INS and provide their input on the new form. Soon after that, I was at the table when detailed INS policy guidance on disability waivers was written in response to a successful class action lawsuit, and after that, when the first policy guidance on providing reasonable accommodations for people with disabilities (under Section 504 of the Rehabilitation Act of 1973) was written by INS to ensure equal access under the law. Back then, we – both nonprofit staff and INS staff – worked together under the same basic assumption that people with disabilities have the right to be U.S. citizens just like everyone else and should not face discrimination in the naturalization process. I never heard anyone from INS suggest otherwise, although we had our disagreements over policy details at times. Today, I believe that USCIS is no longer working under that same basic assumption. It has changed. I believe that USCIS seeks to prevent people with disabilities from becoming U.S. citizens. If my assumption is correct, the agency has done an excellent job with this proposed form. I have seen many changes to Form N-648 over the years but I have never seen such a blatantly atrocious form. It is far too long, repetitive, and burdensome to all parties. It goes beyond the law and creates new, more stringent requirements for disability waiver eligibility. It intimidates doctors and will have a chilling effect on their willingness to complete the form for their most vulnerable patients. The proposed form is far too long at 10 pages. The current form is five pages long. Previous versions of the form have been even shorter.	USCIS acknowledges and appreciates the commenter's concerns about time estimates, but the revised form added questions necessary to determine eligibility for an exception from the educational requirements, consistent with INA 312 and 8 CFR part 312. Officers will assess the responses in the totality of the circumstances. The additional questions also improve the integrity and reliability of the information provided. While the form includes additional questions, the questions are needed to gather and provide the officer with detailed, relevant information to assess and to substantiate disability claims, per INA 312(b)(1), and ensure there is a nexus between the applicant's medical condition and the disability exception before granting the exception, consistent with 8 CFR part 312 . Further, by collecting information that is relevant to the proper adjudication of the disability exception, additional items are intended to reduce other burdens, such as requests for evidence or for supplemental certifications. Therefore, while the form completion time may increase, overall program burden is expected to remain the same (or at best, decrease). As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed. **Proposed form creates new requirements; USCIS seeks to prevent people with disabilities from becoming U.S. citizens** USCIS disagrees that the form creates new requirements and that its questions are unnecessarily duplicative or repetitive. As explained above, these changes are intended to operationalize existing sufficiency criteria established by statute and regulations. Specifically, by collecting the additional information relevant to the proper adjudication of the disability exception, USCIS has carefully assessed maximum practical utility of the information collected and ensures proper performance of the agency function to comply with the legal requirements and achieve program objectives. The changes clarify the criteria needed for a clinical diagnosis, including evidence of duration of disability or impairment and a clear explanation of the nexus between the disability or impairment and the inability to meet the English and civics requirements. This information collection is also intended to reduce follow-up and inconsistent denials because of lack of specific clinical information. The form does not add new eligibility requirements; rather, it eliminates ambiguity and ensures that necessary information is collected to make a sound and consistent determination on the sufficiency of Form N-648 and reduce instances of fraud in the program.

The proposed form is repetitive, with overlapping questions that ask for the same information in different ways. For example, question 7 on page 4 regarding the severity of the disability overlaps with question 11 on page 5 regarding the nexus between the disability and the inability to demonstrate knowledge for the citizenship test. Question 7 also asks about "tests conducted" yet this information is already requested in question 5 on the same page. How many different ways does USCIS expect doctors to repeat the same information? A 10-page form is extremely burdensome and time-consuming for users. It is burdensome for the doctors who are required to complete it, for the legal service providers who have to work with the doctors to ensure the form is properly done, and for the USCIS adjudicators who have to review the form to determine if it is sufficient. Most of all, the proposed form is burdensome for people with disabilities and creates new barriers to their naturalization. The proposed form greatly exceeds the requirements of INA Section 312 and the regulations for disability waivers. The form creates new, more stringent requirements that were never part of the law. For example, there is no mention in the regulations of an applicant's "daily life and ability to go to work or school" (Question 7, page 4). There is no mention in the regulations about "treatment or therapy" that could help an applicant learn the information on the test (Questions 6a and 6b, page 4). There is no mention in the regulations of requiring the N-648 to be completed by the applicant's "regularly treating medical professional" (Questions 8a – 9d, pages 4-5). There is no mention in the regulations of requiring those with multiple disabilities to separately address each one in excruciating detail (Part 8, page 9). The language in the proposed form intimidates doctors and will have a chilling effect on their willingness to complete the form. There is new	USCIS explicitly rejects the idea that it is seeking to prevent people with disabilities from becoming U.S. citizens. USCIS states that the disability exception remain available to qualified applicants, and that the revised Form N-648 does not exclude any class of disabled individuals, nor does it narrow eligibility for the disability exception. USCIS further emphasizes that the N-648 revisions do not affect an applicant's ability to request an accommodation and that accommodations are provided consistent with section 504 of the Rehabilitation Act through established disability-accommodations procedures. **Chilling Effect on Medical Professionals Completing Form N-648** With the additional certification language for medical professionals, USCIS is merely restating the current state of USCIS investigative authorities and the medical professional's obligations. As outlined in 8 CFR 312.2(b), the medical professional attests, by signing Form N-648, that he or she has answered all the questions in a complete and truthful manner, that the medical professional and the applicant agreed to the release of all medical records relating to the applicant that may be requested by USCIS and that the medical professional attests that any knowingly false or misleading statements may subject him or her to the penalties for perjury pursuant to Title 18, United Stated Code (U.S.C.), Section 1546 and 8 U.S.C. 1746 and to civil penalties under section 274C of the Immigration and Nationality Act. USCIS' investigative authority can also be found at 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. Under these authorities, 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. Pursuant to INA 287 and 8 CFR part 287, and 8 CFR part 335, USCIS may also subpoena the information as part of the investigation. Thus, the changes in the certification language in the revised N-648 are necessary to enhance transparency and support the integrity and accountability, potentially deterring fraudulent claims, and affirming the authenticity of medical certifications. While USCIS recognizes the commenter's concerns about acknowledging the fraud detection statistics from FY 2020, maintaining the accuracy and credibility of medical certifications ensures USCIS's compliance with statutory and regulatory obligations under INA 312(b)(1) and 8 CFR 312.2(b). Fraud prevention safeguards, such as the outlined cooperation in investigations, are critical for ensuring the integrity of the disability exception process.

	language in Part 6 (page 7) about cooperating fully with investigations, including participating in interviews or offering professional testimony. It sounds like doctors may be getting into a much bigger commitment than just completing the form. Doctors are already stretched thin and pressed for time with their patients. It is already difficult to find doctors willing to complete the Form N-648, especially those willing to complete it with the level of detail required by USCIS. This form will make the situation much worse, and applicants who cannot find a doctor willing to complete their N-648 will be unable to naturalize. In conclusion, the proposed changes to Form N-648 are fundamentally wrong because they discriminate against the most vulnerable naturalization applicants and create major barriers that will prevent people with disabilities from accessing U.S. citizenship. I strongly urge USCIS to withdraw the proposed changes.	**Repetitive, Overlapping Questions** The proposed questions serve distinct, complementary purposes rather than duplicating information. Question 5 in Part 3 is narrowly focused on "what clinical or laboratory diagnostic techniques" were used. It documents the specific methods the certifying medical professional used to establish the diagnosis, satisfying the regulatory requirement that the impairment be "demonstrated through medically acceptable clinical or laboratory diagnostic techniques." See 8 CFR 312.1(b)(3) and 312.2(b)(1). Question 7 in Part 3, by contrast, asks the medical professional to "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," and to "explain the basis of your assessment, including known symptoms of condition, tests conducted, observations, etc." Its purpose is to elicit evidence on the "nature, origin and extent" of the disability or impairment and its functional impact; USCIS has explicitly stated that the daily-activities question is "not intended to establish a new eligibility standard," but to support that assessment. Question 11 in Part 3 is the overarching nexus question: it requires a clear explanation of how the impairment "render[s] the applicant unable to demonstrate the knowledge and understanding of English and/or civics or unable to learn English and/or civics." USCIS has explained that such questions are needed to clarify "the nexus between the disability or impairment and the inability to meet the English and civics requirements" and to reduce follow-up and inconsistent denials. **Daily Activities Question:** The inclusion of questions regarding daily activities does not establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical condition(s) as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers must assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **Providing Treatment or Therapy:**

		The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and is therefore relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. It provides the officer with the necessary and relevant information, supports Form N-648 process integrity, and deters fraudulent or unsupported claims. A lack of prescribed treatment or therapy does not create grounds for denial, as long as it's accompanied by an explanation. **Regularly-Treating Physician:** There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The proposed question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability or impairment and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims.

		If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document the reason that medical professional is certifying Form N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. **Requirement for Separate Responses for Each Disability** The requirement to complete separate responses for each disability aligns with the goal of ensuring comprehensive documentation so USCIS can assess the basis for each of the applicant's physical or developmental disabilities or mental impairments as well as validity of the medical evaluation. It is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, and assists officers to consider the sufficiency and reliability of the medical professional's assessment as part of USCIS mandated adjudicative function and mission. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. The form does not prohibit the submission of additional documents, such as medical records, to complement the details provided in the individual sections. Finally, if only one disability is the sole cause of the applicant's exception request, the medical professional does not have to include further disability or impairment information in the form.
Access Living	As a social service provider for the Illinois statewide Comprehensive Class Member Transition Program, I specifically assist individuals with various physical and psychiatric disabilities transition out of long-term care facilities into independent or community living setting after they have rehabilitated and adapted to their new disabilities and/or medical conditions. Many of our clients we work with come with various immigration levels and issues to which we often strive to help resolve as timely as possible so our clients are able to have full access to social and disability-related services that can significantly improve their overall health, safety and independence, which includes having access to quality medical care, home and community-based services, employment services and education. For our clients with cognitive and psychiatric impairments, we aim to assist them in pursuing the citizenship route so they no longer have to worry about keeping up with their immigration	**Barriers and Burden** No changes will be made based on this comment. USCIS notes that, pursuant to 8 CFR 312.2(b), only medical or osteopathic doctors licensed to practice medicine in the United States or clinical psychologists licensed to practice psychology in the United States may complete Form N-648 provided that these medical professionals are experienced in diagnosing those with physical or mental medically determinable impairments and provided that they are able to attest to the origin, nature and extent of the medical conditions as it relates to the exceptions. There is no requirement that primary physicians complete the information collection under the INA or the regulations. The information collection is necessary to determine an applicant's eligibility for an exception from the educational requirements based on his or her disability or impairment. The medical professionals may have various reasons for not certifying the forms and that is something the applicant should discuss with their medical professionals. While the revision may increase the time

	status and remember to renew their LPR cards every 10 years. For many of our clients, the immigration process is often an anxiety-provoking, exhausting and confusing process which significantly derail their medical progress and reignite former and new mental symptoms, such as panic attacks. Hence, we have discovered, when we assist clients on their journey towards US citizenship, it creates another level of safety, security and longevity, as well as significant improvement in their physical and mental wellness to the point that enables and motivates them to become positive contributors of society (whether through the American workforce or civic engagement). Overall, the citizenship process has not been quite an easy path for many of our clients with cognitive, intellectual and psychiatric disabilities, given the process oftne requires them to process complex directions and recall detailed personal information. For majority of these clients, our care teams often have to resort to investigate the accuracy and validity of the information, (that clients are able to recall) by requesting information through various state and federal agencies, including the Social Security Administration, Department of Human Services and USCIS themselves. It is important to note that majority of our immigrant clients previously experience chronic homelessness or extensive socioeconomic instability, as well as chronic health challenges, that has led to their hospitalizations and transfer to long-term care facilities (i.e. nursing homes and SMHFs). At one point or another, our immigrant clients often lose or misplace, more times than not, one or all of their personal documents, including identification and green cards, which often delays the US citizenship process. Despite having various cognitive and psychiatric diagnoses, our immigrant clients often do not have access to adequate medical care or competent medical providers while residing in these facilities. Many of these in-house providers have not been able to fully and accurately complete the N-648 medical exemption form due to poor medical and cultural training. Our immigrant clients experience additional barriers when attempting to access external medical or psychiatric providers (outside of the facility). These barriers often include facility policies and restrictions to access outside providers, poor health insurance and other health-related challenges. As a result, our clients often have to wait to be transition out of the facility or be transferred to another facility in order	needed to complete the form, USCIS added questions to obtain the factual information necessary to assess an applicant's eligibility for the exception from the educational requirement in accordance with the statutory and regulatory requirements. The questions are designed to elicit the needed information, in the least burdensome manner, while being narrowly tailored and directly related to the medical professional's examination and diagnosis, and enhance the quality of the information. Therefore, USCIS believes that these additional questions are the least burdensome but necessary to achieve the program's objective while maintaining and enhancing its integrity. This structure allows medical professionals to perform their duties effectively while providing necessary information. USCIS also believes that it will significantly reduce requests for additional information related to the adjudication of the applicant's eligibility for the exceptions from the educational requirement. Based on these factors, USCIS believes the number of medical professionals willing to certify Form N-648 will not decrease.

	to access these services, without constantly encountering unnecessary restrictions and barriers. It is critical for USCIS and the Department of Homeland Security strives to improve and maintain a smooth, streamlined and compassionate process for our immigrant clients with disabilities who, a large percent of them, do not have any family or social supports (other than our state services). We strongly urge DHS and USCIS to reconsider current and any future policy changes impacting the N-648 application process that may further exacerbate an already difficult and complicated process for our clients living with various disabilities and socioeconomic challenges.	
Project Citizenship	Project Citizenship appreciates this opportunity to comment on the proposed changes to the Form N-648, Medical Certification for Disability Exceptions, which we strongly oppose. Based in Boston, Massachusetts, Project Citizenship is the largest nonprofit provider of citizenship legal services in New England. Since 2014, we have helped thousands of lawful permanent residents throughout New England overcome barriers to U.S. citizenship through direct legal services, pro bono partnerships, and volunteer support. Based on medical circumstances, many of our clients seek disability exceptions to the English and civics requirements for naturalization, and our staff regularly assists applicants and medical professionals in preparing and submitting Form N-648. In June 2021 Project Citizenship and others submitted comments advocating for an easier and more accessible process. In response USCIS eliminated many of the burdensome questions on the form, such as: the date when each disability or impairment began, date of diagnosis, how each relevant disability and/or impairment affects specific functions of the applicant's daily life, an explanation as to which disabilities or impairments are expected to last over 12 months and why, frequency of treatment, and, if a telephonic interpreter was used, whether the medical professional asked a telephonic interpreter to affirm their fluency in English and accuracy in interpretation, and whether they answered in the affirmative.	**Return to 2019 Form version** USCIS disagrees with the suggestion. As explained in other responses, the questions added are necessary to properly review the medical certificates for integrity and consistency. These questions have practical utility to USCIS and will further enhance USCIS' ability to fully review the medical certifications for sufficiency. The expanded form facilitates clarity and does not create barriers. USCIS also believes that it reduces the amount of RFEs issued and promotes more efficient adjudication. No changes were made based on this comment. **Dates disability began and date of diagnosis** USCIS has authority under 8 CFR 312.2(b)(2) to require a detailed medical certification (Form N-648) that must explain the impairment's "origin, nature and extent." The requested information (diagnostic codes, treatment-related information, and onset/diagnosis details) is standard clinical documentation. These data points improve clarity and consistency, enabling officers to evaluate the sufficiency of the form to make the determination whether the applicant meets the requirements for the exception from the educational requirements, in accordance with the statutory and regulatory requirements. Requiring medically routine information does not "condition eligibility" on any healthcare system; it simply requires that the certifying medical professional document the origin, nature and functional impact of the disability or impairment, as required by 8 CFR 312.2(b)(2). USCIS emphasizes that lack of continuous treatment or extensive medical history does not automatically result in a determination that the form is insufficient. Officers will review each form consistent with 8 CFR 312.1 and 312.2. **Daily Activities Question:**

	USCIS now proposes not only to bring these questions back but to add new questions, as well. Project Citizenship is concerned about the harmful impact these changes will impose on the Form N-648 application process, as the proposed form greatly expands the number of questions and level of detail required by certifying medical professionals. In fact, the expanded requirements introduced in recent editions of Form N-648 have already created significant practical barriers. Medical professionals frequently struggle to complete the form correctly due to its length and complexity, resulting in delays, repeated requests for corrections, and increased administrative burdens for applicants and healthcare providers. The proposed additions risk further increasing these barriers. **I. USCIS Should Revert to the 05/23/19 Edition of Form N-648** We urge USCIS to return to the 05/23/2019 edition of Form N-648. The 2019 form collected sufficient information for adjudicators to determine eligibility for a disability exception while minimizing unnecessary burdens on applicants and medical professionals. Federal regulations require a medical professional to attest to the origin, nature, and extent of the applicant's medical condition as it relates to the disability exception.[17] The regulations further require that the disability or impairment has lasted, or is expected to last, at least 12 months; is not based on the direct effects of the illegal use of drugs; and is demonstrated through medically acceptable clinical or laboratory diagnostic techniques.[18] The proposed form requests substantially more information than is required by regulation. Several questions appearing in the current and proposed versions of Form N-648 were not included in the 2019 edition and are not necessary to determine eligibility for the exception, including: • The date the disability or impairment began, • The date of diagnosis,	The inclusion of questions regarding daily activities does not establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical condition(s) as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers must assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **Explanation of why condition is expected to last more than 12 months** USCIS has authority under 8 CFR 312.2(b)(2) to require a detailed medical certification (Form N-648) that must explain the impairment's "origin, nature and extent." This proposed question 1.K. is directly tied to the medical professional's prognosis to assessing the "extent" and expected duration of the limitations caused by the disability or impairment. The comment misinterprets the "at least 12-month" requirements because the regulations use the present tense: that is, the educational requirements do not apply to an applicant "who is unable" to demonstrate the knowledge required because of a medically determinable physical or mental impairment. Asking a medical professional to explain why an impairment is not expected to improve within those 12 months does not unlawfully extend the duration; it substantiates the medical professional's conclusion regarding the disabilities or impairments and the applicant's ability to learn and demonstrate the English and civics test requirements for naturalization. This form does not review whether the condition may improve in the months after the 12th month. **Providing Treatment or Therapy:** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics

[17] See 8 C.F.R. § 312.2(b)(2)
[18] See 8 C.F.R. § 312.2(b)(3)

	• How the disability affects specific activities of daily living, • Explanations regarding why a condition is expected to last more than 12 months, • Questions regarding illegal drug use that do not affect eligibility determinations in most cases, and • Frequency of treatment. **II. Several Proposed Questions Are Unnecessary and Potentially Harmful** Questions regarding the date a disability began or was diagnosed are particularly problematic. There is no regulatory requirement that a disability be diagnosed for a specific period before a medical professional may certify eligibility for a disability exception. Applicants who have recently received a diagnosis may nonetheless have conditions expected to last well beyond twelve months. Requiring detailed information about diagnosis dates may create confusion and discourage medical professionals from certifying otherwise eligible applicants. Similarly, questions regarding activities of daily living are unnecessary. The relevant inquiry is whether the disability prevents the applicant from demonstrating the knowledge and abilities required by the naturalization examination. An applicant may be capable of working, driving or living independently while still being unable to learn or demonstrate English language proficiency and/or civics knowledge because of a qualifying disability. The medical professional's explanation of the relationship between the disability and the applicant's inability to satisfy the naturalization requirements should be sufficient. Questions requiring physicians to explain why a condition is expected to last more than twelve months also exceed the regulatory standard. The regulation requires a professional determination that the condition has lasted or is expected to last at least twelve months; however, it does not require an additional justification beyond that certification. Likewise, the frequency of treatment is not relevant to determining eligibility for a disability exception. Many qualifying disabilities are	requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and is therefore relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. It provides the officer with the necessary and relevant information, supports Form N-648 process integrity, and deters fraudulent or unsupported claims. A lack of prescribed treatment or therapy does not create grounds for denial, as long as it's accompanied by an explanation. **Burdens, barriers, errors and delays** USCIS notes that Congress decided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected is needed for the adjudication of an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements. The requirement for detailed medical documentation, including diagnostic techniques and evaluation methods, is intended to ensure that medical certifications are supported by the factual information necessary to substantiate the nexus between the applicant's disability and their inability to satisfy English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b). The additional information in the revised Form N-648 will maintain and enhance integrity and accountability, and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. Therefore, although the additional information collected increases the burden on the medical professionals these questions are necessary for the proper performance of the agency's function to comply with the legal requirements and to achieve the program's objectives. USCIS acknowledges and appreciates the commenter's concerns about time estimates, but the revised form added questions necessary to determine eligibility for an exception from the educational requirements, consistent with INA 312 and 8 CFR part 312 and will be assessed in the totality of the circumstances. The additional questions also improve the integrity and reliability of the information provided. While the form includes additional questions, the questions are needed

	chronic and stable. Moreover, treatment frequency may vary based on access to healthcare and financial circumstances. This information does not meaningfully assist adjudicators in determining eligibility. **III. The Proposed Revisions Will Increase Administrative Burdens and Reduce Access to Citizenship** Individuals seeking disability exceptions are among the most vulnerable applicants in the naturalization process. Many already face significant challenges obtaining medical evaluations, coordinating with healthcare providers, and completing the required documentation. In our experience, applicants frequently spend four to five months obtaining a properly completed Form N-648. Physicians often have limited time available for administrative paperwork and are generally unfamiliar with USCIS requirements. Even under the current form, substantial follow-up is often required to correct omissions or provide additional information. Expanding the form further will likely increase errors, delays, requests for evidence, and interview continuances. Importantly, these delays do not merely create administrative inconvenience. They can prevent otherwise eligible lawful permanent residents with disabilities from accessing the benefits and protections of U.S. citizenship. USCIS should seek to reduce unnecessary barriers in this process rather than increase them. **IV. Additional Concerns Regarding the Proposed Form** We have several additional concerns regarding specific provisions of the proposed form. First, the proposed Form N-648 requires applicants to identify their sex by selecting either “male” or “female.” This question appears unrelated to the purpose of Form N-648, which is to 4 determine whether an applicant qualifies for a disability exception to the English and civics requirements for naturalization. USCIS has not explained how an	to gather and provide the officer with detailed, relevant information to assess and to substantiate disability claims, per INA 312(b)(1), and ensure there is a nexus between the applicant’s medical condition and the disability exception before granting the exception. Further, by collecting information that is relevant to the proper adjudication of the disability exception, additional items are intended to reduce other burdens, such as requests for evidence or for supplemental certifications. Therefore, USCIS believes that while the form completion time may increase, overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. **Binary Sex Question (“Male” or “Female”)** USCIS notes that certain biographical questions, including sex, are collected across multiple immigration benefit forms to assist in identity verification, record management, and matching adjudications to prior records. Consistent with Executive Order 14168, USCIS recognizes two biological sexes, male and female, for purposes of reviewing benefit requests, including the Form N-648. While the Form N-648 focuses on eligibility for a disability exception to the English and civics requirements, the biographical fields support accurate identity verification and cross referencing with the associated Form N-400 and other records. **Applicant’s accommodation for signature** USCIS provides disability related accommodations consistent with section 504 of the Rehabilitation Act and recognizes that some applicants may be unable to provide a traditional handwritten signature because of a disability. USCIS now includes a new line of signature to be used when the applicant is unable to sign. This is the new Item Number 7 in Part 5, “Signature of Legal Guardian, Surrogate, or designated representative (signing on behalf of the applicant, if applicable).” This form revision does not change any of the current standard for signatures as provided in the USCIS Policy Manual - https://www.uscis.gov/policy-manual/volume-1-part-b-chapter-2.

applicant's sex is relevant to assessing the existence, nature, or effects of a qualifying disability. In addition, limiting the available responses to only "male" and "female" may exclude applicants whose gender identity does not fit within those categories. Because Form N-648 applicants are often individuals with medical disabilities, USCIS should ensure that the application process is inclusive. Collecting information that is not necessary for adjudication and requiring applicants to select from limited categories that may not accurately reflect their identity, risks undermining confidence in the inclusiveness of the process. If USCIS believes that sex is necessary for administrative purposes, it should clearly explain the relevance of the question. Otherwise, the question should be removed, as it is unnecessary to the adjudication of Form N-648. Second, the proposed form includes questions asking whether prescribed treatment or therapy can help an applicant learn English or U.S. civics. We are concerned that these questions extend beyond the requirements established by regulation and may introduce subjective considerations unrelated to the applicant's current eligibility for a disability exception. Moreover, the proposed form appears to remove language that previously allowed applicants who were unable to sign the form to indicate that inability directly within the signature section. This accommodation was helpful for applicants whose disabilities affect their ability to provide a signature and should be retained. Finally, the expanded certification language for medical professionals appears to require healthcare providers to certify their willingness to participate in future interviews. Healthcare providers often receive little advance notice regarding interviews and may not be able to leave patient-care responsibilities to participate. This requirement may discourage providers from completing Form N-648 and create additional barriers for applicants seeking disability exceptions.	

	For the reasons discussed above, Project Citizenship strongly urges USCIS to withdraw the proposed revisions and return to the 2019 edition of Form N-648. At a minimum, USCIS should remove questions that exceed regulatory requirements, reduce unnecessary administrative burdens on applicants and medical professionals, and ensure that the disability exception process remains accessible to those Congress intended to protect. Thank you for your consideration of our comments.	
Seda Norodom	Dear USCIS. The proposed changes to the N-648 Medical Waiver would greatly harm most of my clients. It is already very difficult to find doctors willing to complete the N-648 form. By making it longer and repetitive, many doctors will not have the time and willingness to complete the N-648 form. It would be devastating to exclude such a large population from naturalization based on their disabilities. I kindly ask you to reconsider the proposed changes. Thank you. -Seda	USCIS notes that Congress decided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental disability or mental impairment. See INA 312. As indicated previously, the information collected is needed for the adjudication of an applicant's request for an exception of the educational requirements and relevant to determining his or her eligibility in accordance with the statutory and regulatory requirements. The requirement for detailed medical documentation, including diagnostic techniques and evaluation methods, is intended to ensure that medical certifications are supported by the factual information necessary to substantiate the nexus between the applicant's disability and their inability to satisfy the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b). The additional information in the revised Form N-648 will maintain and enhance integrity and accountability, and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. Therefore, although the additional information collection increases the burden on the medical professionals and applicants, these questions are necessary for the proper performance of the agency's function to comply with the legal requirements and to achieve the program's objectives. While the revision may increase the time needed to complete the form, USCIS added questions to obtain the factual information necessary to assess an applicant's eligibility for the exception from the educational requirement in accordance with the statutory and regulatory requirements. The questions are designed to elicit the needed information, in the least burdensome manner, while being narrowly tailored and directly related to the medical professional's examination and diagnosis, and enhance the quality of the information. Therefore, USCIS believes that these additional questions are the least burdensome but necessary manner to achieve the program's objective while maintaining and

		enhancing the integrity of it. USCIS also believes that it will significantly reduce requests for additional information related to the adjudication of the applicant's eligibility for the exceptions from the educational requirement. Based on these factors, USCIS believes the number of medical professionals willing to certify Form N-648 will not decrease.
	60 Day Comment Period	
ILRC Immigrant Legal Resource Center	Dear Mr. Pfirrman-Powell, The Immigrant Legal Resource Center (ILRC) opposes the revisions to the N648 proposed on August 29, 2025. The proposed changes are in violation of the law because they do not comply with the statute, the regulations or USCIS's own Policy Manual. A form cannot create a policy; it can only implement existing policy. The changes also violate the Administrative Procedures Act and the Paperwork Reduction Act. We request that USCIS withdraw these changes. We refer to Docket ID USCIS-2008-0021, OMB Control Number 1615-0060. **General Comments** We oppose the proposed changes to the N-648 and request that they be withdrawn. The changes create a series of substantial obstacles for naturalization applicants applying for a disability waiver of the English/civics requirement. The proposed changes create a form more than twice the length (10 pp.) of the current form (just over 4 pp.) that creates an undue burden on applicants and the medical professional who must complete the N-648. It also doubles the burden of time for USCIS adjudicators who must review this form. The barrier that these changes would pose is prejudicial to eligible waiver applicants. Standards expressed in the revised form are outside any guidance provided by the statute, regulations and USCIS Policy Manual. The form purports to create law and invents barriers to eligibility in areas where no such law has been established by legitimate guidance. Thoroughly completing the N-648 and complying with existing guidance is already a formidable challenge, as the standards have changed frequently in recent years. The USCIS Policy Manual was amended in June 20251 to tighten requirements for the N-648. We opposed the changes to the Policy Manual as they	**Response:** **Updated Policy and APA** No further changes were made based on this comment. USCIS disagrees that the revisions exceed USCIS' authority or are contrary to the INA 312 or its implementing regulations at 8 CFR part 312. USCIS also disagrees that proposed form changes violate the APA or Paper Reduction Act (PRA) and that the information collection is unduly burdensome, duplicative, or otherwise creates obstacles for naturalization applicants seeking a disability exception of the English/civics requirements, and the medical professionals completing the form. The Form N-648 revision is an information collection designed to elicit clinical evidence and factual details adjudicators require to determine whether an applicant meets the criteria for an exception from the English and Civics requirement consistent with INA 312 and 8 CFR part 312. Specifically, 8 CFR 312.2(b)(2) requires the medical professional to diagnose and attest to the origin, nature and extent of the physical and mental impairment of the applicant as the medical condition relates to the disability exceptions. The additional questions are necessary to ensure that the USCIS officer has the necessary information to assess whether the applicant meets the statutory and regulatory requirements for an exception. The additional questions also enhance and maintain the integrity of the benefit granted. Finally, USCIS believes that these additional questions potentially are reducing instances in which the Service has credible doubts about the veracity of the medical certification and thus, has to refer the applicant to another authorized medical source for a supplemental assessment. See 8 CFR 312.2(b)(2).

	unduly burdened applicants and made assumptions about fraud that are not warranted by the facts.2 The current revisions to the N-648 are not reflected by the Policy Manual, however, and the changes to the form create many new standards for eligibility that have no basis in law. The overall impact of these changes is to render otherwise eligible persons unable to qualify for the disability waiver and, consequently, for naturalization. Physicians who complete the N-648s are unfairly burdened by the voluminous additional questions in the N-648, many of which are repetitive and confusing. Physicians may simply refuse to complete such a complex and lengthy form, leaving eligible applicants with no path to apply.3 As the CIS Ombudsman has noted, medical professionals often balk at completing a lengthy and complex form. In addition, the assumption that USCIS makes that fraud is a problem in the disability waivers that must be solved by doubling the length of this form with repetitive and irrelevant questions is unwarranted by USCIS's own records. As the CIS Ombudsman reported, USCIS already has a robust process for investigating immigration benefit fraud through the Fraud Detection and Analysis Directorate (FDNS), and in FY 2020, only 0.5 % of N-648 1 USCIS, Policy Alert (June 13, 2025) https://www.uscis.gov/sites/default/files/document/policy-manualupdates/20250613-N-648MedicalCertification.pdf . 2 ILRC, ILRC Comment, (July 9, 2025) https://www.ilrc.org/resources/ilrc-comment-opposing-uscis%E2%80%99srevisions-guidance-disability-waivers-english-and-civics . 3 See CIS Ombudsman Annual Report 2021, p. 47. https://www.dhs.gov/sites/default/files/publications/dhs_2021_ombudsman_report_med_508_compliant.pdf 3 filings (302 of 65,091) were referred to FDNS of which only 66 (0.1 percent) were found to be fraudulent.1 The additional restrictive changes to the N-648 form for disability waivers are unnecessary and are unsupported by USCIS's own record.4 If these revisions are adopted, this vulnerable population of applicants are faced with denial for simple mistakes and misunderstandings of a complex process because of the new standards. In sum, these proposed form changes would implement many of the worst practices that advocates had complained of in some USCIS offices where disabled applicants were treated with disrespect and were subject to a dismissive attitude of fraud by adjudicators, who often substitute their own judgement and opinions in lieu of the unbiased standard	USCIS Policy Manual is the agency's centralized online repository for USCIS' immigration policies and directing officers how to adjudicate benefit requests. This Form N-648 revision will be coordinated with a Policy Manual update that conforms to the new changes in the form. Until the form goes into effect, the current guidance is still being used to guide adjudication of the current version of Form N-648.

	contemplated by the law. Justification for this assumption of fraud and unreliability of physician's certifications was not provided in the form changes. Our partner organizations report that qualified disability waiver applicants will face a gauntlet of new hurdles in applying for disability waivers if these changes are adopted. The Proposed Changes to the N-648 Are Not Authorized by Law, Regulation or the USCIS Policy Manual Guidance	
ILRC	A. **Doctor-Patient Relationship – There is no legal requirement that a "regularly treating physician" must complete the N-648, yet the revised N-648 and instructions impose that standard.** The proposed changes include several questions to the certifying physician that express a preference for a "medical professional who provides ongoing care for the applicant,"5 and if they are not a regularly treating physician, they must justify why they are completing the form. They also must list the name, address and phone number of the "regularly treating physician." Furthermore, they must explain why the regularly treating physician was unwilling or unable to complete the form. This requirement is invented out of thin air, as neither the regulations nor USCIS Policy Manual have any reference to or requirement of a "regularly treating physician." N-648 applicants seek out a medical professional to evaluate whether they have a disability or impairment that renders them unable to learn or understand English/civics – this does not mean that they have the resources or ability needed to see a doctor on a regular basis. In addition, it is nonsensical to ask the certifying physician why someone else (the nonexistent "regularly treating physician") failed to complete the form, as they would have no information as to the existence or mindset of such a person. 4 Id. 5 Proposed changes to N-648 instructions, p. 4, Item 1.P. 4 The applicants for a disability waiver who our community represents are often low-income, further exacerbating the difficulty of finding and paying for a "regularly treating" physicians.6	**Regularly-Treating Physician**: There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability or impairment and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document the reason that medical

	Most N-648 applicants consult a physician or specialist on a one-time basis to perform the needed evaluation, as that is what they can afford, and that is what the law requires. There is no reference to or requirement of a regularly treating physician in the statute, regulations or USCIS's own Policy Manual.7 The law requires that the medical professional must be properly licensed in the United States or one of its territories, not that they be a "regularly treating physician." Many times, applicants must consult specialized medical professionals even if they have a regularly treating physician because of the nature of their disability. Other applicants may not have a regularly treating physician at all. There is no reasonable justification for requiring the doctor to be a regularly treating physician, and this creates an arbitrary barrier to otherwise eligible applicants.	professional is certifying Form N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication.
ILRC	B. **There is no legal requirement that the certifying physician provide treatment or therapy to "cure" an applicant's disability** that prevents the learning of English/civics, yet the revisions to the N-648 incorrectly impose that standard. The revisions to the N-648 ask the certifying physician to describe their treatment or therapy that would allow the applicant to learn and demonstrate the English/civics requirement, and the physician must explain why they did not include such treatment information if they have not made such a prescription. Again, this requirement is invented and imposes an illegal barrier to a disability waiver. There is no requirement of treatment in the statute, regulations or USCIS Policy Manual, which focus on evaluating the disability and its connection to the ability to learn and understand English/civics.8 Whether the condition can be subject to therapy is irrelevant, and goes beyond any requirements that exist in law. It also discourages a certifying physician from completing the form, for fear that they haven't performed needed requirements.	**Providing Treatment or Therapy**: The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and is therefore relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. It provides the officer with the necessary and relevant information, supports Form N-648 process integrity, and deters fraudulent or unsupported claims.
	C. There is no legal requirement that the applicant be tested by **ability to perform daily activities** such as employment or education, but the revised N-648 would impose that standard. 6 Association of American Medical Colleges, New AAMC Report Shows Continued Projected Physician Shortage (Mar 21, 2024), "We know that people struggle to find new physicians — both primary care and specialists — so the real-world	**Daily Activities Question:** The inclusion of questions regarding daily activities does not establish a new eligibility standard.

	impact of the physician shortages in our research findings is felt every day by people all over the country," https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physicianshortage . 7 INA § 312, 8 CFR § 312.2(b)(2), 12 USCIS-E.3 do not contain the words or requirement of "regularly treating physician." 8 Id. 5 Both the revisions to the N-648 form and its instructions demand that the certifying physician explain not just how the disability impacts the learning of English/civics, but also whether the applicant can perform specific functions in daily life, including employment, school, driving a car, preparing meals and maintaining hygiene. This requirement is also invented as it does not exist in the statute, regulations, or USCIS Policy Manual.9 In addition, it contradicts the USCIS Policy Manual instructions on how to evaluate sufficiency of an N-648, and it invites USCIS officers to second-guess the evaluation of qualified physicians by inquiring into daily activities. Many wrongful denials will be encouraged by this as adjudicators will substitute their opinion of disability for that of a qualified medical professional. Daily activities are not a criterion for a disability waiver. The law requires a disability or impairment that prevents an applicant from learning or understanding English and/or civics.	Rather, USCIS needs the information to assess the nature, origin and extent of the medical condition(s) as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers must assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation.
ILRC	D. The revised form states that the **medical professional "must examine the applicant in person"** despite guidance in the USCIS Policy Manual that specifically permits telehealth exams. The revised N-648 directly contradicts the agency's own guidance in the USCIS Policy Manual. The revised form contains the mandatory language that the physician "must examine the applicant in person," even though the USCIS Policy Manual has provided since 2022 that "USCIS may accept a Form N-648 certified by an authorized medical professional who completed the [applicant's] medical examination through a telehealth examination." In the era of the COVID pandemic, the in-person exam became an unreasonable requirement as many medical professionals turned to remote examinations, especially for patients with additional vulnerabilities such as those who have disabilities or impairments. Although the form revisions later state that "if necessary, communication with the applicant may be conducted through an interpreter by telephone or tele-video,"	The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures related to the completion of Form N-648. The updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission.

	this caveat is meaningless with the mandatory language preceding it that requires an in-person exam.	
ILRC	**E. The proposed N-648 imposes a new standard for sufficiency on the N-648 not based in law.** The collective impact of these *ultra vires* additions to the N-648 form that do not exist in the Policy Manual is to create a new standard for sufficiency that is not based in law and will result in many unfair denials. The USCIS Policy Manual puts forth a standard for judging the sufficiency of an N-648: *"An officer must find the Form N-648 insufficient if the form lacks any of the required information detailed below.* *1. Sufficient Form N-648* *A request for a medical disability exception is sufficient if it contains the following information:* • *Clinical diagnosis of the alien's disabilities or impairments that render the alien unable to meet the English and civics requirements;* **[28]** • *Indication whether any disability or impairment has lasted, or is expected to last, at least 12 months;* • *Statement that the physical or developmental disability or mental impairment is not the result of the illegal use of drugs;* • *Description of the clinical or laboratory diagnostic methods used to diagnose each disability or impairment;* • *Date that the medical professional last examined the alien for the disability or impairment;* • *A sufficient explanation of how the alien's disability or impairment prevents the alien from meeting the English requirement, the civics requirement, or both requirements (the "nexus"); and* • *Form N-648 must be properly completed, certified, and signed by all appropriate parties."* However, the agency proposes N-648 changes that would also	**New standard for sufficiency on the N-648** As explained above, these changes are intended to operationalize existing sufficiency criteria established by statute and regulations. Specifically, the changes clarify the criteria needed for a clinical diagnosis, including evidence of duration of disability or impairment and a clear explanation of the nexus between the disability or impairment and the inability to meet the English and civics requirements. This information collection is also intended to reduce follow-up and inconsistent denials because of lack of specific clinical information. The form does not add new eligibility requirements; rather, it eliminates ambiguity and ensures that necessary information is collected to make a sound and consistent determination on the sufficiency of Form N-648 and reduce instances of fraud in the program.

	require that the physician be the regularly treating physician, that the applicant be examined in person, and that the physician and adjudicator examine applicant's ability to perform daily activities, among other changes. The form also asks questions about treatment imposed as well as detailed information on repeated visits to the certifying physician, none of which is required by the law. None of these requirements is supported by law or the agency's internal guidance on how to judge sufficiency of a disability waiver that warrants approval.	
ILRC	**F. Inclusion of oath waiver question is inappropriate and creates additional barriers for applicants.** As stated in prior comments to USCIS on N-648 revisions that resulted in the inclusion of an oath waiver questions for the first time in 2022,13 we remain concerned by the addition of a question asking the medical professional to make a judgement on the applicant's ability to understand the oath of allegiance for naturalization. This question was added to the N-648 in Part 12 12 USCIS-PM E.3.H.1. 13 Naturalization Working Group, Advocacy Comment on the N-648 Naturalization Disability Waiver Form, November 9, 2021, https://www.ilrc.org/advocacy-comment-n-648-naturalization-disability. 7 4, Question 1: "Is the applicant able to understand and communicate that they understand the meaning of the Oath of Allegiance to the United States?" The medical professional will have no professional knowledge of what the oath contains or what an oath waiver entails, nor how an oath may legally be modified or simplified for an appropriate applicant. In an example of confusion that this question causes, a partner program informed us that a doctor was filling out the N-648 under the guidance, and when they came to the oath of allegiance question, not knowing what that meant, the doctor googled it, and concluded that it must be the pledge of allegiance. The doctor then questioned the naturalization applicant about their understanding of the pledge of allegiance before arriving at an answer for the N-648. This kind of confusion is common and is created by including this question on the N-648. The question of the oath waiver was not included in the N-648 before 2022, as it is based on a separate law and is requested through a separate process. Congress intended to make an oath waiver available to certain severely disabled	**F + G: Burdens and barriers** USCIS considered the respondent's concern about the inclusion of the oath question on Form N-648 and removed the oath waiver question from the proposed Form N-648 and will be moving it into a separate form. USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they

	applicants who could not understand the oath by explicitly changing the statute to allow that in 2000.14 This was an entirely separate law than the 1994 naturalization disability waiver that can waive the English/Civics requirement.15 These two laws should not be conflated by asking a medical professional who is required to assess the ability to learn English and/or civics to also judge whether an oath of allegiance can be understood, thus determining whether an oath waiver is needed. The addition of this question has led to many unnecessary oath waiver requests since it was first included in the 2022 revisions. If an oath waiver is requested, according to the USCIS Policy Manual, the applicant will need to have a qualifying U.S. citizen relative who is also a primary caregiver or a court-ordered legal guardian, surrogate or designated representative act on their behalf.16 This requirement does not exist for applicants seeking a disability waiver of the English and/or civics requirement. 14 INA § 337(a). Pub. L. 106–448 (July 12, 2000). 15 INA § 312(b)(1). Section 108 of the Immigration and Nationality Technical Corrections Act of 1994, Pub. L. 103-416 (Oct. 25, 1994). 16 This limited list of persons who can act in place of a disabled applicant are in 12 USCIS-PM C.3.A.4 and 12 USCIS-PM J.3.C.2. ILRC has commented separately to USCIS that the requirements of certain U.S. citizen relatives or a court-ordered guardian is an unreasonable barrier to the oath waiver that was created by the USCIS Policy Manual. To avoid creating additional bars to oath waiver applicants USCIS should allow a more inclusive list such as "a family member, social worker or trusted individual" to stand in for the naturalization applicant who cannot understand the oath. ILRC, Advocacy Letter on Oath Waiver and Accommodations for Naturalization Applicants with Disabilities (June 21, 2022) https://www.ilrc.org /ilrc-advocacy-letter-oath-waiver-and-accommodations-naturalization-applicantsdisabilities . 8 Our concern is that many applicants do not have one of the limited U.S. citizen relatives currently allowed by the USCIS Policy Manual to act for them in this process, nor do they have the time or funds available to go through a lengthy court-ordered guardian or representative process. We recommend that USCIS eliminate the question about the oath of allegiance from the N-648, since the waiver of the English/civics requirement is the focus of this form, and the underlying law is separate from that of the oath requirement and its waiver.	are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS appreciate this commenter's input, however, the time burden did in fact increase in response to these proposed changes. The current estimated time burden for Form N-648 is estimated at 2 hours per response for the medical professionals and 8 hours per response for the applicant. This includes 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. Based on the proposed edits for this revision action, USCIS is reporting an increase in the estimated time burden for medical professionals of 0.4 hours (24 mins) and no change for the estimated time burden for applicants.

	G. USCIS fails to justify doubling the burden of completing an N-648 on applicants, physicians and adjudicators. The revised N-648 is 10 pages long, compared to 4 pages for the current version. This change will greatly increase the burden on applicants, certifying medical professionals and adjudicators. The Federal Register notice estimates that the burden will be 2.4 hours for physicians, and 8 hours for applicants.17 This time estimate is identical to what was estimated for the prior version of the form, which was less than half the length and did not contain dozens of irrelevant questions.18 A more reasonable estimate of the burden would be at least twenty hours on applicants, and fifteen hours on physicians. The amount of time required to complete the form will necessarily increase simply by the number of questions, many of which are repetitive and unnecessary, and others of which are irrelevant. All are very time consuming. The revised form creates multiple obstacles for otherwise eligible applicants for a benefit because it asks information not required by the law or regulations, it creates new and unfair standards for eligibility, it requests burdensome, repetitive, or unnecessary supporting documentation, all of which we object to as excessive burdens on the public, which the Paperwork Reduction Act is supposed to prevent. If a proposed form change would increase the amount of time that advocates and immigrants would have to spend completing the form, as is clearly the case here, there should be supporting justification from the agency for that change.19 The agency provided no such justification for doubling the length and burden this form will pose.	
ILRC	H**. Revisions to the USCIS Policy Manual in June 2025** We have previously filed our objections to changes in the USCIS Policy Manual which require that an applicant must file their N-648 simultaneously with their N-400 and which impose credible doubt on applicants who for legitimate reasons may have filed multiple N-648s.20 We repeat our objections to those changes here. Conclusion For the above reasons we urge USCIS to withdraw these proposed revisions to the N-648	USCIS did not make any additional changes based on this comment. Current regulations under 8 CFR 312.2(a)(2) require the submission of Form N-648 with form N-400. USCIS will still accept a Form N-648 if the applicant demonstrates extenuating circumstances such as the applicant developing a disability or medical condition after filing the naturalization application.

Commenter 2	Topic	Response
Elsie Arias	I am deeply concerned that the recent changes to Form N-648 create **unnecessary barriers** for individuals with cognitive impairments and learning disabilities seeking the disability exception. The new requirements place excessive emphasis on detailed medical documentation rather than the functional impact of the disability, disadvantaging those with limited access to diagnostic resources or formal records. Many individuals with lifelong learning or cognitive challenges cannot provide the level of specificity now required, which risks excluding eligible applicants and undermines the form's purpose—to ensure equitable access to naturalization for those whose disabilities genuinely prevent them from learning or demonstrating English and civics knowledge.	**Response**: USCIS did not make any additional changes based on this comment. USCIS respectfully acknowledges the concerns expressed by the commenter. The form asks the necessary questions that a medical professional needs to answer for USCIS to determine whether an applicant qualifies for an exception to the educational requirements. The form does not require that the medical professional attach supporting and detailed medical documentation/report, including diagnostic techniques and evaluation methods. These attachments ensure that medical certifications are supported by the factual information necessary to substantiate the nexus between the applicant's disability and their inability to fulfill the English and civics requirements in INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b). The form allows the medical professional to also attach supporting medical diagnostic reports or records, if helpful, and provides flexibility for medical professionals to explain impairments using common, accessible language, ensuring consideration of individuals with limited access to advanced diagnostic resources. Therefore, attaching this type of information is optional; however, USCIS notes that through the certification, the medical professional attests that, if required, the medical professional will furnish USCIS with relevant medical records, if required by USCIS.
Commenter 3.	**Topic**	**Response**
Anonymous	Often primary care physicians do not want to fill out these forms because they may not be compensated for their time and are **not qualified to evaluate for cognitive impairment** and learning disabilities.	**Response:** No changes will be made based on this comment. USCIS notes that, pursuant to 8 CFR 312.2(b), only medical or osteopathic doctors licensed to practice medicine in the United States or clinical psychologists licensed to practice psychology in the United States may complete Form N-648 provided that these medical professionals are experienced in diagnosing those with physical or mental medically determinable impairments and provided that they are able to attest to the origin, nature and extent of the medical conditions as it relates to the exceptions. There is no requirement that primary physicians complete the information collection under the INA or the regulations. The information collection is necessary to determine an applicant's eligibility for an exception from the educational requirements based on his or her disability or impairment. The medical professionals may have various reasons for not certifying the forms and that is something the applicant should discuss with their medical professionals.

Commenter: 4.	Topic	Response
Seattle Office of Immigrant and Refugee Affairs (OIRA)	Dear Mr. Pfirrman-Powell: The City of Seattle ("City") respectfully submits this comment on the proposed revision of Form N-648 Medical Certification for Disability Exceptions published on August 29, 2025. The City of Seattle opposes the proposed revisions to Form N-648 on the grounds that it would limit the ability for eligible-to-naturalize Seattle residents with disabilities to complete the Medical Certification for Disability Exceptions, and attain the full legal benefits that come with naturalization. The proposed revision will disproportionately impact low-income, disabled individuals and exacerbate existing challenges for eligible individuals to access healthcare providers willing to complete Form N-648. **I. The City of Seattle's interest in the proposed changes to Form N-648, Medical Certification for Disability Exceptions.** The City of Seattle ("the City") is a Welcoming City with a commitment to protect the rights of immigrants and refugees, who are integral members of our families and communities. Approximately 19.4% of City of Seattle are foreign-born[19] with nearly 200,000 estimated eligible to-naturalize Lawful Permanent Residents in the Seattle metropolitan area.[20] In 2012, the City created the Office of Immigrant and Refugee Affairs (OIRA) to improve the lives of Seattle's immigrant and refugee families. Through OIRA, the City of Seattle coordinates the New Citizen Program, which funds and partners with non-profit Department of Justice-recognized organizations to assist low-income Seattle-area LPRs with citizenship applications. The City of Seattle's interest in and commitment to investing in naturalization services is rooted in the belief that our democracy and communities are stronger with an inclusive and engaged citizenry. Immigrants who become U.S. citizens gain substantial rights	**Response:** Thank you for submitting this feedback. Please see below USCIS's answers to each of your concerns.

[19] U.S. Census Bureau, U.S. Department of Commerce. "Selected Social Characteristics in the United States." American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP02, https://data.census.gov/table/ACSDP1Y2023.DP02?g=040XX00US53_050XX00US53033_160XX00US536 3000
[20] Eligible to Naturalize Dashboard. USCIS, https://www.uscis.gov/tools/reports-and-studies/immigration-andcitizenship-data/eligible-to-naturalize-dashboard. Accessed 10/14/2025.

	and access to benefits, including the right to vote and run for office, protection from deportation, extending citizenship to their children, and the ability to petition for family members living abroad to join them in the United States. Economically, naturalization is linked to increased wages, higher rates of home ownership, and expanded employment opportunities, all of which increased spending power and tax revenue to boost the local Seattle economy. The New Citizen Program began in 1997 as a partnership between the City of Seattle, State of Washington, and Seattle Housing Authority, recognizing the importance of supporting low income LPR residents access the legal protections and benefits that accompany naturalization, focusing on vulnerable residents who cannot navigate the naturalization process on their own or afford to hire an attorney. The New Citizen Program continues to focus on serving low income immigrants and refugees who face the greatest challenges to gaining U.S. citizenship because of significant socio-economic barriers related to age, disability, limited-English proficiency, and low-literacy. Organizations in the New Citizen Program provide legal representation, tutoring, and other services to approximately 1,000 vulnerable low-income clients per year[21] Approximately 25% of the naturalization applicants served through the New Citizen Program receive support with submitting Form N-648 along with their naturalization application.	
Seattle (OIRA)	**II.** The proposed revisions significantly **increase the burden on doctors, naturalization applicants and their legal representatives, and adjudicators** to prepare and review Form N-648 without justification. The proposed change to the Form N-648 and Instructions reduce access to naturalization for people with disabilities. In its notice outlining the proposed revisions, USCIS does not provide any justification or rationale for why these changes would be helpful, necessary, or even likely to aid in the fair and efficient adjudication of the form. The proposed changes fail to meet the objectives of the Paperwork Reduction Act, lacking practical utility and making the process more rigid, and burdensome for	**A. Increased Burden of Completing Revised N-648.** USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with

[21] See http://www.seattle.gov/iandraffairs/programs-and-services/citizenship#NCC

	applicants, their legal representatives, medical professionals, and USCIS adjudicators. The proposed form does not minimize the burden of the collection on respondents, but in fact significantly increases the burden on medical professionals to complete the form. The proposed revisions double the length of the current 9/25/2024 version of Form N-648 from just over 4 pages to 10 pages. While the current 9/25/2024 form includes 7 questions for doctors to complete in Part 3. Information About Disabilities and/or Impairments, the proposed version requires doctors to complete 19 questions in this section, many of which require detailed, narrative responses. The Federal Register notice estimates that the **burden to complete the proposed form will be 2.4 hours** for medical professionals, which is exactly the same estimate that was provided for the prior version of the form, which was less than half the length and number of questions. The amount of time required to complete the form will necessarily increase simply by the number of questions, many of which are repetitive, and others of which are irrelevant. The City of Seattle's stakeholders who provide naturalization services suggest 10-20 hours is a more reasonable estimate of the amount of time required by medical professionals to complete the form. The amount of time required for adjudicators to review the form will also more than double due to the increased form length, increased number of questions, and new requirement to complete separate responses for each disability. The N-648 form is **very burdensome for legal representatives** as well, who must work closely with the medical professional to ensure it is completed correctly. The City of Seattle routinely hears from the organizations in the New Citizen Program that assisting applicants with Form N648 often requires multiple calls, visits, or back-and-forth e-mails between legal advocates and doctors to sufficiently explain the form and its requirements to the medical professional and obtain the necessary level of detail in the responses. With the proposed form more than doubling the number of questions for doctors to complete, including several redundant questions and questions with wording that may be	INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. USCIS appreciate this commenter's input, however, the time burden did in fact increase in response to these proposed changes. The current estimated time burden for Form N-648 is estimated at 2 hours per response for the medical professionals and 8 hours per response for the applicant. This includes 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. Based on the proposed edits for this revision action, USCIS is reporting an increase in the estimated time burden for medical professionals of 0.4 hours (24 mins) and no change for the estimated time burden for applicants.

	confusing for doctors to interpret, the burden will increase for legal representatives who need to coordinate with their applicants' doctors in order to prepare an adequate Form N-648. **Applicants may have to visit the medical professional's office multiple times** to pick up the form as it goes through an increased number of revisions due to the changes in the complexity and number of questions, as described in the previous paragraph. Moreover, the proposed form now requires applicants to be examined in-person by the medical professional completing their N-648. There are various reasons an applicant might not be able to attend an in-person medical appointment for the N-648, including limitations tied to their disability, or lack of transportation and/or travel required to reach a relevant specialist in their insurance network. The proposed changes to the N-648 are not necessitated by any changes in law or policy, nor by any known deficiency in the form's current version. These changes will serve only to make the application process more challenging for eligible naturalization applicants and their doctors, all while making the application's adjudication more time-consuming for USCIS officers.	
Seattle (OIRA)	In addition to more than doubling the number of questions medical professionals must field for each applicant, for applicants with multiple disabilities, the proposed form now requires medical professionals to **complete a separate Section 9 for each additional relevant disability**, adding further obstacles. The current 9/25/2024 form and prior versions of the form allow doctors to provide information on all relevant disabilities in one set of questions. As we have experienced with the clients in Seattle's New Citizen Program, it is quite common for an individual to have multiple disabilities that impact their ability to prepare for the naturalization test, and requiring doctors to respond to questions separately for each disability rather than combine their responses, will further add to the burden on medical professionals.	**B. Requirement for Separate Responses for Each Disability.** The requirement to complete separate responses for each disability aligns with the goal of ensuring comprehensive documentation so USCIS can assess the basis for each of the applicant's physical or developmental disabilities or mental impairments as well as validity of the medical evaluation. It is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, and assists officers to consider the sufficiency and reliability of the medical professional's assessment as part of USCIS mandated adjudicative function and mission. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims.

		The form does not prohibit the submission of additional documents, such as medical records, to complement the details provided in the individual sections. Finally, if only one disability is the sole cause of the applicant's exception request, the medical professional does not have to include further disability or impairment information in the form.
Seattle (OIRA)	Since 2022, the USCIS Policy Manual has provided that "USCIS may accept a Form N-648 certified by an authorized medical professional who completed the [applicant's] medical examination through a **telehealth examination**." Remote medical appointments, which have become increasingly common since the COVID-19 pandemic, are still widely utilized and are often significantly more available than in-person appointments. Especially considering the proposed form only impacts disabled individuals, this proposed change will add an unnecessary burden on applicants, who already face many challenges finding medical professionals to complete the Form N-648.	**C. Form's "In-person examination" vs. telehealth exams in the USCIS Policy Manual.** The revised form clarifies that an in-person examination will be the only acceptable type of medical examination once the form goes into effect. The policy guidance will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission.
Seattle (OIRA)	**III. The proposed revisions will likely further reduce the number of medical professionals willing to complete Form N-648, due to the increased burden to complete the form and new Medical Professional's Certification, which will harm Seattle residents' ability to naturalize.** Applicants already face increasing challenges in finding a medical professional willing to complete Form N-648. The CIS Ombudsman has recognized "it is often difficult to find a medical professional willing to complete the Form N-648".5 For years, the City of Seattle's New Citizen Program organizations have reported Seattle residents facing significant barriers in accessing appointments with medical professionals who are willing and able to complete Form N-648, due to the limited number of doctors in this category. Many individuals have primary care providers	**D. Chilling Effect on Medical Professionals Completing Form N-648** With the additional certification language for medical professionals, USCIS is merely restating the current state of USCIS investigative authorities and the medical professional's obligations. As outlined in 8 CFR 312.2(b), the medical professional attests, by signing Form N-648, that he or she has answered all the questions in a complete and truthful manner, that the medical professional and the applicant agreed to the release of all medical records relating to the applicant that may be requested by USCIS and that the medical professional attests that any knowingly false or misleading statements may subject him or her to the penalties for perjury pursuant to Title 18, United Stated Code (U.S.C.), Section 1546 and 8 U.S.C. 1746 and to civil penalties under section 274C of the Immigration and Nationality Act. USCIS' investigative authority can also be found at 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

	who are not permitted to complete Form N-648 because they are Nurse Practitioners, Physician Assistants, or Advanced Registered Nurse Practitioners. Numerous local health clinics in Seattle that many low-income immigrants rely on for their primary health services have policies that prohibit their medical providers from completing Form N-648 due to the significant burden. The CIS Ombudsman has recognized this issue of medical professionals often refusing to complete the lengthy and complex Form N-6486 . By more than doubling the burden on medical professionals to complete the N-648, more physicians will likely refuse to complete Form N-648, which will significantly increase the challenges in finding and securing an appointment with a medical professional willing and able to complete the form, needed to continue on the path to naturalization. The proposed form changes language in the Medical Professional's Certification that may also deter medical professionals from completing Form N-648, further impeding the ability for eligible applicants with disabilities from applying for naturalization. In the proposed form, medical professionals will now be required to certify that "I will promptly comply with and response to any request from USCIS and cooperate fully with any investigations related to this certification...including participating in interviews or offering professional testimony if necessary...". As previously discussed, medical professionals already often refuse to complete the current version of Form N-648 due to the burden of its length and complexity. Medical professionals will be even more hesitant to agree to complete a form for a patient if this means potentially being required to participate in an interview, offer testimony, or have an on-site visit to their offices by immigration officials, as those activities are not compensated by medical insurance. While the need to prevent fraud is understandable, the USCIS Ombudsman has noted in FY20 fewer that .1% of N-648s referred to the USCIS Fraud Detection and National Security (FDNS) Directorate were found to actually be fraudulent. Therefore, adding the proposed language to Medical Professional's Certification that may lead to a chilling effect on doctors completing the form is unjustified, unnecessary and have an undue burden on eligible applicants' ability to pursue naturalization.	the HSA, 6 U.S.C. 202, and 271(a)(3), and 8 CFR 2.1. Under these authorities, 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. Pursuant to INA 287 and 8 CFR part 287, and 8 CFR part 335, USCIS may also subpoena the information as part of the investigation. Thus, the changes in the certification language in the revised N-648 are necessary to enhance transparency and support the integrity and accountability, potentially deterring fraudulent claims, and affirming the authenticity of medical certifications. While USCIS recognizes the commenter's concerns about acknowledging the fraud detection statistics from FY 2020, maintaining the accuracy and credibility of medical certifications ensures USCIS's compliance with statutory and regulatory obligations under INA 312(b)(1) and 8 CFR 312.2(b). Fraud prevention safeguards, such as the outlined cooperation in investigations, are critical for ensuring the integrity of the disability exception process. **E. Reduction in the Number of Medical Professionals Willing to Complete Form N-648** While the revision may increase the time needed to complete the form, USCIS added questions to obtain the factual information necessary to assess an applicant's eligibility for the exception from the educational requirement in accordance with the statutory and regulatory requirements. The questions are designed to elicit the needed information, in the least burdensome manner, while being narrowly tailored and directly related to the medical professional's examination and diagnosis, and enhance the quality of the information. Therefore, USCIS believes that these additional questions are the least burdensome but necessary manner to achieve the program's objective while maintaining and enhancing the integrity of it. This structure allows medical professionals to perform their duties effectively while providing necessary information. USCIS also believes that it will significantly reduce requests for additional information related to the adjudication of the applicant's eligibility for the exceptions from the educational requirement. Based on these factors, USCIS believes the number of medical professionals willing to certify Form N-648 will not decrease.

Seattle (OIRA)	By deterring medical professionals from completing Form N-648 for their patients, the proposed form creates a significant impediment for disabled individuals' access to citizenship and contradicts Section 504 of the Rehabilitation Act of 1973, which protects qualified individuals from discrimination based on their disability. Section 504 states that, "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service".[22] The City of Seattle is highly concerned about the impact the proposed changes will have on reducing access to citizenship for disabled residents and leaving eligible individuals with no pathway to apply for naturalization. We recommend that USCIS work to minimize the exclusion of disabled LPRs by making the form less burdensome for medical professional to complete and removing the proposed changes to Part 7.1 of the form.	**F. Violation of Section 504 of the Rehabilitation Act of 1973** Section 504 of the Rehabilitation Act of 1973, codified at 29 U.S.C. section 794, provides in pertinent part: "No otherwise qualified individual with a disability … shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency…" There is no denial of the benefit based on disability or the impairment. USCIS notes that the Form N-648 revision complies with this section and does not exclude any class of disabled individuals, nor does it narrow eligibility for the disability exception. All applicants who are "otherwise qualified" may still apply for an exception via Form N-648 and the exception remains available as prescribed by INA 312. Also, accommodations pursuant to Section 504 of the Rehabilitation Act are different from medical disability exceptions under INA 312(b). The Form N-648 revisions do not affect an applicant's ability to request an accommodation. USCIS provides accommodations consistent with section 504 of the Rehabilitation Act. See USCIS, "Disability Accommodations for the Public," https://www.uscis.gov/about-us/disability-accommodations-for-the-public. Further, the revised Form N-648 questions do not present a barrier or discrimination based on a disability—they are a means to verify that an applicant is unable to meet the required proficiency in English or the knowledge and understanding of civics because of a disability or mental impairment, even with reasonable accommodations.
Seattle (OIRA)	**IV. Conclusion** The proposed changes to Form N-648 are not necessary, do not have practical utility, do not enhance quality or utility of the information being collected, and will significantly increase the burden on applicants, medical professionals, legal practitioners, and USCIS adjudicators. The proposed changes will negatively impact City of Seattle residents by	USCIS disagrees. As explained in other responses, the questions added are necessary to properly review the medical certifications for integrity and consistency. These questions have practical utility to USCIS and will further enhance USCIS' ability to fully review the medical certifications.

[22] Rehabilitation Act § 504.

	rendering otherwise eligible immigrants unable to complete the disability waiver and, consequently, apply for naturalization. The City of Seattle Office of Immigrant and Refugee Affairs is in complete opposition to the proposed revisions to the N-648 and urges USCIS to rescind it immediately	
5.		
Commenter: Amanda S.	I understand the effort to try and improve how information is collected for immigration services; it is important to have efficient systems, full of accurate data, to ensure benefits are distributed to the fullest potential. However, this suggested process does not balance efficiency with accessibility nor equity. Thus, I reject this revision. Complex forms, such as the 10-page document proposed, can create barriers for people with limited English proficiency, low literacy, or disabilities. This can discourage the targeted vulnerable population from accessing essential services such as health care, education, and/or legal assistance. Under the human rights guidelines General Comment 14, this revision would violate the principle of accessibility. Then, per the human rights guidelines General Comment 16, there is a need to disclose privacy and protection measures. This is critical to prevent misuse or threatening information leaks and needs to be incorporated into this proposed revision. I urge this process to be drastically shortened, made to be inclusive, non-discriminatory, and intentional in minimizing both individual burden and structural barriers. Transparency and accessibility of this procedure is necessary to protect the rights and well-being of all applicants, especially those who are already struggling to utilize the service.	**Response:** No changes were made to the information collection based on this comment. The information collected is needed for the adjudication of an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements. See INA 312 and 8 CFR part 312. The additional information in the revised N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. Therefore, although the additional information collection increases the burden on the medical professionals and applicants, these questions are necessary for the proper performance of the agency's function to comply with the legal requirements and to achieve the program's objectives. Further, the commenter does not explain how this information collection violates human rights guidelines General Comments 14 and 16, nor how it is exclusive or discriminatory. USCIS already provides reasonable accommodations for applicants with disabilities. See USCIS Policy Manual, Volume 12, Part C, Accommodations, at https://www.uscis.gov/policy-manual/volume-12-part-c. See also USCIS, "Disability Accommodations for the Public," https://www.uscis.gov/about-us/disability-accommodations-for-the-public. Additionally, all systems containing this information are governed by and in compliance with the Privacy Act of 1974, 5 U.S.C. 552a, and the E-Government Act of 2002. USCIS also limits required fields to only those necessary for adjudication.
Commenter 6.	**Topic**	**Response**
Melissa Sutcliffe	I respectfully submit this comment on the proposed revision of Form N-648 Medical Certification for Disability Exceptions published on August 29, 2025. I am a neuropsychologist, that is, a licensed psychologist who specializes in disorders of the brain that impact cognitive abilities	**Risk of officers making their own medical judgments:** USCIS agrees with the commenters statement that adjudicators should not substitute their own medical judgment for the determinations of appropriately licensed and clinically qualified professionals. The USCIS Policy Manual states that "USCIS generally presumes that

	including those abilities that are important to fulfilling the requirements of the citizenship exam. As a neuropsychologist, I am intimately familiar with how thinking skills such as learning, memory, language, reading, and writing can have an effect on test-taking behavior. Given my professional background, I have grave concerns about the 8/29/2025 proposed changes to the N648 process. I trained for many years to become a licensed psychologist, and passed rigourous training and assessment standards to become board certified in clinical neuropsychology. As such, I do not believe that officers should substitute their own untrained clinical judgment for that of the licensed professionals who complete N648 evaluations. In addition, many of the proposed changes would limit the abilities of individuals with disabilities who are applying for citizenship to complete the Medical Certification for Disability Exceptions process. These revisions do not accommodate appropriately many disabilities (reading disabilities, language disabilities) and no sufficient justification is given for these proposed changes.	the medical professional's diagnosis is valid, unless credible evidence suggests otherwise." (See https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3). To that effect, USCIS is collecting the additional information as it is necessary to assess an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements at INA 312 and 8 CFR 312. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. USCIS believes that the information will reduce the possibility that adjudicators have questions related to the determination, and thus, likely alleviate the commenter's concerns related to an officer's substituting their own judgment for the determination of the medical professionals. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. Therefore, USCIS believes that this information collection will not result in adjudicators rejecting clinical diagnoses without credible evidence to the contrary. However, the authority to review, evaluate and adjudicate disability exceptions related to Form N-648 rests solely with the USCIS officers, not with the medical professional. The officer views the totality of circumstances to conclude whether the applicant meets the exception eligibility criteria based on law and fact.
Commenter 7.	**Topic**	**Response**
Jennifer Stinson	I respectfully submit this comment on the proposed revision of Form N-648 Medical Certification for Disability Exceptions published on August 29, 2025. I am a neuropsychologist specializing in disorders of the brain that affect cognitive abilities such as learning, memory, and language, which are all skills that are directly relevant to the citizenship exam. My comments reflect years of clinical experience working with individuals with neurodisabilities. The proposed revisions do not improve the accuracy or integrity of the process. Instead, they create unnecessary bureaucratic barriers for applicants with disabilities, increase the workload and confusion for immigration officers, and place a far greater	**1. Risk of officers making their own medical judgments:** USCIS officers should not substitute their own medical judgment for the determinations of appropriately licensed and clinically qualified professionals. The USCIS Policy Manual states that "USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise." (See https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3). Also, adjudicator training explicitly states that clinical diagnosis and reports provided by qualified medical professionals are dispositive on clinical matters, unless contradicted by credible evidence.

	burden on the medical community that serves these individuals. The changes would make it harder, not easier, for qualified applicants to complete this process successfully. Below is a summary of the changes that, in my opinion, substantially weaken the process. Several proposed questions request clinical information that is irrelevant to the purpose of the N-648 and risk encouraging adjudicating officers to make their own medical judgments. Asking for descriptions of how a disability affects everyday life encourages officers to draw inaccurate conclusions about a person's cognitive ability to learn English or civics. In my experience, many applicants, especially those in the early stages of dementia, show impairments that are most visible in demanding new learning tasks rather than in everyday activities. A person who can still manage basic daily routines may nevertheless be unable to retain the new information required to pass the citizenship test. Encouraging officers to interpret such clinical information without medical training undermines the integrity of the process. An additional concern is the requirement that either the form be completed by a regularly treating doctor or provide an adequate justification for why it was not. Many individuals who need this form do not have a regular primary care physician and rely on specialists such as neuropsychologists to complete these evaluations. Additionally, many patients suffering from dementia minimize or are completely unaware of the extent of their own cognitive impairments, a clinical term known as "anosognosia." These patients may lack the ability to accurately convey their cognitive and functional impairment to a person who does not specialize in cognitive disorders. However, neuropsychologists are able to rely on objective tests to measure cognitive (e.g., memory) impairment despite a patient's inability to accurately advocate on their own behalf. The proposed revisions also underestimate the time and burden required to complete the new form. The form has approximately doubled in length and complexity, yet USCIS continues to estimate that it will take only 2.4 hours to complete. That is unrealistic and suggests that the new version has not been field tested. This underestimation will place additional strain on medical professionals, particularly in a healthcare system	To that effect, USCIS is collecting the additional information as it is necessary to assess an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements at INA 312 and 8 CFR 312. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. USCIS believes that the information will reduce the possibility that adjudicators have questions related to the determination, and thus, likely alleviate the commenter's concerns related to an officer's substituting their own judgment for the determination of the medical professionals. Therefore, USCIS believes that this information collection will not result in adjudicators rejecting clinical diagnoses without credible evidence to the contrary. However, the authority to review, evaluate and adjudicate disability exceptions related to Form N-648 rests solely with the USCIS officers, not with the medical professional. The officer views the totality of circumstances to conclude whether the applicant meets the exception eligibility criteria based on law and fact. **2. Daily activities question:** The inclusion of questions regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. While the policy guidance instructs that "USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise," officers must assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **3. Regularly-Treating Physician:** There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing

	already facing serious primary care shortages. Increasing the complexity and length of the form will further discourage both primary care doctors and specialists from participating in this process. The proposed changes also increase the administrative burden for immigration officers, who will now be asked to interpret longer, more detailed medical forms that contain information outside their training. This will slow adjudications, increase inconsistency, and create frustration for both officers and applicants. The new requirement that N-648 examinations be conducted in person will further reduce access to qualified clinicians. Many applicants need an evaluator who speaks their language and understands their culture. In numerous languages, there are only a handful of qualified neuropsychologists nationwide. Telehealth allows for accurate, culturally informed assessments that would otherwise be impossible. Requiring in-person evaluations will force reliance on interpreters, which decreases both accuracy and fairness. The process by which these revisions were developed appears to lack input from key stakeholders and the errors, redundancies, and ambiguous instructions suggest that the proposed revision was not professionally reviewed. I join the comments submitted in urging USCIS to withdraw these proposed changes. A new task force of clinicians, disability experts, immigration officers, and community advocates should be convened to produce a version that upholds program integrity while respecting the rights and realities of people with disabilities.	those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the applicant's origin, nature and extent of the medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying Form N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication. **4. Increased Burden of Completing Revised N-648.** USCIS notes that Congress provided, when codifying INA 312, that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental disability or mental impairment. See INA 312.

		As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. **5. In-person evaluations.** The revised form clarifies that an in-person examination will be the only acceptable type of medical examination once the form goes into effect. The policy guidance will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike

		medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. USCIS disagrees with the commenter's request that USCIS withdraw these proposed changes. As explained in other responses, the questions added are necessary to properly review the medical certificates for integrity and consistency. These questions have practical utility to USCIS and will further enhance USCIS' ability to fully review the medical certifications for sufficiency. USCIS appreciate this commenter's input, however, the time burden did in fact increase in response to these proposed changes. The current estimated time burden for Form N-648 is estimated at 2 hours per response for the medical professionals and 8 hours per response for the applicant. This includes 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. Based on the proposed edits for this revision action, USCIS is reporting an increase in the estimated time burden for medical professionals of 0.4 hours (24 mins) and no change for the estimated time burden for applicants.
Commenter 8.	**Topic**	**Response**
Tedd Judd - Neuropsychological and Psychoeducational Services	Dear Mr. Pfirrman-Powell: I respectfully submit this comment on the proposed revision of Form N-648 Medical Certification for Disability Exceptions published on August 29, 2025. I am a neuropsychologist, that is, a licensed psychologist who specializes in disorders of the brain that impact cognitive abilities including those abilities that are important to fulfilling the requirements of the citizenship exam. This includes abilities of memory, learning, oral language, reading, writing, and the abstract conceptual abilities needed for learning US history and civics. I have been completing N648 exams for	USCIS appreciates the suggestion to retain the "*and/or"* designation instead of currently proposed "*and."* To avoid ambiguity, USCIS made changes based on this comment and will revert the form language to make clear that a disability exception may apply to the English requirement, civics requirement, or to both requirements.

	over 20 years and I estimate that I have completed over 1000 such evaluations. My comments come from my experience in the field. I sometimes find that aspiring citizens do not qualify for exception. I very often find that they qualify for exception to only some of the requirements, because I examine each required function separately. I am committed to a just process that grants exemptions only to those with genuine disabilities that prevent their learning and/or demonstrating the requisite knowledge. I support a process that encourages aspiring citizens to learn those aspects of English and civics that they are capable of learning. I am in favor of measures that prevent fraud. Unfortunately, I find that the 8/29/25 proposed changes to the N648 process do nothing to contribute to these goals. Instead, they erect unnecessary bureaucratic barriers to citizenship for the most vulnerable. They make the process more prone to medical professional and officer error. The proposed revisions actually *discourage* applicants from learning those aspects of English and civics that they are capable of learning. This is because, in the very first paragraph, the retained wording talks about requesting an exemption from the English *and/or* civics requirement, but the proposed new language says: "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." This is ambiguous but suggests that being exempt from one requirement makes them exempt from *all* of the requirements. This should, instead, retain the "*and/or"* designation. They also open the door to greater abuse and violation of regulations by officers. Specifically, the new changes ask for clinical information that is irrelevant to the purpose of the N648 but that encourages officers to illegally substitute their own untrained clinical judgment for that of the licensed professionals who complete N648 evaluations. When I began these evaluations over 20 years ago, the N648 form occupied two sides of a single page and contained all of the necessary information. The form has grown over the years without in any way improving the accuracy of the clinical information or the security of the	

	process. I have also looked at the process for medical exemption from citizenship language and civics requirements in other countries. In many major English-speaking countries, the form is still 2 pages and includes all necessary information. I oppose many of the proposed revisions to Form N-648 because they would limit the ability for aspiring citizens with disabilities to complete the Medical Certification for Disability Exceptions process and become citizens. As a neuropsychologist, it is part of my professional role to advocate for the rights of people with disabilities. Many of the proposed revisions would unnecessarily discriminate against people with disabilities rather than accommodating their disabilities, as is the intention of the N648 process. Furthermore, the revisions will place an undue burden on the physicians and psychologists who complete these examinations and forms. No justification or reason is given for the proposed changes. I agree with the comments from the Seattle Office of Immigrant and Refugee Affairs and the comments from the Immigrant Legal Resource Center. I will describe here only those points where I believe that I can make a distinctive contribution based upon my long clinical experience with this process.	
Tedd Judd - Neuropsychological and Psychoeducational Services	**POINTS OF AGREEMENT** I do agree with many of the minor language changes that clarify the process. I also appreciate the revision in Part 3 which proposes that it will not be necessary to list all disabilities when fewer disabilities are sufficient to account for their inability to pass the citizenship tests. Hereafter I will discuss only those points with which I disagree.	USCIS appreciates the points of agreement.
Tedd Judd - Neuropsychological and Psychoeducational Services	**UNNECESSARY INFORMATION** **Part 1** Items 2, 6, and 7 (applicant's address, phone, and email) are already contained on Form N400. The N648 is submitted with the N400. There is no useful purpose served by this redundancy. The unique Alien	These items are necessary to crosscheck whether the applicant examined by the medical professional is the same as the applicant who filed the naturalization application. These data points are necessary to verify the identity of the applicant requesting naturalization.

	Registration Number, along with the applicant's name and date of birth, eliminates any possibility of identity confusion.	
Tedd Judd - Neuropsychological and Psychoeducational Services	**Part 3 Items 1.C through H; 1.O, and 1.P.** This information is unnecessary. It does not contribute to the determination of their eligibility. It encourages officers to substitute their clinical judgment for that of the medical professional. In particular, Item 1.O asks for descriptions of the ways in which the applicant's disability affects their everyday functioning. In my experience, one of the most common N648 disabilities occurs in elderly applicants who are in the first stages of dementia (Alzheimer's disease, Parkinson's disease, vascular dementia (small strokes), or other forms of dementia). Memory impairment is typically the earliest and most significant symptom of the first stages of dementia. Memory impairment is most often seen first on the most difficult memory tasks. For many, the most difficult memory task they face is learning English and civics for the citizenship exam. Therefore, although their disability is severe in that context, it is not yet showing up very dramatically in other familiar domains of everyday life. Yet we neuropsychologists are able to detect these impairments with our specialized clinical tests. USCIS officers (including, I imagine, you, Mr. Pfirrman-Powell) are usually unaware of these very important clinical details. This requirement to describe impairments in everyday functioning encourages officers to make judgments as to what deficiencies in life skills correspond to deficiencies in citizenship exam cognitive skills. This is a judgment that must be reserved for medical professionals, as just described. Here is an example of how such information has previously been misused. I completed an N648 for a woman in her 70s in an early stage of dementia. The reviewing officer rejected the N648. The officer stated that the applicant was "employed" (her adult children paid her to take care of her own grandchildren for a few hours a day when they got home from school) and therefore she was capable of learning English and civics. Caring for grandchildren is an overlearned skill. It has low memory requirements. It is little overlap with the skills needed for learning English and civics. My testing had verified her impairment. But the officer	The inclusion of questions regarding daily activities is necessary to elicit information to assess the nature, origin and extent of the applicant's medical condition(s) as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. If the certifying medical professional requires additional space to provide remarks that may further assist USCIS officers in their assessment, he or she should utilize Part 7 (Additional Information) of Form N-648. USCIS officers should not substitute their own medical judgment for the determinations of appropriately licensed and clinically qualified professionals. The USCIS Policy Manual states that "USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise." (See https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3). Also, adjudicator training explicitly states that clinical diagnosis and reports provided by qualified medical professionals are dispositive on clinical matters, unless contradicted by credible evidence. To that effect, USCIS is collecting the additional information as it is necessary to assess an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements at INA 312 and 8 CFR 312. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. USCIS believes that the information will reduce the possibility that adjudicators have questions related to the determination, and thus, likely alleviate the commenter's concerns related to an officer's substituting their own judgment for the determination of the medical professionals. Therefore, USCIS believes that this information collection will not result in adjudicators rejecting clinical diagnoses without credible evidence to the contrary.

	substituted their own, uniformed, clinical judgment for my trained and licensed clinical judgment.	However, the authority to review, evaluate and adjudicate disability exceptions related to Form N-648 rests solely with the USCIS officers, not with the medical professional. The officer views the totality of circumstances to conclude whether the applicant meets the exception eligibility criteria based on law and fact.
Tedd Judd - Neuropsychological and Psychoeducational Services	**UNCLEAR INFORMATION** **Section "When should applicants submit form N648?"** (Page 1) This section should include information about the exceptions to filing the N648 with the N400 that were included in the rules change issued in June, 2025.	USCIS appreciates the suggestion to include instructions when an applicant is excused from submitting Form N-648 after filing Form N-400. USCIS will make the necessary addition in the Form N-648 Instructions.
Tedd Judd - Neuropsychological and Psychoeducational Services	**Part 3, Item 1.B.** It is unclear if both ICD and DSM are required.	USCIS points out that the Form N-648 Instructions state that both codes should be included. In section "Part 3. Information About Disability or Impairment - Information Needed for **Item Number 1.**" The instructions include the following: "This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) **and** the International Classification of Diseases (ICD)."
Tedd Judd - Neuropsychological and Psychoeducational Services	**Item 1.M.** The medical example given here is inaccurate and therefore confusing. It states: ""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.'" It is true that CVS can diagnose genetic disorders that *may* later lead to a diagnosis of severe intellectual disability. But intellectual disability itself can only be diagnosed in a child or adult when their intellectual deficiencies can be evaluated by their actual behavior. (There is no diagnosis of "severe intellectual disabilit*ies;"* it is always singular.)	USCIS appreciates the suggestion and will revise the example to read as "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 malformation and severe intellectual disability." The new language was recommended by another commenter and USCIS agreed to use it. Note that we also corrected the plural form to singular ("disability") based on your suggestion.
Tedd Judd - Neuropsychological and Psychoeducational Services	**Item 3.** This item ends with, "If the applicant is able to demonstrate any of the skills listed, do not check any of the boxes." This instruction indicates that if the applicant is able to learn just one skill, such as reading English, they will therefore be required to perform all of the skills, since the professional is instructed not to check *any* of the boxes. This should, instead, say, "If the applicant is able to demonstrate any of the skills listed, do not check the boxes of the skills they are able to demonstrate."	USCIS appreciates the suggestion and will make the necessary change so that the relevant instruction reads as follows: "Do not check the box for the skill that the applicant is able to demonstrate."

Tedd Judd - Neuropsychological and Psychoeducational Services	**COUNTERPRODUCTIVE POLICY CHOICES** **Time Required** The Seattle Office of Immigrant and Refugee Affairs has noted that the proposed changes estimate that the time for professionals to complete this form will remain at 2.4 hours, even though the form has doubled in length and the number of clinical questions has more than doubled. It appears to me highly unlikely that those proposing the changes have actually field-tested this estimate to produce this number. This may represent fraud on the part of the proposers and could make USCIS vulnerable to legal challenges.	USCIS notes that, by codifying INA 312, Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental disability or mental impairment. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed.

		USCIS appreciate this commenter's input, however, the time burden did in fact increase in response to these proposed changes. The current estimated time burden for Form N-648 is estimated at 2 hours per response for the medical professionals and 8 hours per response for the applicant. This includes 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. Based on the proposed edits for this revision action, USCIS is reporting an increase in the estimated time burden for medical professionals of 0.4 hours (24 mins) and no change for the estimated time burden for applicants.
Tedd Judd - Neuropsychological and Psychoeducational Services	**In-Person Exams** On Page 2, there is a policy change that the N648 exam must be in person. In my extensive clinical experience in this field, this decision will significantly degrade the quality and accuracy of these exams in many circumstances. This is because it will limit the ability of applicants to be examined directly in their language by professionals who speak that language and understand that culture. Citizenship applicants speak hundreds of different languages. For many of these languages there are few professionals who speak that language and who are qualified to carry out or assist with N648 exams. For example, there are fewer than 10 neuropsychologists nationally who speak each of the important languages (more than 1 million US speakers) of Vietnamese, Mandarin, Arabic, Portuguese, Farsi, and Armenian. Video evaluations by such professionals allow for precise exams with appropriate cognitive tests. Most of the time, neither the professional nor the applicants are able to travel for such an in-person exam. This new policy will, instead, result in exams through interpreters, which degrades the quality of the exam.	The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures for applicants related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission.
Tedd Judd - Neuropsychological and Psychoeducational Services	**Preference For The Regularly Treating Physician** Psychologists and, in particular, neuropsychologists, are specialists in cognitive disabilities such as those most common in N648 exams. Primary care physicians usually have limited abilities in this area. They typically refer such cases to us as the appropriate specialist. We typically produce	There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to

	a much higher quality evaluation than primary care physicians and we are to be preferred for many such evaluations.	the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may complete Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical provider is regularly treating the applicant because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations and assess the credibility and completeness of the information related to the origin, nature and extent of the medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication .
Tedd Judd - Neuropsychological and Psychoeducational Services	**THE REVISION PROCESS** The proposed revisions give no description of who produced them or how. The many ambiguities and errors that I have described above make it clear that this was not a systematic or professional process. It appears that there was no direct involvement of or consultation with clinicians, attorneys, educators, disability specialists, and applicants (and possibly USCIS field officers) who are stakeholders in this process. I am in favor of periodic revision and improvement of the N648 process. But this is not it.	USCIS appreciates the input to participate and the constructive feedback but will not withdraw the proposed changes at this stage. USCIS has followed its ordinary procedures to obtain public input. In order to solicit input from the public on its information collections, USCIS is required to comply with the Paperwork Reduction Act (PRA) process under 44 U.S.C chapter 35 and 5 CFR part 1320. Before requiring or requesting information from the public, the PRA requires Federal agencies to consult and seek input from the public and affected agencies on proposed collections, and to submit the proposed collections for

	Along with the Seattle Office of Immigrant and Refugee Affairs and the Immigrant Legal Resource Center, I urge you to withdraw these proposed changes. I suggest that you start over with a task force with representative clinicians, attorneys, educators, disability specialists, applicants, USCIS field officers, and other stakeholders to arrive at a consensus revision that truly serves the needs of applicants with disabilities and the intentions of the law. If called upon, I would be most willing to contribute my experiences to such as process as needed. Thank you for your attention to this comment. Tedd Judd, PhD, ABPP Board Certified in Clinical Neuropsychology	review and approval to the Office of Management and Budget (OMB). Thus, USCIS, with the 60-day Federal Register notice, has been seeking input from the public, as required under the PTA, and is now responding and considering their input.
Commenter 9.	**Topic**	**Response**
Kathleen Fuchs	I am a clinical neuropsychologist who works with refugees who have followed an appropriate and legal pathway to seek asylum in this country and subsequently would like to enjoy the rights and privileges of citizenship in their new home. I am opposed to changes in the process for the same reasons outlined by others in my profession (especially Dr. Jennifer Stinson) who have submitted comments here. I won't attempt to restate their eloquent arguments. I will point out that we declare ourselves the land of the free and the home of the brave - I can't think of people who are more deserving of that description than the refugees I serve. It seems petty and racist to construct barriers to their ability to become lawful citizens.	The revisions to Form N-648 are necessary to improve the integrity and reliability of the information provided. USCIS will not make any changes to the proposed revision based on this comment.
Commenter 10.	**Topic**	**Response**
Rachelle Hansen	I am a neurodevelopmental psychologist with formal training and professional experience conducting immigration-related evaluations to determine whether applicants qualify for partial or full exemptions from English and civics testing due to disability. By law, only **licensed and trained physicians and psychologists may perform** these evaluations bound by professional ethics and board oversight. The proposed revisions contain serious flaws that risk undermining the practice of neuropsychology in this important area. They could encourage USCIS	Please see above our response to the risk of officers substituting their own judgement for that of a licensed medical professional. USCIS adjudicators are trained to defer to clinical judgments unless credible evidence contradicts them. The revisions to Form N-648 do not alter the regulatory requirement that medical evaluations must be conducted by licensed professionals experienced in diagnosing impairments and disabilities. USCIS remains committed to preserving professional standards and the integrity of the naturalization process. USCIS will not make any changes to the proposed revision based on this comment.

	examining **officers to substitute their judgment for that of licensed professionals**, effectively practicing neuropsychology without a license, and may negatively impact the rights of thousands of individuals with neurodevelopmental differences and disabilities. I strongly urge reconsideration of these revisions to protect professional standards, the rights of individuals with disabilities, and the integrity of the naturalization process.	
Commenter 11.	**Topic**	**Response**
Catholic Legal Immigration Network, Inc	**I. Revisions to Form N-648 Would Disproportionately Harm Applicants with Disabilities** The CLINIC network serves a disproportionately high number of refugees, asylees, and other humanitarian immigrants. These populations are more likely than the broader immigrant population to live at or below the poverty line, to experience chronic physical and cognitive health conditions, and to rely on public benefits such as Supplemental Security Income (SSI) for survival.2 For those with disabilities in particular, naturalization is time-sensitive: Congress established a seven-year limit on SSI eligibility for non-citizens, which means that delayed or denied naturalization results in the abrupt termination of essential income and destabilizes entire households.3 Against this backdrop, USCIS's proposed revisions to Form N-648 would **impose evidentiary demands**, such as DSM/ICD coding, detailed treatment histories, and exact onset and diagnosis dates, that are largely unattainable for the populations most in need of the disability exception. These requirements effectively **condition eligibility on privileged access to comprehensive, continuous health care**, something many low income and refugee or asylee applicants cannot obtain. The predictable result would be **increased barriers to citizenship**, and its inherent benefits and privileges, for otherwise qualified applicants with disabilities. The proposed changes reflect USCIS's conflicting preferences regarding Form N-648. First, by requiring more detail about whether the **certifying professional provides the applicant's primary care** and, if not, why the primary provider did not certify, the changes suggest a preference that the primary care provider certify Form N-648. Second, proposed **requirements of diagnostic codes**,	**I.** USCIS disagrees that the revisions create barriers inconsistent with INA 312 or that they impose requirements that are unattainable for humanitarian populations. The N-648 revision is an information collection designed to elicit relevant evidence necessary for officers to determine whether an applicant meets the statutory exception from the English or Civics requirement, while also maintaining the integrity of the benefit. The requested information—diagnostic codes, treatment-related information, and onset/diagnosis details—is standard clinical documentation. These data points improve clarity and consistency, enabling officers to evaluate the sufficiency of the form to make the determination whether the applicant meets the requirements of the exception from the educational requirements. Requiring medically routine information does not "**condition eligibility**" on any healthcare system; it simply requires that the certifying medical professional document the origin, nature and functional impact of the disability or impairment, as required by 8 CFR 312.2(b)(2). USCIS emphasizes that lack of **continuous treatment** or extensive medical history does not automatically result in a determination that the form is insufficient. Officers will review each form consistent with 8 CFR 312.1 and 312.2. Concerns about an SSI time limit do not alter USCIS' statutory and regulatory obligations to adjudicate naturalizations in accordance with the law and governing regulations. The disability exception is a substantive exemption with clear eligibility criteria that must be established through reliable evidence.

	and **specific testing performed to support diagnosis**, reflect a preference for specialized evaluation. Many naturalization applicants with disabilities lack consistent access to primary care, and their providers are likely to be "safety net" providers with limited time and scope of practice. In order to satisfy the requirements of Form N-648, many applicants already must seek formal diagnosis from specialists outside of their routine care networks, often paying burdensome fees and facing skepticism from adjudicators based on available providers. By failing to account for the realities of medical practice and healthcare access, USCIS risks increasing delays and barriers to naturalization for applicants with disabilities. The collateral harms of delay compound these access issues. When naturalization is denied or prolonged due to "insufficient" medical documentation, vulnerable applicants risk losing SSI, with devastating consequences for both themselves and their families.4 As household caregivers absorb the financial burden, the civic exclusion of persons with disabilities becomes entrenched. Far from deterring fraud, these revisions would primarily disenfranchise the very individuals Congress intended to protect when it created the disability accommodation in INA § 312. 2 Kaiser Family Foundation, Key Facts on Health Coverage of Immigrants (Jan. 15, 2025), https://www.kff.org/racial-equity-and-health-policy/key-facts-on-health-coverage-of-immigrants/. 3 Congressional Research Service (CRS), R46697, Noncitizen Eligibility for Supplemental Security Income (SSI) 3–4 (2023), https://crsreports.congress.gov/product/pdf/R/R46697. 4Kaiser Family Found., Medicaid Enrollment & Unwinding Data (2024), https://www.kff.org/medicaid; see also Leighton Ku & Mariellen Jewers, Health Care for Immigrant Families: Current Policies and Issues, Migration Policy Institute (MPI) (2013); see also CRS., supra note 3, at 3-4. 3 **II. The Proposed Changes Obscure the Legal Test for N-648 Sufficiency, which is Straightforward, Mandatory, and Imposes No Backward-Facing Temporal Test for Disability Status** INA § 312 provides that the English language, history, principles and form of government requirements for naturalization "shall not apply to any person who is unable because of physical or developmental disability or mental impairment to comply therewith."5 The exception is straightforward, mandatory, and includes no backward-facing temporal	**II.** No changes were made in response to this comment. Although INA 312 does not mention a time duration for the disability or impairment, the 12-month duration requirement is codified in Title 8 of the Code of Federal Regulations (8 CFR) part 312. In 8 CFR sections 312.1(b)(3) and 312.2(b)(1), regulations mandate that the medically determinable physical or mental impairment "… already has or is expected to last at least 12 months." So, contrary to the commenter's assertion that "there is no requirement that an applicant had their disability or diagnosis for any certain amount of time prior to completing Form N-648," the clinical context, such as the disability or impairment onset, diagnosis detail and history, helps officers assess whether the impairment has lasted or is expected to last at least 12 months, consistent with regulatory provisions. The Policy Manual section about Form N-648 will be updated to reflect the new requirement of the proposed form once it is approved by OMB, as required by the

	requirements for disability. While the USCIS Policy Manual notes that a certifying provider must attest that "the disability or impairment has lasted or is expected to last at least 12 months,"6 **there is no requirement that an applicant had their disability or diagnosis for any certain amount of time prior to completing Form N-648**. By contrast, the proposed Form N-648 requests specific information about date of onset and diagnosis, duration and frequency of any treatment received or prescribed, and information about the applicant's regularly treating medical professional (if not the certifying provider). This information may be unknown or burdensome to obtain and far exceeds the present and future-facing standard set out in the regulations under INA § 312. Particularly for applicants with developmental disabilities or mental impairments, the need to naturalize often prompts their first ever interaction with a specialist for formal assessment and diagnosis. Symptoms may be life-long or of gradual or unspecified onset. Where disability involves memory and/or cognitive deficits, this question is particularly burdensome. Primary care providers, particularly "safety-net" providers who see a high volume of patients for general care at low or no cost, most likely do not have resources or training necessary to conduct specialized cognitive evaluations in the routine course of their practice. This is why applicants requesting waiver often do not have extensive medical documentation of their conditions, and frequently have to seek formal diagnosis from providers outside their routine care system. By imposing the unnecessary burden of compiling comprehensive medical histories, the proposed changes obscure the correct legal test and encourage adjudicators to consider irrelevant factors in their determinations of N-648 sufficiency. These requirements double the length of the N-648 and burden all stakeholders, including USCIS adjudicators, with unnecessary data.7 According the USCIS Policy Manual, an adjudicator reviewing Form N-648 should not: "[a]ttempt to determine the validity of the medical diagnosis or second guess why this diagnosis precludes the [applicant] from complying with the English requirement, civics requirement, or both requirements," "[r]equest to see an [applicant's] medical or prescription records solely to question whether there was a proper basis for the medical professional's diagnosis unless evidence exists that creates significant discrepancies that those records can help resolve…" or "[r]equire that an [applicant] undergo	Paperwork Reduction Act, and published. The USCIS Policy Manual contains the official policy guidance and assists immigration officers in rendering decisions. As explained previously, USCIS is collecting the additional information as it is necessary to assess an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements at INA 312 and 8 CFR 312. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. USCIS believes that the information will reduce the possibility that adjudicators have questions related to the determination, and thus, likely alleviate the commenter's concerns related to an officer's substituting their own judgment for the determination of the medical professionals. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. USCIS adjudicators are trained to defer to clinical judgments unless credible evidence contradicts the information before them. The revisions to Form N-648 do not alter the regulatory requirement that medical evaluations must be conducted by licensed professionals experienced in diagnosing impairments and disabilities. The expanded form facilitates clarity and does not create barriers. USCIS also believes that it promotes more efficient adjudication and reduces the amount of RFEs issued.

	specific medical, clinical, or laboratory diagnostic techniques, tests, or methods."8 The proposed changes nevertheless **require this irrelevant history, inviting adjudicators to improperly question the validity of the certifying professional's diagnosis or conclusions** based on the availability or absence of prior corroborating records. This could result in application backlogs and undermine the credibility of the officer if there is not a proper and streamlined adjudication process. Even as the Policy Manual prohibits adjudicators from requesting an applicant's medical or prescription records as a requirement, the proposed form implicitly suggests that this history, or its absence, bears on the validity of a certifying professional's diagnosis or conclusion, and thus on N-648 sufficiency. 5 INA § 312(b)(1). 6 U.S. Citizenship & Immigration Services (USCIS), USCIS Policy Manual, vol. 12, pt. E, ch. 3(F), https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3. 7 The proposed form is 10 pages long. The 09/25/24 edition currently in effect is only 5 pages. 8 U.S. Citizenship & Immigr. Servs., USCIS Policy Manual, vol. 12, pt. E, ch. 3(G)(1), https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3. 4 This is inconsistent with INA § 312, and with the USCIS Policy Manual. CLINIC encourages USCIS to revert to a version of the form that is consistent with the clear, mandatory, present and future-facing exception set out in INA § 312. **III. The Proposed Changes Prejudice Applicants Who Do Not Have Regular Access to Care or Treatment for Chronic Conditions, which is Not a Factor in N-648 Sufficiency** Even if the proposed changes were consistent with the statutory waiver exception and USCIS policy manual, the absence of a previous diagnosis or treatment history does not logically bear on the validity of a present diagnosis. Rather, to the extent the proposed changes require detailed medical history related to a diagnosis, USCIS could prejudice the most vulnerable applicants with disabilities – those who have not had consistent access to healthcare. Unfortunately, the degree to which an applicant has achieved consistent access to comprehensive physical and cognitive healthcare has little to do with their actual disability status. Barriers to health care access in the United States are well documented. Immigrants have higher uninsured rates than U.S. citizens and face structural obstacles such as restrictive Medicaid eligibility, coverage	**III.** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and is therefore relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. A lack of prescribed treatment or therapy alone does not render the form insufficient, as long as it's accompanied by an explanation. The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures for applicants related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensures comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. As mentioned above, USCIS emphasizes that lack of continuous care/treatment or extensive medical history does not automatically result in form rejection. Officers will review each form, consistent with 8 CFR 312.1 and 312.2.

	interruptions during "unwinding" after the Covid-related continuous enrollment provision ended, and limited access to overburdened safety-net providers.9 Studies also confirm that immigrant and refugee populations experience higher prevalence of chronic diseases, coupled with greater difficulty accessing treatment.10 This is especially true for those with limited English proficiency.11 As a result, expecting applicants to produce exhaustive diagnostic records or continuous treatment histories is unrealistic and contrary to the disability exception's statutory purpose. Notably, the recent emergence of secure, confidential telemedicine options has begun to expand provider capacity and patient access, particularly for rural patients and those with transportation barriers.12 Without justification, **USCIS proposes to dictate in-person services** for providers completing Form N-648. CLINIC urges USCIS to reconsider the proposed requirement that N-648 providers examine applicants in-person. This requirement is inconsistent with modern medical practice and arbitrarily limits applicants' abilities to choose and access providers. Even where applicants have had access to Medicaid and routine primary care, they are often seeing overworked "safety-net" providers who are not specialized in complex cognitive evaluation and diagnosis. Further, these providers are not compensated through Medicaid for the time it takes to perform cognitive testing exams for Form N-648, to complete Form N-648 itself, or for follow up clarification requested by USCIS. As noted above, many individuals with disabilities and their families have adapted their lives such that the naturalization context is the first time a there is a felt need for formal diagnosis and access to specialist evaluation, often prompting visits to private providers. **These systemic barriers underscore why USCIS should not evaluate N-648 sufficiency based on whether an applicant has received regular or continuous care.** For many refugees, asylees, and other low-income immigrants, lapses in diagnosis, treatment, or documentation are not evidence that a disability is absent; 9 Kaiser Family Found., Medicaid Enrollment & Unwinding Data (2024), https://www.kff.org/medicaid; see also Leighton Ku & Mariellen Jewers, Health Care for Immigrant Families: Current Policies and Issues, Migration Policy Inst. (2013). 10 Sandro Galea et al., Refugee and Immigrant Health Burdens: Chronic Disease and Access Barriers, 35 Ann. Rev. Pub. Health 329, 331–33 (2018). 11 Sylvia E. Twersky et al., The Impact of Limited English Proficiency on Healthcare	**IV.** USCIS disagrees that the additional detail transforms the form into a medical record or undermines disability related accommodations. Form N-648 is not used for accommodations instead the form is specific for exemptions from the naturalization requirements related to INA 312. The complexity of the form reflects the complexity of the legal determination. The requested information enables officers to assess the reliability and sufficiency of the diagnosis within the parameters of INA 312 and 8 CFR 312. USCIS provides accommodation for applicants with disabilities who apply for naturalization by making modifications to the naturalization process. See USCIS Policy Manual Volume 12, Part C, Accommodations. However, an accommodation simply modifies the way an applicant meets the educational requirements; it does not exempt the applicant from the English or civics requirements. Form N-648 is not used to request an accommodation.

	Access and Outcomes in the U.S.: A Scoping Review, 12 Healthcare 364 (2024), https://doi.org/10.3390/healthcare12030364. 12 Pankajkumar A. Anawade, Deepak Sharma & Shailesh Gahane, A Comprehensive Review on Exploring the Impact of Telemedicine on Healthcare Accessibility, Cureus, Mar. 12, 2024, https://doi.org/10.7759/cureus.55996. 5 they are the predictable result of poverty, restrictive Medicaid rules, provider shortages, and long waitlists. Conditioning the disability exception on uninterrupted access to medical care would exclude precisely the population Congress intended to protect. CLINIC urges USCIS to reconsider proposed changes that require additional, irrelevant medical history. **IV. Excessive Complexity of the Revised Form N-648 Risks Inconsistent or Arbitrary Adjudications** The draft revisions substantially expand the evidentiary demands of Form N-648. The proposed form requires coded diagnoses (DSM/ICD), multiple date fields for onset, diagnosis, and first and last examinations, detailed descriptions of daily functional impact, treatment or therapy received or prescribed, information about other treating providers, and new addenda for "Additional Information" and "Additional Diagnosis." These revisions **transform the N-648 from a certification tool into a quasi-medical record**. The result is not greater program integrity, but heightened risk that applicants will be rejected for minor documentation deficiencies by medical providers, rather than evaluated on the substantive legal standard. An expanded and narrative form complicates the adjudication of an applicant's broader naturalization process, contradicting USCIS' long-standing policy of complying with the 1973 Rehabilitation Act that it "must provide **reasonable accommodations to persons with disabilities** to afford them the opportunity to meet those requirements."13 USCIS's own Policy Manual makes clear that the operative legal question is functional: whether the applicant's disability prevents compliance with the English and civics requirements, even with reasonable accommodations.14 Neither INA § 312 nor its implementing regulations impose a requirement for DSM or ICD coding, precise onset dates, or exhaustive treatment histories. Yet in practice, many N-648s are rejected as "insufficient" when adjudicators conclude that a medical professional's explanation lacks detail, even when the disability's impact on eligibility is	Section 504 of the Rehabilitation Act of 1973, codified at 29 U.S.C. section 794, provides in pertinent part: "No otherwise qualified individual with a disability … shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency…" USCIS notes that the Form N-648 revision complies with this section and does not exclude any class of disabled individuals. It does not narrow eligibility for the disability exception. All applicants who are "otherwise qualified" may still apply for an exception to the educational requirements based on INA 312(b)(1) using Form N-648. Therefore, there is no denial of the benefit based on disability alone; the exception remains available as prescribed by INA 312. Further, the revised N-648 questions do not present a barrier or discrimination based on a disability—they are a means to verify that an applicant is unable to meet the required proficiency in English or the knowledge and understanding of civics because of a disability or mental impairment, even with reasonable accommodations.

	obvious.15 Oversight and practitioner evidence confirm that this is not a hypothetical concern. USCIS's own form instructions caution that "failure to provide all information requested" may result in a finding of insufficiency,16 and practitioner advisories emphasize that officers frequently reject forms for technical omissions unrelated to the underlying disability nexus.17 Reimposing rigid demands for DSM/ICD codes, exact dates, and exhaustive treatment histories invites a return to this flawed adjudicatory pattern, where decisions turn on paperwork minutiae rather than the statutory standard. In multiple comments related to Form N-648, CLINIC has previously warned that **such practices improperly exclude eligible applicants**, and it successfully advocated for guidance clarifying that officers should not reject a form solely because it lacks DSM or ICD codes if the narrative diagnosis is otherwise adequate.18 13 U.S. Citizenship & Immigr. Servs., USCIS Policy Manual, Vol. 1, Pt. A, Ch. 6 (updated Sep. 26, 2025) https://www.uscis.gov/policy-manual/volume-1-part-a-chapter-6 14 U.S. Citizenship & Immigr. Servs., USCIS Policy Manual, Vol. 12, pt. E, Ch. 3 (updated June 13, 2025), https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3 15 Immigrant Legal Resource Center, Comment on Form N-648 (Mar. 25, 2024), https://www.ilrc.org/resources/comment-form-n-648. 16 U.S. Citizenship & Immigr. Servs., Instructions for Form N-648, at 5 (Sept. 2024), https://www.uscis.gov/sites/default/files/document/forms/n-648instr.pdf. 17 Immigrant Legal Res. Ctr., Completing and Submitting Form N-648 Practice Advisory 2 (Sept. 2019), https://www.ilrc.org/sites/default/files/resources/n-648_practice_advisory_part_2_september_2019.pdf. 18 CLINIC, New Form N-648 and Policy Guidance on Disability Waivers (2018), https://www.cliniclegal.org/resources/new-form-n-648-and-policy-guidance-disability-waivers. See also CLINIC & 6 By re-introducing these technical requirements, USCIS risks shifting adjudication from a substantive inquiry of an applicant's disability to a **paperwork exercise for providers**. Officers who are not medical professionals may deny otherwise meritorious applications simply because a provider omitted a date or diagnostic code or included an inartful description. To prevent this outcome, USCIS should reaffirm that the sufficiency inquiry turns on whether the disability prevents compliance with the English and civics requirements, even with	**V.** USCIS disagrees that the penalty language is excessive or unsupported. The disability exception is an adjudication that requires careful examination and heightened scrutiny (as with all other naturalization requirements), and USCIS has a responsibility to deter fraud and ensure program integrity. The cited statutes (18 U.S.C. § 1546, 28 U.S.C. § 1756, and INA § 274C) apply whether or not they are included in the form. The presence or absence of these penalties on the form does not diminish the legal (or professional) obligations of the certifying medical professional. The cooperation clause ensures that USCIS can conduct necessary verification under the existing authority. These expectations are not new in the disability exception program, nor are they unusual in federal immigration benefit adjudications. The low historical fraud rate cited by CLINIC does not eliminate USCIS' duty to maintain procedural safeguards. In fact, perhaps these low fraud rates are the result of the absence of these safeguards in the past. Rare fraud is still fraud, and extending citizenship to individuals who aren't eligible should not be based on hope that fraud will not occur. USCIS believes that being clear about legal responsibilities is preferable to vague or absent expectations. No changes were made based on this comment. The disability exception remains fully accessible to qualified applicants and the revised form will lead to more consistent and fair adjudications because of a clearer structure and more transparent evidentiary requirements.

	accommodations. Narrative diagnoses and approximate dates should be deemed acceptable when precise information is unavailable but the applicant has otherwise met their burden, and adjudicators should be trained to evaluate forms holistically on substance rather than formatting.19 Prior guidance that recognized narrative sufficiency must be reinstated to ensure consistent adjudications and to preserve the disability accommodation Congress intended in INA § 312. **V. Overemphasis on Penalties Intimidates Providers and Undermines Access** The proposed revisions to Form N-648 devote multiple sections to enumerating criminal and civil penalties, citing 18 U.S.C. § 1546, 28 U.S.C. § 1756, and INA § 274C in dense statutory text. The proposed changes newly introduce a requirement that certifying medical professionals provide open-ended consent to "cooperate fully with any investigations… including participation in interviews, or offering professional testimony if necessary…" The proposed instructions note this agreement includes physical site visits by USCIS's Fraud Detection and National Security Directorate (FDNS). This approach **overwhelms the form with warnings and conveys a "fraud-first" orientation rather** than centering the purpose of the disability exception. Medical professionals, particularly those without prior experience in immigration practice, may interpret this emphasis as an unusual liability risk, deterring them from agreeing to complete the form. Applicants with disabilities, many of whom will rely on pro bono or safety-net providers, would be disproportionately affected if few medical professionals are willing to participate due to a perception of increased risk. Unlike other medical certifications, **Form N-648 is heavily layered with penalty language and investigatory obligations.** For providers unfamiliar with USCIS processes, this repetition suggests heightened legal exposure, even when acting in good faith. The predictable result is fewer qualified providers willing to certify forms, fewer applicants able to obtain them, greater costs to applicants for certification services, and delays or denials of naturalization for otherwise eligible applicants with disabilities. The proposed revisions' emphasis on criminal and civil penalties is unsupported by any evidence of widespread N-648 fraud. The CIS Ombudsman's 2021 Annual Report found that only 302 of 65,091 N648s filed in FY 2020 (0.5 percent) were	

	referred to FDNS, and just 66 cases (0.1 percent) were confirmed Partners, Joint Public Comment on N-648 (June 21, 2021); Immigrant Legal Res. Ctr., Advocacy Comment on the N648 Naturalization Disability Waiver Form (Nov. 9, 2021). 19 This may encourage more willingness among "safety net" primary care providers to participate in certifying form N-648, accepting clinical language and observations consistent with the normal course of their practice, and requiring fewer minute revisions to satisfy officers. 7 fraudulent.20 As the Immigrant Legal Resource Center (ILRC) notes, this **data demonstrates that fraud in disability-waiver cases is exceedingly rare and cannot justify multiple penalty warnings across the form**.21 To align the form with these legal obligations and preserve program integrity, USCIS should consolidate the penalty clauses into a single, plain-language attestation. Clear, direct language would still warn of legal consequences but would also explain the purpose of the certification in accessible terms. Applicants with cognitive disabilities and limited English proficiency deserve an instrument they can comprehend, not one that alienates them or their treating professionals. USCIS should replace the current dense penalty provisions with plainer language. The table below shows how this can be done while preserving the legal effect. Before Recommended Revision Part 6, Applicant's Certification (Draft N-648, p. 7) "I certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that I have attended an appointment with [licensed medical professional] 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 or accurately filled out or if I fail to submit any required documentation, I may be found ineligible for this exception." "I understand that USCIS uses this form to decide whether my disability prevents me from meeting the English or civics requirements for naturalization. I certify under penalty of perjury that the information I provide is true and correct. I understand that providing false information may have legal consequences." Part 7, Interpreter/Medical Professional Certification (Draft N-648, p. 7) "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 6., 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. … 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 INA section "I certify under penalty of perjury that the information I have provided is accurate to the best of my knowledge. I understand that providing false information may lead to legal consequences, including possible professional discipline. USCIS may contact me if further information is needed." 20 Citizenship & Immigration Services Ombudsman, Annual Report 2021 47 (2021), https://www.dhs.gov/sites/default/files/publications/dhs_2021_ombudsman_report_med_508_compliant.pdf. USCIS noted the existence of three unscrupulous providers in PA-2025-10, each of whom faced investigation and criminal charges related to their activities. **This small number of bad actors does not justify the proposed changes** and their predictable broad impact on vulnerable applicants with disabilities. 21 Immigrant Legal Res. Ctr., ILRC Comment Opposing Revisions to N-648, Medical Certification for Disability Exceptions (Oct. 1, 2025), https://www.ilrc.org/resources/ilrc-comment-opposing-revisions-n-648-medicalcertification-disability-exceptions 8 274C, and civil license suspension or revocation by the appropriate authorities." By reframing the penalty language in plain, accessible terms, USCIS can maintain program integrity while ensuring the form is not needlessly intimidating. Applicants with disabilities, particularly those with cognitive limitations, deserve a certification process that prioritizes clarity and fairness. Likewise, medical professionals should be encouraged to participate without the chilling effect of dense, repetitive legal warnings and preemptive requirement of consent investigation. Balancing accountability with accessibility will strengthen credibility of the disability exception process, while advancing the statutory goal of ensuring that qualified applicants are not excluded from naturalization. **Conclusion**	

	While CLINIC shares USCIS' interest in the integrity and efficiency of immigration processes, the proposed changes to Form N-648 and its instructions undermine those interests by imposing undue burdens on applicants and providers, introducing confusion about the legal test for waiver sufficiency, and creating barriers to naturalization for applicants with disabilities. The practical effect of requiring irrelevant medical history would be to impermissibly heighten the substantive legal threshold for waiver. The emphasis on fraud, penalties, and investigation would chill provider participation and further increase barriers access to naturalization for qualified applicants with disabilities. CLINIC opposes the proposed changes to Form N648 and its instructions. CLINIC's embrace of the Gospel value of welcoming the stranger weighs strongly in favor of centering the purpose of INA § 312, which is to reduce barriers to naturalization for qualified applicants with disabilities, in USCIS' waiver policies. Thank you for your consideration of these comments. Please do not hesitate to contact Karen Sullivan,	
Commenter 12.	**Topic**	**Response**
Nesha Harper	The proposed N-648 changes would create **significant and inequitable barriers to citizenship for immigrants with disabilities** while hindering the work we, as neuropsychologists and trainees, do to support them. These revisions make the **process more burdensome**, not fairer, by adding unnecessary paperwork, misrepresenting medical realities, and inviting non-medical officers to interpret complex clinical data. Many applicants rely on **specialists, not primary care providers**, for accurate cognitive assessments, yet the new requirements restrict that essential access. Overall, these changes would deepen inequities, **impose undue hardship**, and undermine the goal of equitable access to naturalization.	The proposed changes are intended to operationalize existing sufficiency criteria established by statute, regulations and the USCIS Policy Manual. Specifically, the changes provide clarity for sufficiency of criteria related to the need for clinical diagnosis, evidence of duration, and a clear explanation of the nexus between the disability or impairment and the inability to meet the English and civics requirements. This information collection is also intended to reduce follow-up and inconsistent denials because of lack of specific clinical information. The form does not add new eligibility requirements; rather it narrows ambiguity and ensures that necessary information is collected to make a sound and consistent determination on the sufficiency of Form N-648 and reduce instances of fraud in the program. USCIS will monitor sufficiency outcomes for purposes of future revisions to minimize unnecessary burdens.
Commenter: 13.	**Topic**	**Response**
Karen Wills	This comment is in regard to the proposed revision of Form N-648 Medical Certification for Disability Exceptions, published on August 29, 2025. I am writing as a licensed clinical psychologist, with specialty as a board-certified clinical neuropsychologist who conducts evaluations in	• **In-Person Examination**: The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into the effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations

	Spanish, American Sign Language, and English. I specialize in testing younger adults, adolescents, and children, as a specialist in evaluating the nature, severity, and cause of learning and memory impairments, most often for individuals who have developmental or intellectual disabilities, genetic conditions, or brain injuries. My job involves testing learning, memory, reasoning, language comprehension or expression, and related skills. Disabilities in any of these areas can directly cause inability to learn the English language or American civics. There are a number of serious problems with the proposed revision of form N-648, including: • Restricting clinical psychologists and physicians to **"in person" evaluations** creates an unnecessary obstacle to determinations which can be made via video-facilitated evaluations, decreases access to providers who are fluent in the applicants' language(s), as well as increasing expense for the applicant and for professionals. • There is no need to **duplicate information on the N-648 that already is provided on the N400 application form**, and no need on the N-648 for a lot of information, such as Address, Sex, or Telephone Number that is irrelevant to determining disability. This unnecessary duplication seems likely to lead to clerical errors that might unjustly disqualify an applicant who has real, relevant, disabilities. The applicant's name and A-number should suffice. • In Part 3, Item Number 1.B, **are both the DSM and the ICD codes required**, or would either one or the other suffice? • The **example** given in explaining Item Number 1.M. **is inaccurate**; it should read, "...genetic disorders or chromosomal birth defects which can result in brain malformation and severe intellectual disabilities." Only developmental or intellectual testing can determine whether an individual has severe intellectual disabilities. • Item **Number 1.O is irrelevant** to determining whether the applicant is disabled from being able to learn or demonstrate English language and/or civics knowledge. Someone with an intellectual disability, or severe autism, or schizophrenia, might be able to bathe, dress, prepare a meal, and carry out simple tasks (such as cafeteria work or agricultural labor), yet be totally incapable of studying and learning the answers to the Civics exam.	for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures for applicants related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. • **Duplicate Information**: Items 2, 5, 6 and 7 in Part 1 of the revised form are necessary to crosscheck whether the applicant examined by the medical professional is the same as the applicant who filed the naturalization application. These data points are necessary to verify the identity of the applicant requesting naturalization. • **DSM or ICD, or Both**? The instructions provide that **both** codes must be included on Form N-648, by stating "This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) *and* the International Classification of Diseases (ICD)." (Emphasis added on "and.") • **Inaccurate Example**: USCIS appreciates the comment and made edits to the form instructions based on your suggestion. The example now reads "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 malformation and severe intellectual disability.'" This change involves accepting another commenter's suggestion to make the word "disabilities" in singular form. • **Daily Activities**: The inclusion of the question regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. • **Regularly-Treating Physician**: There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For

	• Item Number 1.P. requires a listing of someone who "**regularly treats the applicant** for the disability" and that might apply to applicants with mental illness (such as schizophrenia); but, many developmental and intellectual disabilities are not "treated" in adulthood by any medical professional because they are permanent conditions of the person's brain, for which there is no standard medical "treatment." This item doesn't really make any sense, in this context. • Part 6. There needs to be a provision for **a legal guardian or surrogate, or a U.S. citizen relative, to sign on behalf of an applicant** who has developmental or intellectual disability, mental illness, or other disability that would prohibit their understanding and capacity to respond to the five statements. Before adopting the proposed changes, it would be very helpful to seek further consultation from clinical psychologists and neuropsychologists, who are the recognized experts in assessment of intellectual or developmental disabilities, and (with psychiatrists) mental illness, and (with neurologists) dementias. Psychometric testing, which can be done in person or by video facilitated evaluations by examiners fluent in the applicant's language or with trained interpreters, is the "gold standard" for disability determination when the question is whether someone has capacity for learning, remembering, and understanding a new subject (in this case, English language and/or Civics knowledge).	purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant, because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. • **Add a Provision for a Legal Guardian or Surrogate:** USCIS appreciates the feedback and made edits to the form and instructions consistent with the comment.
Commenter 14.	**Topic**	**Response:**
End Domestic Abuse Wisconsin	End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence ("End Abuse") respectfully submits this comment in response to the notice of revision of form N-648, Medical Certification for Disability Exceptions pursuant to OMB control number 1615–0060, USCIS-2008– 0021. End Abuse is Wisconsin's statewide anti-domestic violence coalition. On behalf of survivors and its member programs, End Abuse supports practices and policies to prevent and eliminate domestic violence, abuse, and exploitation. End Abuse's work includes providing	**Increase in Burden:** USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental disability or mental impairment. See INA 312.

	training, support, and technical assistance to local domestic abuse programs and engaging in local, state, and national policy work. This work includes support for immigrant survivors of violence, along with representation of immigrants in matters before U.S. Citizenship and Immigration Services for over 20 years through End Abuse's direct legal services office, RISE Law Center. End Abuse recognizes immigrant survivors in Wisconsin as some of the most marginalized due to lack of economic opportunities, lack of language access, and fewer resources available in some of the most rural parts of the state where many immigrant survivors in Wisconsin live. End Abuse prioritizes the physical, social, and economic wellbeing of all survivors, including immigrant survivors, as a critical step toward empowerment and remaining free from abuse. Wisconsin's foreign-born population is growing quickly – from 1990 to 2015, it increased by 130%. 1 In 2023, two Wisconsin counties, Dane and Milwaukee, were among the top 200 in the nation for new lawful permanent resident admissions.2 End Abuse recognizes that there are many lawful permanent residents not advancing to citizenship due to myriad barriers, including lack of familiarity with the naturalization process, limited literacy proficiency, and limited legal services resources. End Abuse serves immigrants in Wisconsin, in particular, those who are survivors of domestic violence, sexual assault, human trafficking, and stalking through RISE Law Center, where 85% of all clients are immigrants or refugees. Previously, End Abuse received the U.S Citizenship and 1 DAVID LONG, MALIA JONES, & MITCHEL EWALD, WISCONSIN'S FOREIGN-BORN POPULATION: A CENSUS DATA BRIEF BY THE APPLIED POPULATION LAB (2017) https://apl.wisc.edu/briefs resources/pdf/foreignborn17.pdf. 2 IMMIGRANTS IN WISCONSIN OFFICE OF HOMELAND SECURITY STATS, LPR BY STATE, COUNTY, COUNTRY OF BIRTH, AND MAJOR CLASS OF ADMISSION 2023 REPORT (Sept. 2025) https://ohss.dhs.gov/topics/immigration/lawful-permanentresidents/lpr-state-county-country-birth-and-major-class. 2 1400 E. Washington Ave., Suite 227 ϕ Madison, Wisconsin 53703 ϕ 608-255-0539 ϕ www.endabusewi.org Immigration Services Citizenship Instruction and Naturalization Application Services grant. Toward the grant goals, RISE Law Center conducted naturalization screenings, offered in-person workshops, and represented lawful permanent residents in their pursuit to gain U.S. citizenship. Many of our clients naturalized, culminating in	As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed. **Prescribing Treatment or Therapy:** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could

	Oath Ceremonies where family and friends gathered to celebrate. However, we also saw that many lawful permanent residents had disabilities and medical conditions preventing them from passing parts of the citizenship exam. For our client population, predominantly crime victims, including survivors of domestic abuse, stalking, sexual assault, and human trafficking, disabilities include post-traumatic stress disorder, depression, and traumatic brain injuries – these are conditions often caused by the violence these clients experienced. For these clients, we sought proof of their disability from medical professionals, filing form N-648, Medical Certification for Disability Exceptions. The **proposed changes to form N-648 would make it harder for survivors and permanent residents with disabilities to naturalize**. In recognition of the plight of immigrant survivors impacted by these proposed changes to form N648, End Abuse provides our input for this public comment opportunity. Our comment addresses the proposed changes to the N-648 and, in particular, the likely effects on survivors. ϕ ϕ ϕ ϕ ϕ ϕ ϕ ϕ 1. The proposed revision to form N-648 will **increase the burden** on both doctors completing it and applicants. The current edition of form N-648 is 5 pages in length, while the proposed revision spans 10 pages. In large part, these changes are because of additional questions where doctors must, essentially, justify their answers. For example, the current edition N-648 requires doctors to attest whether the applicant's ability to complete the English and civics test will improve in the next 12 months (yes or no) and whether the disability is due to use of illegal drugs (yes or no). Now, the proposed revision also requires doctors to provide explanation for the answer of "no" for both of these questions. The redundant explanations required will significantly increase the burden on doctors completing the form and applicants undergoing examination. This increased burden creates additional barriers for survivors and reduces the efficiency of government processing. Doubling the form length will likely pass increased fees to survivors, many of whom are already facing greater financial burdens due to costs of domestic abuse such as moving to safer home, medical debt, and costs incurred for mental health support. Longer forms will also take longer to complete and longer to process at USCIS once filed, reducing government efficiency in deciding naturalization cases. Some of the new questions contributing	improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and therefore is relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. A lack of prescribed treatment or therapy alone does not render the form insufficient, as long as it's accompanied by an explanation. **Daily Activities:** The inclusion of the question regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. While "USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise," officers assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **Regularly-Treating Physician:** There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess

	to the significant increase in length are wholly irrelevant to the standard for granting a disability waiver. We address these below. 2. Whether the doctor completing form N-648 has **prescribed treatment** and whether the **disability affects an applicant's daily life are irrelevant**. The proposed revision to N-648 now includes a question "**Have you prescribed treatment or therapy** that in your professional opinion could help the applicant learn and demonstrate the English and/or civics requirement for naturalization?" (yes or no).3 If not, the completing doctor must then explain 3 Form N-648, proposed revision Item Number N.-N.1. (page 4 of 10). 3 1400 E. Washington Ave., Suite 227 ϕ Madison, Wisconsin 53703 ϕ 608-255-0539 ϕ www.endabusewi.org "why not." Another new question is how the disability or impairment affects "the applicant's daily life and ability to work or go to school."4 These questions have no basis in the statutes or regulations governing exceptions to the English and civics components of the naturalization exam and therefore do not belong in the form or its instructions. 5 The presence of these questions artificially increases the standard required for a disability exception to be granted. 3. The preference for a "**regularly treating medical professional**" to complete form N-648 will discourage doctors from completing the form and put survivors at a disadvantage. When discussing naturalization and the possibility of obtaining an N-648, many of our clients with disabilities first express concern about how to obtain the certification because they do not have a primary care physician. For some, obtaining regular treatment is a financial and time burden they cannot afford. For others, they receive regular care but not from a specific, regular provider. Now, the proposed revised form N-648 and Instructions indicate that a doctor completing the form who is not the "regularly treating medical professional" must: provide the name of the regularly treating medical professional, provide that medical professional's contact information, and "explain in detail" both why the regularly treating medical professional is not completing the form and why the completing medical professional is completing the form. 6 This line of questions erroneously assumes that each applicant has a regularly treating medical professional and puts a significant burden on the medical professional completing the form. The doctor completing the form is apparently required to obtain information about the supposed regularly treating medical professional, assess (or, more likely, guess)	whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication .

	why that medical professional isn't completing the form, and justify their own completion of the form. This may cause undue prejudice for survivors fleeing domestic violence who, due to unstable life conditions, oftentimes do not have a regularly treating medical professional. Survivors may delay applying by several months if they believe they must establish an ongoing relationship with a primary care physician before they can seek an N-648. Moreover, this apparent preference that a "regularly treating medical professional" complete form N-648 is not present in regulation or in the USCIS Policy Manual. ϕ ϕ ϕ ϕ ϕ ϕ ϕ ϕ The addition of irrelevant questions requiring guesswork and creating standards not present in the law represents additional burden and barrier to applicants with disabilities, including survivor applicants. We urge USCIS to withdraw the proposed revisions to form N-648.	
Commenter 15.	**Topic**	**Response:**
Disability Rights Education and Defense Fund; Immigrant Legal Resource Center; and 14 additional organizations	Attached is a corrected comment letter submitted on behalf of 16 organizations: California Immigration Project; California Rural Legal Assistance, Inc.; Community Legal Services in East Palo Alto; CRLA Foundation; Disability Rights California; Disability Rights Education and Defense Fund; Elder Law & Disability Rights Center; Immigrant Legal Resource Center; Justice in Aging; Legal Aid at Work; Legal Aid Foundation of Los Angeles; Legal Aid of Sonoma County; The New American Legal Clinic; Public Counsel; The Public Interest Law Project; Survivor Justice Center The undersigned are 16 disability rights and legal services organizations funded by the State Bar of California's Legal Services Trust Fund Program. Under law and equally under our organizational missions, we provide "free legal services in civil matters to indigent persons, especially underserved client groups, such as the elderly, the disabled, juveniles, and nonEnglish-speaking persons." Cal. Bus. & Prof. Code §§ 6210, 6213(d). Our clients are disproportionately people with disabilities, people of color, immigrants, and older adults. We represent people who are members of vulnerable populations, including people who are incarcerated, who are unhoused, and who live in institutions. Through advocacy and representation, our organizations seek to ensure that indigent Californians have equal access to government programs and	**Rehabilitation Act of 1973:** Section 504 of the Rehabilitation Act of 1973, codified at 29 U.S.C. section 794, provides in pertinent part: "No otherwise qualified individual with a disability … shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency…" USCIS notes that the N-648 revision complies with this section and does not exclude any class of disabled individuals. It does not narrow eligibility for the disability exception. All applicants who are "otherwise qualified" may still apply for an exception via Form N-648. Therefore, there is no denial of the benefit based on disability alone; the exception remains available as prescribed by INA 312. Further, the revised N-648 questions do not present a barrier or discrimination based on a disability—they are a means to verify that an applicant is unable to meet the required proficiency in English or the knowledge and understanding of civics because of a disability or mental impairment, even with reasonable accommodations. **In-Person Examination Requirement:**

	activities and are not subjected to any discrimination or abuse at the hands of federal, state, or local officials. We oppose the revisions to the N-648 and its instructions proposed by the U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security (DHS). The changes are not only contrary to federal law, but they create redundancies and unnecessary barriers for applicants with disabilities who are eligible for the exemptions. By screening out eligible applicants with disabilities, the new requirements violate Section 504 of the Rehabilitation Act of 1973. We request that USCIS withdraw the proposal. John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 2 I. The New Requirements Are Unnecessary and Will Screen Out Eligible Applicants with Disabilities. The naturalization process, including the medical exemptions, must comply with Section 504 of the Rehabilitation Act of 1973 ("Section 504"). Section 504 prohibits discrimination against individuals with disabilities in any program carried out by the federal government. 29 U.S.C. § 794(a). The medical exemptions are a federal program that must comply with Section 504. The Department's own regulations implementing Section 504 prohibit DHS from "utiliz[ing] criteria or methods of administration … that have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the recipient's program or activity with respect to handicapped persons." 6 C.F.R. § 15.30(b)(4). The text of this provision originated in the careful Section 504 rulemaking from 1976 to 19781 of the then-existing U.S. Department of Health, Education, and Welfare (HEW). See 45 C.F.R. § 84.68(b)(3), 28 C.F.R. § 41.51(b)(3). These rules were reviewed and approved by Congress. 2 The same provision has been adopted by dozens of federal agencies.3 The Supreme Court explained that this regulation requires that the "benefit" of a program or activity "cannot be defined in a way that effectively denies otherwise qualified handicapped individuals the meaningful access to which they are entitled." Alexander v. Choate, 469 U.S. 287, 301 (1985). 1 HEW, Nondiscrimination on the Basis of Handicap, Notice of Intent, 41 Fed.Reg. 20295 (May 17, 1976); HEW, Nondiscrimination on the Basis of Handicap, Proposed Rules, 41 Fed.Reg. 29547 (July 16, 1976); HEW, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting From Federal Financial Assistance, Final Rule, 42 Fed.Reg. 22675 (May 4, 1977); HEW, Coordination of Federal Agency Enforcement of Section 504 of the	The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons and there is limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures for applicants related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. **Increase in Burden:** USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they

	Rehabilitation Act of 1973, Final Rule, 43 Fed.Reg. 2131, 2132-36 (Jan. 13, 1978). 2 Hearings on Rehabilitation of the Handicapped Programs Before the Subcomm. on the Handicapped of the S. Comm. on Labor and Public Welfare, 94th Cong. (May 5, 1976); Hearings Before the Subcomm. on Select Educ. of the H.R. Comm. on Educ. and Lab., 95th Cong. (Sept. 1977); Consol. Rail Corp. v. Darrone, 465 U.S. 624, 635 nn.15 & 16 (1984) ("The regulations particularly merit deference in the present case: the responsible congressional Committees participated in their formulation, and both these Committees and Congress itself endorsed the regulations in their final form. … In adopting § 505(a)(2) in the amendments of 1978, Congress incorporated the substance of the Department's regulations into the statute.") (citing S. Rep. No. 95-890); School Bd. of Nassau County v. Arline, 480 U.S. 273, 279 (1987) ("As we have previously recognized, these regulations were drafted with the oversight and approval of Congress; they provide 'an important source of guidance on the meaning of § 504.'"); Alexander v. Choate, 469 U.S. 287, 304 n. 24 (1985) ("We have previously recognized these regulations as an important source of guidance on the meaning of § 504."). 3 Brief for Amici Curiae The Arc of the United States in CVS v. Doe, No. 20-1374 (U.S.), Appendix B, at https://dredf.org/wp-content/uploads/2021/10/20211029142114634-20-1374-CVS-Pharmacy-Inc-v-JohnDoe-One-Amicus-Brief-ACCESSIBLE.pdf. John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 3 A. The In-Person Examination Requirement The proposed requirement that the evaluating physician examine the applicant "in person" amounts to such "criteria or methods of administration" that screens out certain individuals with disabilities. Many disabilities result in individuals being confined to their home or make it extremely difficult for them to leave their house or place of care. Other disabilities result in severely weakened immune systems, making it extremely dangerous for those individuals to leave their home. Some individuals with disabilities which restrict their ability to travel live in rural areas far from qualified medical professionals. These individuals may have disabilities that impair their ability to learn English and/or civics which can be diagnosed and evaluated remotely through video telemedicine. By requiring an in-person examination, the proposed revisions would prevent some individuals with disabilities from being evaluated. As such, they would be unable to apply for the exemptions	are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed.

	and would ultimately fail the naturalization test, resulting in their application for naturalization being denied. Therefore, the proposed revisions amount to criteria that "effectively denies otherwise qualified handicapped individuals the meaningful access to which they are entitled" and violates Section 504. The proposed in-person requirement should not go into effect. B. Additional Unnecessary Requirements That Burden Applicants and Deter Physicians The proposed revisions add additional unnecessary requirements and fields that will deter physicians from completing the form for applicants with disabilities who are entitled to the exemptions. These also function to unnecessarily screen out eligible disabled applicants by making it harder to obtain the medical certification. Each additional unnecessary field could screen out an eligible disabled applicant, as "[f]ailure to provide all information requested on the form will result in the USCIS determining that the form is insufficient" and "USCIS will not accept an incomplete Form N-648." Instructions for Medical Certification for Disability Exceptions, Proposed Revisions, 2. Further, the revised instructions require that the evaluating physician answer "all questions in a complete and truthful manner," and state that failure to do so could result in harsh penalties. Id. at 8. If the physician is unable to complete any of the new elements, then they could reasonably believe that they would face penalties, deterring them from completing the form on behalf of an eligible applicant. John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 4 For these reasons, the additional proposed requirements similarly "effectively den[y] otherwise qualified handicapped individuals the meaningful access to which they are entitled" in violation of Section 504. They are not relevant in determining whether the applicant is eligible for the exemptions and should not go into effect. Date Disability Began Proposed Part 3, Question 1(C), asks for the date the disability began. This data element is not required to demonstrate that the applicant meets the standards for the exemptions. See 8 U.S. Code § 1423; 8 C.F.R. §§ 312.1(b)(3), 312.2(b)(3). Under the current form, which tracks the statute and regulations, the evaluating physician certifies that the applicant currently has a disability which prevents them from learning English and/or civics that has lasted or is expected to last 12 months. Further, this requirement is particularly onerous for immigrants with disabilities. These applicants come from all over the world, including countries	**Whether Disability is Expected to Improve Over the Next 12 Months (and If Not, Why Not):** USCIS acknowledges the commenter's concern that the original phrasing of Question **1.K.** could be read as extending the duration requirement. To address this concerns, USCIS has revised and clarified the relevant questions to closely track the regulatory standard at 8 CFR 312.1(b)(3) and 8 CFR 312.2(b)(1), which require that the medically determinable disability or impairment "has lasted or is expected to last at least 12 months." USCIS split the originally proposed item number **1.J.** ("Has the applicant's disability or impairment already lasted at least 12 months, or do you expect it to last 12 months or more?") **into two questions**: Item number **1.J.** now asks only whether the impairment has already lasted at least 12 month ("Has the applicant's disability or impairment already lasted at least 12 months?"). If it has not, item number **1.J.1.** asks whether the impairment is expected to last at least 12 months ("Do you

	without developed healthcare or information systems. Physicians and applicants may not have this information. The proposed additional field should not be added. **Whether Disability is Expected to Improve Over the Next 12 Months** (and If Not, Why Not) Proposed Part 3, Question 1(K) asks whether the disability is expected to improve over the next 12 months to the extent that the applicant will be able to meet the English and/or civics requirements. If the answer is "no," Question 1(K.1) requires the physician to explain "why the disability or impairment are not expected to improve in the next 12 months." The requested information is not required to show that the applicant meets the regulatory and statutory requirements. Under law, the English and civics requirements "shall not apply to any person who is unable … to demonstrate" an understanding of the English language, or knowledge and understanding of the information in the civics examination, "because of a medically determinable physical or mental impairment or combination of impairments which has lasted or is expected to last at least 12 months." 8 C.F.R. § 312.1(b)(3); accord 8 U.S.C. § 1423; 8 C.F.R. § 312.2(b)(3) ("because of a medically determinable physical or mental impairment, that already has or is expected to last at least 12 months"). The text is present tense. The current N-648 already asks whether the disability has lasted or is expected to last 12 months. If the physician determines that the disability "has lasted … at least 12 months" and prevents the applicant from meeting the English and/or civics requirements, then the applicant is eligible for the exemptions. To require the physician to speculate about the state of the disability over the John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 5 following 12 months contradicts the rules by essentially requiring that the disability last more than 12 months. This impermissibly extends the time period required for the exemptions, contrary to the statutory and regulatory text. Further, while some disabilities such as intellectual disability and dementia are consistent or progressive (worsening) over time, other disabilities such as traumatic brain injury (TBI) and stroke may have an unknown prognosis over time. For these types of disability, physicians may struggle to answer the new questions because future recovery is so unpredictable. Physicians may reasonably believe they could be subjected to harsh	expect the applicant's disability or impairment, from the date it began, to last at least 12 months?"). Only when the impairment has not yet lasted 12 months, but is expected to do so, does the form ask, in item number **1.J.2** (repurposed and re-anchored former item number **1.K.**) whether the impairment is expected to improve enough during the remaining time needed to reach a total of 12 months to enable the applicant to learn and demonstrate the English and civics requirements. If it does not, the form asks for an explanation in item number **J.3.** 1. These questions are intended to elicit the medical professional's clinical basis for concluding that the regulatory duration requirement ("has lasted or is expected to last at least 12 months") is met in cases where disability or impairment is expected to be satisfied prospectively, and not to impose a longer duration standard or require predictions about improvement after the 12-month threshold has been reached. **Prescribing Treatment or Therapy:** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and as such it's relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. A lack of prescribed treatment or therapy alone does not render the form insufficient, as long as it's accompanied by an explanation. **Daily Activities:** The inclusion of the question regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2).

	penalties for selecting the "wrong" answer and would be dissuaded from completing the form. These proposed new questions should not be added. **Whether Treatment Prescribed to Help Applicant Learn English or Civics** (and If Not, Why Not) Similarly, Part 3, Question 1(N) asks whether the physician has prescribed treatment or therapy which "could help" the applicant learn and demonstrate English or civics. If the answer is "no," Question 1(N.1) requires the physician to explain why not. This question is also unrelated to the statutory and regulatory standards. The current N-648 already requires the physician to determine if the applicant has a disability which "prevents the applicant from meeting the English and/or civics requirements" that has lasted or is expected to last 12 months. If the physician certifies that such disability has already lasted 12 months, then the applicant is eligible for the exemptions. Past treatment has not allowed the applicant to learn and demonstrate English and/or civics. If the physician has concluded that the disability "prevents" the applicant from meeting the English and/or civics requirements and that this disability is expected to last at least 12 months, then the physician has already determined that the disability will not improve sufficiently to meet the English and/or civics requirements, regardless of any future treatment. Further, the phrasing of the question includes no time frame and asks only whether treatment "could help" the applicant learn and demonstrate English and/or civics – not whether treatment will enable the applicant to meet the English and/or civics requirements. Some physicians might answer "Yes" if they have prescribed treatment or therapy which "could help" the applicant learn English and/or civics, even if such improvement was uncertain, would not come until well past the 12-month requirement, and would likely be insufficient to allow demonstration of the requirements. Accurate responses could lead a USCIS officer to deny an applicant who is eligible for exemption. John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 6 Together, Question 1(K & K.1) and Question 1(N & N.1) are confusing and will deter physicians from completing certifications for eligible applicants. If a physician answers both that the disability which "prevents" the applicant from demonstrating English and/or civics is not expected to improve in the next 12 months (Question 1(K & K.1)) and that they have prescribed	The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **Regularly-Treating Physician:** There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. In the end, the

	treatment that "could help" the applicant learn English and/or civics (Question 1(N & N.1)), then a USCIS officer could determine that the physician made "knowingly false or misleading statements" in violation of federal law. Further, physicians may reasonably believe they could be subjected to harsh penalties for accurately answering these questions and would be dissuaded from completing the form. The proposed revisions will screen out disabled applicants who are eligible for the exemptions. They should not go into effect. Impacts of Disabilities on Day-to-Day Life, Work, and School Part 3, Question 1(O) asks the physician to describe "the severity of the disability or impairment and explain how it affects specific functions "including in the applicant's daily life and ability to work or go to school." This question is open-ended, needlessly cumbersome, and wholly untied to the statutory and regulatory standards. To qualify for the exemptions, an applicant must have a physical or developmental disability or mental impairment that "prevents the applicant from meeting the English and/or civics requirements." Form N-648 at Part 3. Requiring a physician to provide additional information on the severity of the applicant's disability and how it affects other unrelated functions is not only pointless but will encourage the denial of eligible applicants. Question 1(O) suggests a different standard from that set out in the statute and regulations related to the "severity" of the disability and its impact on day-to-day life, work, and school. The appearance of the question on the form together with the answers provided will encourage USCIS officers to deny applicants who are eligible for exemption. An applicant may have an intellectual disability that is "severe" and prevents them from learning English and/or civics, but they may be able to manage day-to-day life or a job. Such an applicant is eligible for the N-648 exemption. An applicant may have dementia or a TBI that is "moderate," but that prevents them from learning English and/or civics. Such an applicant is eligible for the N-648 exemption. Unwarranted denials prompted by the inclusion of Question 1(O) and the responses thereto will not only result in injustice for eligible disabled applicants but will trigger additional timeintensive proceedings for those who protest denial, including interviews, examinations, and hearings. John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 7 Proposed Question 1(O) will "effectively den[y] otherwise qualified handicapped individuals the meaningful access to which they	absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication .

	are entitled" in violation of Section 504. It should not be adopted. Whether Examiner is Regular Treater (and, if Not, Why Not) Questions 1(P) and (Q) ask whether the evaluating physician "regularly treats" the applicant and requires extensive information on the applicant's regularly treating medical professional. These questions are irrelevant and unnecessary. Under both the current N-648 and proposed revisions, the evaluating physician must be qualified to evaluate and diagnose such a disability and describe the clinical or laboratory diagnostic techniques they used to do so. Whether the evaluating physician is the applicant's regularly treating medical professional has no bearing on their ability to evaluate and diagnose the applicant. Further, in many cases, a person's regular treater for day-to-day matters such as weight, blood pressure, diabetes, blood work, vaccines, and cancer screenings is unqualified to certify the disability that prevents the applicant from demonstrating the English and/or civics requirements. A person with ID or TBI may not have any particular treater for the disability that makes them eligible for the exemptions. Many immigrant residents do not have a regular treating physician. A review by the National Association of Community Health Centers found that about one third of people in the U.S. do not have access to a usual source of primary health care.4 This gap is almost certainly worse for immigrant U.S. residents. A January 2025 report found that one in five (18%) lawfully present immigrant adults are uninsured compared to less than one in ten of naturalized and U.S. born citizens.5 Nearly 20% of lawfully present immigrant adults have no usual source of care other than the emergency room. 6 The proposed additional questions are burdensome. The proposed new questions will screen out disabled applicants who are eligible for the exemptions. They should not go into effect. 4 National Association of Community Health Centers, Closing Primary Care Gap (Feb. 2023), https://www.nachc.org/wp-content/uploads/2023/06/Closing-the-Primary-Care-Gap_FullReport_2023_digital-final.pdf. 5 KFF, Key Facts on Health Coverage of Immigrants (Jan. 2025), https://www.kff.org/racialequity-and-health-policy/key-facts-on-health-coverage-of-immigrants/. 6 Id. John Pfirrman-Powell Acting Deputy Chief October 28, 2025 Page 8 Separate Form for Each Disability The proposed changes would require that the evaluating physician fill out a separate form for each disability. This is unnecessary and burdensome. Part 3 of	

	the current N-648 requires the evaluating physician to diagnose multiple disabilities in the same section. The proposed revisions, on the other hand, require the evaluating physician to diagnose each disability separately, answering 21 questions per disability plus another 6 questions. This proposed revision is pointless and more than triples the length of Part 3. Many individuals have multiple disabilities which, in combination, limit or prevent a particular function. Under the current Form N-648, the evaluating physician must already diagnose and describe the disabilities that prevent the applicant from learning English and/or civics and how they do so. Part 3 Question 3 of the current form ensures that the applicant's disabilities prevent them from learning English and/or civics for at least 12 months. The proposed revisions require the evaluating physician to do what they already must do under the current form, only in a much more cumbersome way. This change should be rejected. II. The Proposed Revisions Unnecessarily Lengthen the N-648 The proposed new N-648 is double the length of the current form and contains many times the number of questions. Currently, Part 3 consists of 7 questions. The proposed revisions contain triple the number of questions (27 questions) and require many more if the applicant has more than one disability that supports the exemption. If the applicant has multiple disabilities that in combination prevent them from learning English and/or civics, the evaluating physician must answer an additional 21 questions for each additional disability. The revisions serve no purpose but to make the N-648 longer and more difficult to fill out. Physicians who fail to complete each field in the form or who attempt to answer confusing and contradictory questions could face harsh penalties. The proposed expanded form will dissuade physicians from certifying individuals with disabilities who are eligible for the exemptions. Fraud is exceedingly rare and cannot support the burden of the proposed revisions. 7 When taken individually, and together, the proposed revisions to the N-648 form are not tied to a legitimate determination of whether the applicant has a disability that prevents them from learning and demonstrating English and/or civics. The proposed revisions would make the certification process much more burdensome and confusing and would deter physicians from 7 See CIS Ombudsman Annual Report to Congress at 57 (2021) (only 0.1% of applications were found to be fraudulent). John Pfirrman-Powell Acting Deputy Chief October 28, 2025	

	Page 9 evaluating eligible applicants. In this way, the proposed revisions would "effectively den[y] otherwise qualified handicapped individuals the meaningful access to which they are entitled" in violation of Section 504. They should not go into effect. We urge USCIS to reconsider the proposed revisions to Form N-648 and reject them	
Commenter: 16.	**Topic**	**Response:**
Priscilla Marquis	am a neuropsychologist, writing to you regarding proposed changes to N-648. As a neuropsychologist, I have been completing this form as a regularly treating provider and via referrals due to expertise in neuropsychology and Spanish speakers for many years. The changes will create difficulty for treating providers and referred providers to complete the N-648, causing unfair denials and challenges for naturalization applicants applying for a disability waiver. The proposed changes are more than twice the length previously, creating an undue burden for medical providers to complete and and additional, unnecessary length of time for USCIS adjudicators to review, creating barriers for eligible waiver applicants. To thoroughly complete the N-648 in compliance with current regulations is already time consuming and requires thorough evaluation. Current revisions to the N-648 are not in the Policy Manual, and changes create new standards for eligibility without legal basis. Applicants would be unable to qualify for the disability waiver and naturalization when they meet requirements. Providers would have an unnecessary burden with the additional questions in N-648, which are repetitive and confusing. Physicians are likely to refuse to complete such a complex and lengthy form, leaving applicants without ability to apply for a waiver. Re: Fraud: the USCIS already has a thorough process to investigate immigration benefit fraud through the Fraud Detection and Analysis Directorate (FDNS). In FY 2020, only 0.5 % of N-648 filings (302 of 65,091) were referred to FDNS of which only 66 (0.1 percent) were found to be fraudulent, indicating that fraud is not a significant issue with regard to the waiver. With regard to requiring that the "regularly treating physician" complete the N-648, this ignores the facts that many regularly treating providers will refuse to complete even the current, shorter form because evaluations are not compensated by insurance and many regularly	**Additional barriers and burdens:** USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with

	treating physicians are often too busy to do so, given that they may see up to 30 patients per day. In addition, as a neuropsychologist, many regularly treating physicians are not qualified to evaluate for memory problems, cognitive concerns or learning disabilities that would preclude the applicant from being able to learn English and or Civics. They do not have the expertise to evaluate the patient sufficiently to be able to complete the form. Neuropsychologists and psychologists are specially trained in assessment and a referral to one of these specialty providers may be necessary to accurately complete the N-648 form. The law states that the medical professional needs to be properly licensed in the United States or one of its territories and there is no legal requirement to be a "regularly treating physician." The new requirement that the applicant be tested as to whether they can perform activities of daily living, such as maintaining employment or participation in education demonstrates a lack of understanding of how cognitive impairment, or the impact of mental or physical illness on learning or learning disabilities can impact of the individual's ability to function. Often, individuals can perform complex activities of daily living but are still unable to learn new, complex material such as learning a new language (English) and or Civics due to a specific learning disability, cognitive impairment or attentional impairment. The revised form indicated that the medical professional must evaluate the applicant in person. This is despite the USCIS Policy Manual which specifically permits telehealth exams. In addition, this is discriminatory in that many individuals may lack access to the ability to attend the examination in person, when telehealth evaluations have been determined to be valid. During the COVID-19 pandemic, many medical professionals provided remote evaluations and examinations, particularly for individuals with disabilities or complicating conditions. It may likely create undue cost and hardship for the applicants to be examined in person when this is entirely unnecessary. In addition, requiring disabled individuals to file the N-648 at the same time as the N-400 may place an undue burden on individuals who have difficulties with memory, focus, concentration and potential learning disability or cognitive issues.	legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed. **Regularly treating physician:** There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment or disability must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims.

	I urge you to reconsider these proposed changes and maintain the current form and standards which are more than adequate to document the disability or impairment in learning English and/or Civics.	If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication . **Daily activities:** The inclusion of the question regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers must assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **Examination in person:** The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons and there is limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies

		the corresponding procedures for applicants related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. **Submitting with N-400:** USCIS did not make any additional changes based on this comment. Current regulations under 8 CFR 312.2(a)(2) require the submission of Form N-648 with Form N-400. USCIS will still accept a Form N-648 if the applicant demonstrates extenuating circumstances such as the applicant developing a disability or impairment after filing the naturalization application.
Commenter: 17.	**Topic**	**Response:**
Disability Rights Education and Defense Fund; Immigrant Legal Resource Center; and 13 additional organizations	Same comment as # 15. Attached are comments from the following legal services organizations opposing the proposed revisions to Form N-648 and the accompanying instructions: California Immigration Project; California Rural Legal Assistance, Inc.; Community Legal Services in East Palo Alto; CRLA Foundation; Disability Rights California; Disability Rights Education and Defense Fund; Immigrant Legal Resource Center; Justice in Aging; Legal Aid at Work; Legal Aid Foundation of Los Angeles; Legal Aid of Sonoma County; The New American Legal Clinic; Public Counsel; The Public Interest Law Project; Survivor Justice Center	**Rehabilitation Act of 1973:** Section 504 of the Rehabilitation Act of 1973, codified at 29 U.S.C. section 794, provides in pertinent part: "No otherwise qualified individual with a disability … shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency…" USCIS notes that the Form N-648 revision complies with this section and does not exclude any class of disabled individuals. It does not narrow eligibility for the disability exception. All applicants who are "otherwise qualified" may still apply for an exception via Form N-648. Therefore, there is no denial of the benefit based on disability alone; the exception remains available as prescribed by INA 312. Further, the revised Form N-648 questions do not present a barrier or discrimination based on a disability—they are a means to verify that an applicant is unable to meet the required proficiency in English or the knowledge and understanding of civics because of a disability or mental impairment, even with reasonable accommodations. **In-Person Examination Requirement:** The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for

		Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended. Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons and there is limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures for applicants related to the completion of Form N-648. USCIS updates thus reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. **Increase in Burden:** USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements.

		Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed. **Whether Disability is Expected to Improve Over the Next 12 Months (and If Not, Why Not):** USCIS acknowledges the commenter's concern that the original phrasing of Question 1.K. could be read as extending the duration requirement. To address this concerns, USCIS has revised and clarified the relevant questions to closely track the regulatory standard at 8 CFR 312.1(b)(3) and 8 CFR 312.2(b)(1), which require that the medically determinable disability or impairment "has lasted or is expected to last at least 12 months." USCIS split the originally proposed item number 1.J. ("Has the applicant's disability or impairment already lasted at least 12 months, or do you expect it to last 12 months or more?") into two questions: Item number 1.J. now asks only whether the impairment has already lasted at least 12 month ("Has the applicant's disability or impairment already lasted at least 12 months?"). If it has not, item number 1.J.1. asks whether the impairment is expected to last at least 12 months ("Do you expect the applicant's disability or impairment, from the date it began, to last at least 12 months?"). Only when the impairment has not yet lasted 12 months, but is expected to do so, does the form ask, in item number 1.J.2 (repurposed and re anchored former item number 1.K.) whether the impairment is expected to improve enough during the

		remaining time needed to reach a total of 12 months to enable the applicant to learn and demonstrate the English and civics requirements. If it does not, the form asks for an explanation in item number J.3. These questions are intended to elicit the medical professional's clinical basis for concluding that the regulatory duration requirement ("has lasted or is expected to last at least 12 months") is met in cases where disability or impairment is expected to be satisfied prospectively, and not to impose a longer duration standard or require predictions about improvement after the 12-month threshold has been reached. **Prescribing Treatment or Therapy:** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and therefore is relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. A lack of prescribed treatment or therapy alone does not render the form insufficient, as long as it's accompanied by an explanation. **Daily Activities:** The inclusion of the question regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation.

		Regularly-Treating Physician: There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. In the end, the absence of the regularly-treating physician will not, by itself, render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication .
Commenter: 18.	**Topic**	**Response:**

Vanessa Zhou	I respectfully oppose the proposed revisions to Form N-648, Medical Certification for Disability Exceptions. Specifically, I object to the **extended length of the form**, the requirement that **evaluations be conducted in person**, the preference for the **treating physicians to complete the form**, and the requirement that clinicians provide **information already included on Form N-400**. In-person evaluations would also require reliable transportation, which may be difficult or impossible for individuals whose disabilities limit their ability to attend appointments. Many physicians lack the specialized training required to conduct N-648 evaluations and are often unable to devote the two or more hours typically needed to complete such assessments. Therefore, it is concerning that the proposed revisions indicate a preference for the treating provider to complete the evaluation rather than allowing other qualified medical professionals, including psychologists, who possess the necessary expertise in neuropsychological assessment. I recommend that the estimated evaluation time be updated to reflect the increased length and complexity of the revised form. Additionally, I request that all proposed revisions be supported by evidence and data demonstrating the need for these changes. These revisions create additional barriers for individuals whose brain-related or cognitive disabilities prevent them from demonstrating the abilities required to complete the citizenship exam. By limiting access to appropriate accommodations, these changes may violate federal disability law, including the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, which prohibit discrimination against individuals with disabilities in federally funded programs and services. In this context, discrimination involves implementing a policy that disproportionately disadvantages individuals with disabilities by denying them reasonable accommodations in the citizenship process. For these reasons, I respectfully urge USCIS to reconsider these proposed revisions to Form N-648. Any changes should ensure that individuals with brain-related or cognitive disabilities are not unfairly burdened, that reasonable accommodations remain accessible, and that federal	Please see above the responses to your concerns. The proposed revisions to Form N-648 are intended to enhance the integrity and reliability of the information collected to uphold consistency and fairness in adjudications. While we understand the potential challenges the form revisions may pose for applicants in vulnerable situations, these changes are necessary to better evaluate eligibility for disability exception consistent with INA 312 and 8 CFR part 312. Nonetheless, USCIS will continue to assess stakeholder input to ensure the process remains as fair and accessible as possible. USCIS will not make any changes to the proposed revision based on this comment.

	disability protections are upheld. I strongly encourage that all modifications be supported by clear evidence and take into account the practical and legal implications for both clinicians and applicants. Protecting access to this critical disability exception is essential to maintaining fairness, equity, and compliance with federal law in the naturalization process.	
Commenter: 19.	**Topic**	**Response:**
Disability Rights Education and Defense Fund; Immigrant Legal Resource Center; and 15 additional organizations	Please see attached letter on behalf of 17 organizations: Bet Tzedek; California Immigration Project; California Rural Legal Assistance, Inc.; Community Legal Services in East Palo Alto; CRLA Foundation; Disability Rights California; Disability Rights Education and Defense Fund; Elder Law & Disability Rights Center; Immigrant Legal Resource Center; Justice in Aging; Legal Aid at Work; Legal Aid Foundation of Los Angeles; Legal Aid of Sonoma County; The New American Legal Clinic; Public Counsel; The Public Interest Law Project; Survivor Justice Center. Please disregard prior drafts -- one omitted organization and one late signing organization. Same as comment # 15	**Rehabilitation Act of 1973:** Section 504 of the Rehabilitation Act of 1973, codified at 29 U.S.C. section 794, provides in pertinent part: "No otherwise qualified individual with a disability … shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency…" USCIS notes that the Form N-648 revision complies with this section and does not exclude any class of disabled individuals. It does not narrow eligibility for the disability exception. All applicants who are "otherwise qualified" may still apply for an exception via Form N-648. Therefore, there is no denial of the benefit based on disability alone; the exception remains available as prescribed by INA 312. Further, the revised N-648 questions do not present a barrier or discrimination based on a disability—they are a means to verify that an applicant is unable to meet the required proficiency in English or the knowledge and understanding of civics because of a disability or mental impairment, even with reasonable accommodations. **In-Person Examination Requirement:** The revised form clarifies that an in-person examination will be the only recognized medical examination once the form goes into effect. The policy will be updated accordingly once the form updates are published. USCIS updated its policy related to telehealth medical examinations for Form N-648 during the COVID-19 Pandemic. See October 19, 2022, Policy Alert, Revision of Medical Certification for Disability Exceptions (Form N-648) (PA-2022-25). The COVID-19 and the public health emergency has since ended.

		Unlike medical examinations for adjustment of status, which must be completed by USCIS-designated civil surgeons who have limited availability, the Form N-648 may be completed by any licensed physician or clinical psychologist accessible to the applicant in his or her area. By updating the form instructions, USCIS clarifies the corresponding procedures for applicants related to the completion of Form N-648. USCIS' updates reflect the evolving situation and ensure comprehensive evaluations to strengthen the integrity of the program to achieve USCIS' mission. **Increase in Burden:** USCIS notes that Congress provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least

		burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed. **Whether Disability is Expected to Improve Over the Next 12 Months (and If Not, Why Not):** USCIS acknowledges the commenter's concern that the original phrasing of Question 1.K. could be read as extending the duration requirement. To address this concerns, USCIS has revised and clarified the relevant questions to closely track the regulatory standard at 8 CFR 312.1(b)(3) and 8 CFR 312.2(b)(1), which require that the medically determinable disability or impairment "has lasted or is expected to last at least 12 months." USCIS split the originally proposed item number 1.J. ("Has the applicant's disability or impairment already lasted at least 12 months, or do you expect it to last 12 months or more?") into two questions: Item number 1.J. now asks only whether the impairment has already lasted at least 12 month ("Has the applicant's disability or impairment already lasted at least 12 months?"). If it has not, item number 1.J.1. asks whether the impairment is expected to last at least 12 months ("Do you expect the applicant's disability or impairment, from the date it began, to last at least 12 months?"). Only when the impairment has not yet lasted 12 months, but is expected to do so, does the form ask, in item number 1.J.2 (repurposed and re anchored former item number 1.K.) whether the impairment is expected to improve enough during the remaining time needed to reach a total of 12 months to enable the applicant to learn and demonstrate the English and civics requirements. If it does not, the form asks for an explanation in item number J.3.

		These questions are intended to elicit the medical professional's clinical basis for concluding that the regulatory duration requirement ("has lasted or is expected to last at least 12 months") is met in cases where disability or impairment is expected to be satisfied prospectively, and not to impose a longer duration standard or require predictions about improvement after the 12-month threshold has been reached. **Prescribing Treatment or Therapy:** The revised question regarding treatment or therapy does not impose a legal requirement that applicants undergo treatment or that certifying medical professionals provide it. The question asks whether the medical professional has prescribed treatment or therapy that in the medical professional's opinion could improve the applicant's ability to learn and demonstrate the English and civics requirement for naturalization. The question is probative of the nature, severity and expected course of the disability or impairment and therefore is relevant to the nexus inquiry under 8 CFR 312.1 and 8 CFR 312.2. A lack of prescribed treatment or therapy alone does not render the form insufficient, as long as it's accompanied by an explanation. **Daily Activities:** The inclusion of the question regarding daily activities is not intended to establish a new eligibility standard. Rather, USCIS needs the information to assess the nature, origin and extent of the medical conditions as it relates to the disability exception pursuant to 8 CFR 312.2(b)(2). The information helps officers evaluate whether the clinical diagnosis and supporting evidence adequately explain the claimed inability to meet the educational requirements. Per USCIS policy, USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise. However, officers assess the sufficiency, clarity and consistency of the medical professional's explanation throughout the Form N-648 and supporting documentation. **Regularly-Treating Physician:**

		There is no statutory or regulatory requirement that the certifying medical professional is the physician who regularly treats the applicant, and USCIS is not imposing one with this information collection. For purposes of making the assessment under 8 CFR 312.1 and 2, a licensed medical professional (MD, DO, or clinical psychologist) who is experienced in diagnosing those with physical and mental medically determinable impairments and attests to the origin, nature and extent of the applicant's medical condition(s) as it relates to the disability exceptions, may certify Form N-648 even if he or she is not the applicant's regularly treating medical provider. For the exception to apply, the physical or mental impairment must have already lasted or is expected to last at least 12 months. The question asks whether the medical professional is regularly treating the applicant for this long-term medical condition, because USCIS needs to assess whether the certifying medical professional is familiar with the applicant's medical history and functional limitations, and assess the credibility and completeness of the information related to the origin, nature and extent of the applicant's medical condition(s). Requesting this information is consistent with USCIS' authority to verify eligibility under 8 CFR 312.2(b), and to substantiate the claimed disability and its nexus to the inability to meet the English and civics requirements, in accordance with INA 312 and 8 CFR part 312, as well as the USCIS Policy Manual, which authorizes officers to consider the sufficiency and reliability of the medical professional's assessment. The information also supports Form N-648 process integrity and deters fraudulent or unsupported claims. If the certifying medical professional is not the applicant's regular provider, the form requests a brief explanation to document why he or she is certifying N-648 instead of the applicant's regularly treating medical professional. If the response reveals that the applicant does not have a regularly-treating physician, it will not render the form insufficient. Contrary to the commenter's assertion, USCIS believes that having these additional questions will provide officers with the necessary information in support of disabled applicants and assist USCIS officers with the adjudication .
Commenter: 20.	**Topic**	**Response:**

Sonia Syed Rehman	Based on my review of the proposed changes, I strongly oppose the revised Form N-648 and request its withdrawal. I believe the new form creates an unfair and prejudicial barrier that will prevent many eligible individuals with legitimate disabilities from obtaining the waiver and achieving citizenship.	The revisions to Form N-648 are necessary to improve the integrity and reliability of the information provided. USCIS will not make any changes to the proposed revision based on this comment. Please see responses throughout this comment matrix to address these concerns.
Commenter: 21.	**Topic**	**Response:**
NALEO Educational Fund/Naturalization Working Group	Please see letter from members of the Naturalization Working Group and other naturalization service providers and advocates calling on USCIS to withdraw its proposed revisions to the Form N-648.	**Proposed form Exceeds USCIS's authority and Increase in Burden:** USCIS notes that Congress, by codifying INA 312, provided that no person should be naturalized as a citizen of the United States if the person cannot demonstrate an understanding of the English language or knowledge and an understanding of the fundamentals of history and of the principles and form of government unless the person is unable to do so because of a physical or developmental or disability or mental impairment. See INA 312. As indicated previously, the information collected on the revised Form N-648 is needed to adjudicate an applicant's request for an exception from the educational requirements and is relevant to determining his or her eligibility in accordance with INA 312 and 8 CFR part 312. The requirement for the additional items in the revised Form N-648, including detailed medical documentation, diagnostic techniques and evaluation methods, is necessary to ensure that medical certifications are supported by factual information sufficient to substantiate the nexus between the applicant's medical condition and his or her inability to meet the English and civics requirements, as required by INA 312(b)(1) and 8 CFR 312.1(b)(3) and 312.2(b), and to maintain and enhance integrity, reliability, and accountability of the process by assisting in verification of the authenticity of medical certifications. USCIS recognizes that the additional information collection may increase the time required by medical professionals and applicants to complete the form, but they are necessary for the proper performance of the agency's functions and to comply with the legal requirements. Further, by collecting information that is relevant to the proper adjudication of the disability exception, the proposed revisions are also intended to reduce other burdens, such as requests for evidence or for supplemental certifications. USCIS has carefully assessed maximum practical utility of the information collected while, at the same time, ensuring that the collection of the information is the least

		burdensome for the proper performance of the agency function to comply with legal requirements and achieve program objectives. Therefore, USCIS believes that while the form completion time may increase, the overall program burden is expected to remain the same or may even decrease. USCIS emphasizes that the supporting evidence required aligns with existing fraud detection methods. USCIS consistently evaluates improvement processes where simplicity does not compromise sufficiency. As part of implementation review, USCIS will monitor complaints and feedback about burden time after form adoption to update guidance if needed. USCIS has authority under 8 CFR 312.2(b)(2) to require a detailed medical certification (Form N-648) that must explain the impairment's "origin, nature and extent." This proposed question 1.K. is directly tied to the medical professional's prognosis to assessing the "extent" and expected duration of the limitations caused by the disability or impairment. The comment misinterprets the "at least 12-month" requirements as a binary fact, when the regulations mandate this as a predictive medical judgment or opinion. Asking a medical professional to explain why an impairment is not expected to improve within the next 12 months does not unlawfully extend the duration; it substantiates the medical professional's conclusion that it is "expected to last at least 12 months." **Risk of officers making their own medical judgments:** USCIS officers should not substitute their own medical judgment for the determinations of appropriately licensed and clinically qualified professionals. The USCIS Policy Manual clearly states that "USCIS generally presumes that the medical professional's diagnosis is valid, unless credible evidence suggests otherwise." (See https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3). To that effect, USCIS is collecting the additional information as it is necessary to assess an applicant's request for an exception of the educational requirements and relevant to determining an applicant's eligibility in accordance with the statutory and regulatory requirements at INA 312 and 8 CFR 312. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. USCIS believes that the information will reduce the possibility that adjudicators have questions related to

		the determination, and thus, likely alleviate the commenter's concerns related to an officer's substituting their own judgment for the determination of the medical professionals. The additional information in the revised Form N-648 will maintain and enhance integrity and accountability and assist with the verification and the authenticity of medical certifications, in compliance with the statutory and regulatory provisions. Therefore, USCIS believes that this information collection will not result in adjudicators rejecting clinical diagnoses without credible evidence to the contrary. However, the authority to review, evaluate and adjudicate disability exceptions Form N-648 rests solely with the USCIS officers, not with the medical professional. The officer views the totality of evidence in the record to conclude based on law and fact if the applicant meets the exception eligibility criteria.