



Instructions for Application for Civil Surgeon Designation

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

USCIS
Form I-910
OMB No. 1651-0114
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What is the Purpose of Form I-910?

Form I-910, Application for Civil Surgeon Designation, is used by physicians seeking designation as a civil surgeon.

What is a Civil Surgeon?

By law, a civil surgeon is a physician designated by U.S. Citizenship and Immigration Services (USCIS) to conduct immigration medical examinations for individuals applying for an immigration benefit in the United States.

Unless you are a medical officer of the U.S. Public Health Service (USPHS), you must have civil surgeon designation if you wish to conduct immigration medical examinations for immigration benefit applicants in the United States. If you are not a USCIS-designated civil surgeon (or a USPHS medical officer), you are not authorized to conduct immigration medical examinations for immigration benefit applications in the United States or to complete Form I-693, Report of Medical Examination and Vaccination Record.

Civil surgeon designation does not authorize you to conduct immigration medical examinations for individuals seeking immigration benefits abroad through the visa issuance process of the U.S. Department of State (DOS). Only DOS-designated panel physicians overseas may conduct such examinations. For more information, visit the DOS website at <https://travel.state.gov/content/travel/en/us-visas/immigrate/the-immigrant-visa-process/step-10-prepare-for-the-interview/medical-examination-faqs.html>.

NOTE: Civil surgeon designation is not required for physicians who perform medical examinations, unrelated to an immigration benefit, for detainees within the custody of U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and other government entities.

Who Should Use Form I-910?

Use Form I-910 if you are a physician seeking civil surgeon designation to perform immigration medical examinations for immigration benefit applications in the United States and complete Form I-693.

Do not use Form I-910 if you are a military or public health department physician who qualifies for blanket civil surgeon designation by USCIS. Public health department physicians may only use the blanket civil surgeon designation to complete the vaccination assessments for refugees, not asylees, seeking adjustment of status. Military physicians who qualify for blanket civil surgeon designation may complete all parts of a required immigration medical examination for members and veterans of the U.S. Armed Forces and certain eligible dependents if the military physician meets certain conditions. For more information, please visit www.uscis.gov/tools/designated-civil-surgeons.

What Professional Qualifications Are Required for Civil Surgeon Designation?

For USCIS to designate you as a civil surgeon, you must:

1. Have an active and unrestricted license as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) in the U.S. state or U.S. territory where you seek to perform immigration medical examinations;
2. Have at least four years of professional experience as a physician in the U.S.; and
3. Have authorization to work in the United States.

Are There Other Requirements for Civil Surgeon Designation?

In addition to meeting the professional qualifications, you must:

1. Apply for civil surgeon designation using Form I-910;
2. Submit the completed Form I-910 with the correct filing fee; and
3. Have active medical practices at the locations where you are requesting to perform immigration medical examinations. USCIS will not grant your civil surgeon designation for locations where you intend to practice only in the future or where you no longer practice.

NOTE: Civil surgeon designation is at the discretion of USCIS. Although you may meet the specified professional qualifications and other requirements listed on Form I-910, USCIS cannot guarantee you will receive designation as a civil surgeon.

What Are the Responsibilities of a Civil Surgeon?

If USCIS designates you as a civil surgeon, you must comply with the following requirements when performing civil surgeon duties:

1. Truthfully and accurately report the results of an applicant's immigration medical examination and all laboratory reports on Form I-693, where indicated, and sign the civil surgeon's certification on Form I-693.

Take reasonable steps to ensure the person appearing for the immigration medical examination, including any laboratory test, vaccinations, or x-rays, is the same person applying for the requested immigration benefit. Generally, applicants must present a valid government-issued photo identification (for example, a valid unexpired passport or driver's license) at the time of their immigration medical examination, and you must annotate the type of identification presented and identification number in **Part 5.** of Form I-693. The law imposes severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with immigration medical examinations.
2. Follow Department of Health and Human Services (HHS) regulations and Centers for Disease Control and Prevention (CDC) guidelines. Civil surgeons must perform the immigration medical examination according to HHS regulations found at 42 CFR part 34. These regulations include the specific guidelines found in the CDC publication "Technical Instructions for Civil Surgeons" (Technical Instructions). Civil surgeons should address any questions about the Technical Instructions directly to CDC. USCIS cannot answer medical questions involving the Technical Instructions. The Technical Instructions, including periodic updates posted by CDC, are available on the CDC website at www.cdc.gov/immigrant-refugee-health/.
3. Make referrals and file case reports, as required. The CDC's Technical Instructions require you to:
 - A. Refer the applicant to the local health department if the chest x-ray suggests tuberculosis (TB) or if any other health-related circumstances are present, as specified in the CDC's Technical Instructions;
 - B. Ensure testing and therapy are given for diagnoses of communicable diseases of public health significance, as outlined in the CDC's Technical Instructions; and
 - C. File a case report with the appropriate public health authorities if required by local laws or regulations. You must also advise the applicant that you are filing a case report.
4. Notify USCIS of any changes relevant to your designation as a civil surgeon. You are responsible for notifying USCIS in the event that:
 - A. You cease to practice medicine;
 - B. You cease to perform immigration medical examinations in the U.S. state or U.S. territory or at the locations associated with your civil surgeon designation; or

- C. Your medical license is restricted and/or you are subject to any disciplinary action; or
- D. Your contact information changes (for example, name of office, address, telephone number, fax number, or email address).

NOTE: You should notify USCIS within 15 days of the change. See the **When and How Do I Update My Civil Surgeon Information** section of these Instructions for more information.

Can USCIS Revoke Civil Surgeon Designation?

USCIS may revoke a civil surgeon's designation at any time. Reasons for revocation include, but are not limited to, your:

1. Failure to continue to meet the professional qualifications required for civil surgeon designation;
2. Failure to meet the responsibilities of a civil surgeon, including failure to follow the CDC's Technical Instructions and Form I-693 Instructions;
3. Engaging in immigration fraud, including providing false information in any materials provided in the course of immigration medical examinations; or
4. Engaging in any activity that poses a risk to public health or safety.

General Instructions

We provide free forms through the USCIS website. To view, print, or complete our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have internet access, you may call the USCIS Contact Center and ask that we mail a form to you.

Signature. You (or your signing authority) must properly complete your application. USCIS will not accept a stamped or typewritten name in place of any signature on this application. If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf. A legal guardian may also sign for a mentally incompetent person. If your application is not signed, or if the signature is not valid, we will reject your application. See 8 CFR 103.2(a)(7)(ii)(A). If USCIS accepts a request for adjudication and determines that it has a deficient signature, USCIS may deny the request.

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

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

Evidence. When you file your application, you must submit all evidence and supporting documents listed in the **Specific Instructions** section of these Instructions.

Copies. You should submit legible photocopies of requested documents unless the Instructions specifically instruct you to submit an original document. USCIS may request an original document at any time during our process. If we request an original document from you, we will return it to you after USCIS determines it no longer needs the original.

NOTE: If you submit original documents when they are not required or requested, **USCIS may destroy them after we receive them.**

Translations. If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must also include the translator's signature, printed name, the signature date, and the translator's contact information.

USCIS Contact Center. For additional information on the application and Instructions about where to file, change of address, and other questions, visit the USCIS Contact Center at www.uscis.gov/contactcenter or call at **800-375-5283** (TTY **800-767-1833**). The USCIS Contact Center provides information in English and Spanish.

Disability Accommodations/Modifications. To request a disability accommodation/modification, follow the instructions on your appointment notice or at www.uscis.gov/accommodationsinfo.

How To Complete Form I-910

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this application, use the space provided in **Part 10. Additional Information** or attach a separate sheet of paper. Type or print your name and Civil Surgeon Identification (CSID) Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.
3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Specific Instructions

NOTE: You must submit all evidence requested in these Instructions with your application. If you fail to submit required evidence, USCIS may reject or deny your application for failure to submit requested evidence or supporting documents in accordance with 8 CFR 103.2(b)(1) and these Instructions.

Part 1. Information About You (The Applicant)

NOTE: Complete **Item Numbers 1. - 7. only** if you were previously designated as a civil surgeon.

Item Numbers 1. - 3. General Information About Previous Civil Surgeon Designation. If you were previously designated as a civil surgeon, select "Yes" and provide the period of prior designation and the CSID Number issued, if known.

Item Numbers 4. - 5. Revocation. If USCIS revoked your previous civil surgeon designation, select "Yes" and provide the date of revocation. Attach the revocation letter you received from USCIS. Also explain the circumstances surrounding the revocation in a separate sheet of paper attached to your Form I-910 or in **Part 10. Additional Information**. Please note that USCIS may deny your Form I-910 if the grounds upon which your previous designation was revoked still exist.

Item Numbers 6. - 7. Voluntary Termination. If you voluntarily terminated your previous civil surgeon designation, select "Yes" and provide the date of voluntary termination. Also explain the circumstances surrounding the voluntary termination in a separate sheet of paper attached to your Form I-910 or in **Part 10. Additional Information**.

Item Number 8. Your Full Name. Provide your full legal name as shown on your birth certificate or legal name change document in the spaces provided.

Item Number 9. Other Names Used. Provide all other names you have used since birth, including your maiden name, any nicknames, and any names that appear in your documents. If you need extra space, use **Part 10. Additional Information** to provide other names used.

Item Number 10. Date of Birth. Provide your date of birth in mm/dd/yyyy format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

Item Number 11. Sex. Indicate whether you are male or female as provided on your birth certificate issued at the time of birth or issued closest to the time of birth or in secondary evidence you provided to USCIS, if applicable.

Item Number 12. USCIS Online Account Number. You will only have a USCIS Online Account Number (OAN) if you previously filed a form that has a receipt number that begins with IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you. If you do not have a receipt number that begins with IOE, you do not have an OAN. The OAN is not the same as an A-Number.

Item Number 13. Alien Registration Number (A-Number) (if any). Provide your A-Number. We use your A-Number to identify your immigration records. It begins with an “A” and can be found on correspondence you have received from the Department of Homeland Security (DHS) or USCIS. If you do not have an A-Number, type or print “N/A.”

Part 2. Clinical Office Locations

Provide the following information about the locations where you seek to perform immigration medical examinations. If you intend to perform immigration medical examinations in more than one location, provide the details for each additional location in **Part 10. Additional Information**.

You must provide the following information. Failure to provide this information may result in the denial of your application. USCIS displays information regarding a clinic/practice location and contact information on our website for people who wish to find a civil surgeon. USCIS will use the contact information listed below for all civil surgeon-related communications.

Item Number 1. Name of the Clinic/Practice. Provide the name of each clinic or practice where you intend to perform immigration medical examinations if granted civil surgeon designation.

Item Number 2. Physical Address of the Clinic/Practice. Provide the physical address.

The physical address is the address where you are practicing medicine and where applicants will come to have the medical examination performed. The physical address must match the location of your medical clinic or practice. The address must be in the United States.

Item Numbers 3. - 9. Clinic/Practice Contact Information. Provide the county of practice, contact information, telephone number, fax number, email address, and other relevant information for each clinic or practice where you intend to perform immigration medical examinations if granted civil surgeon designation.

Item Numbers 10. - 11. Mailing Address of the Clinic/Practice. Provide the mailing address of the Clinic/Practice if different than the physical address of the clinic or practice where you intend to perform immigration medical examinations if granted civil surgeon designation. The address must be in the United States.

NOTE: You must **currently** have active practices at the locations where you are requesting to perform immigration medical examinations. USCIS will not grant civil surgeon designation for locations where you intend to practice in the future or where you have practiced in the past.

Part 3. Information About Your Status in the United States

Item Numbers 1. - 3. Provide information about your immigration status in the United States that allows you to work and practice medicine in the United States. A physician meeting the professional qualifications for civil surgeon designation can receive designation as a civil surgeon only if authorized to work in the United States. Specify whether you are a U.S. citizen or national, a lawful permanent resident, a nonimmigrant authorized to work as a physician in the United States, or an immigrant in another status that would allow you to practice medicine in the United States. Attach evidence establishing your lawful status in the United States.

If you select **Item Number 1.**, submit proof that you are a U.S. citizen or national, such as a copy of an unexpired U.S. passport, birth certificate, or Certificate of Naturalization.

If you select **Item Number 2.**, submit a copy of your valid Form I-551, Permanent Resident Card. If you are currently seeking to renew or replace your Form I-551, submit evidence that your Form I-90, Application to Replace Permanent Resident Card, is pending or approved. For more information, visit www.uscis.gov/green-card/after-we-grant-your-green-card.

If you select **Item A.** in **Item Number 3.**, you must also provide the information requested in **Items B. - H.** in **Item Number 3.**

Item B. Date of Last Arrival in the U.S. (mm/dd/yyyy). Provide the date of your last arrival to the United States.

Item C. Form I-94, Arrival-Departure Record. If U.S. Customs and Border Protection (CBP) or USCIS issued you a Form I-94, Arrival/Departure Record, provide your Form I-94 number and date that your authorized period of stay expires or expired (as shown on your Form I-94). The Form I-94 number also is known as the Departure Number on some versions of Form I-94.

NOTE: You may visit the CBP website at www.cbp.gov/i94 to obtain a paper version of an electronic Form I-94 if needed. If you cannot obtain the Form I-94 from the CBP website, you may be obtained by filing Form I-102, Application for Replacement/Initial Nonimmigrant Arrival-Departure Record, with USCIS. See Form G-1055, available at www.uscis.gov/forms, for specific information about the fees applicable to form I-102.

Item D. - G. Passport and Travel Document Numbers. If you used a passport or travel document to travel to the United States, enter the passport or travel document information in the appropriate space on the application, even if the passport or travel document is currently expired.

Answer **Item H.** in **Item Number 3.**, if USCIS issued you an Employment Authorization Document (EAD) that authorizes you to work in the United States. Attach a copy of your valid, unexpired EAD as proof you are authorized to work in the United States.

Part 4. Medical Degrees

Only doctors of medicine (M.D.) and doctors of osteopathy (D.O.) may receive designation as civil surgeons. Provide the following:

1. The name(s) of the school(s) you attended;
2. The dates of your attendance and graduation; and
3. The type of medical degree(s) you earned.

If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

Attach a copy of your medical degree(s) to your Form I-910. A copy of the original medical school diploma is required. If it is a foreign language diploma, a full English translation must be submitted with the foreign document. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature. A Certificate from Educational Commission for Foreign Medical Graduates is not acceptable for this requirement.

Part 5. Medical Licenses

You must have an active and unrestricted license to practice medicine in each U.S. state or U.S. territory where you seek to perform immigration medical examinations. For each U.S. state or U.S. territory where you seek to perform immigration medical examinations, fill out the chart with the following information:

1. The name of the U.S. state or U.S. territory that issued your medical license;
2. The medical license number;
3. The date the medical license was issued;
4. The date the medical license expires; and
5. Whether the medical license is in good standing.

NOTE: A medical license is in good standing if it is active and unrestricted. If any medical license was ever not in good standing, you must provide documentation of any previous, current, or pending restriction.

Attach a copy of each of your medical licenses to your Form I-910.

Part 6. Professional Experience

Item Numbers 1. - 2. To receive designation as a civil surgeon, you must establish you have practiced medicine as a physician (M.D. or D.O.) for at least four years in the U.S. Provide the following information to cover a period of at least four years:

1. The names of each employer;
2. The dates of your employment with each employer; and
3. The contact information for each employer.

If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

NOTE: In calculating whether you meet the four-year practice requirement as a physician, **do not** count your post-graduate medical training in an internship or residency program. You can, however, count the time you practiced medicine on the basis of a post-residency fellowship. Submit evidence establishing your professional experience, such as letters of employment verification, evaluations, certificates of completion of fellowship program, or medical liability or malpractice insurance policy. Letters of employment or employee evaluation should be on the company letterhead, include your dates of employment, position(s) held, job description, and the name, title/position and signature of the person authorized to verify the employment. A medical liability or malpractice insurance policy, by itself, is insufficient to establish professional experience, but may be submitted to supplement other evidence listed above. If you are/were self-employed, submit copies of your business tax returns and your business license(s) or tax receipt(s) covering the tax return periods.

Part 7. Applicant's Statement, Contact Information, Certification, and Signature

Item Numbers 1. - 6. Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant. A stamped or typewritten name in place of a signature is not acceptable. Your signature will be kept on record to verify the signature on any submitted Form I-693.

Part 8. Interpreter's Contact Information, Certification, and Signature

Item Numbers 1. - 7. If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application.

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than

the Applicant

Item Numbers 1. - 9. This section must contain the signature of the person who completed your application, if other than you, the applicant. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.

NOTE: Select **Item Number 7.** if the preparer may act as a secondary point of contact for you, if USCIS is unable to contact you using the information provided in **Part 2. Clinical Office Locations.**

Part 10. Additional Information

Item Numbers 1. - 7. If you need extra space to provide any additional information within this application, use the space provided in **Part 10. Additional Information.** If you need more space than what is provided in **Part 10.,** you may make copies of **Part 10.** to complete and file with your application, or attach a separate sheet of paper. Type or print your name and CSID Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

You may also submit a statement with additional information on a separate sheet of paper, but you must annotate in **Part 10.** that you are attaching a separate sheet. You must submit the separate sheet at the same time you submit your Form I-910. Type or print your name and CSID Number (if any) at the top of each separate sheet; indicate the **Page Number, Part Number,** and **Item Number** of Form I-910 to which the additional information relates; and sign and date each sheet.

We recommend that you print or save a copy of your completed application to review in the future and for your records.

Where To File?

Please see our website at www.uscis.gov/I-910 for the most current information about where to file this application.

Address Change

If you are not a U.S. citizen, you must notify USCIS of your new address within 10 days of moving from your previous residence. For information on changing your address, go to our website at www.uscis.gov/addresschange, or call the USCIS Contact Center.

NOTE: Do not submit a change of address request to the USCIS Lockbox.

Where Is Civil Surgeon Information Listed

We provides a list of civil surgeons for public use. You can access the list in two ways:

1. Visit the USCIS website at www.uscis.gov/tools/find-a-civil-surgeon and enter a zip code or address; or
2. **Visit** the USCIS Contact Center at www.uscis.gov/contactcenter to get answers to your questions and connect with a live USCIS representative. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833.**

When and How Do I Update My Civil Surgeon Informations?

You should notify USCIS **within 15 days** of any changes relevant to your designation, including address and other contact information, practice location, and medical license restrictions, suspensions, or revocations.

Visit the USCIS website at www.uscis.gov/I-910 for the most current information about how and where to submit an update to your civil surgeon information.

NOTE: If the change is an update to your contact information that involves practicing in a new U.S. state or U.S. territory, then you **may not** perform immigration medical examinations in the new U.S. state or U.S. territory until USCIS approves the change. In this case, you must submit your new contact information to USCIS with evidence you are licensed to practice medicine in the new U.S. state or U.S. territory in which you seek to perform immigration medical examinations.

USCIS will also conduct compliance reviews or audits to ensure the accuracy of civil surgeon information. As part of these compliance reviews or audits, USCIS may contact you to verify some or all of the information provided on Form I-910. If USCIS is unable to verify your continued eligibility for designation or confirm your contact information, or if USCIS determines you are no longer practicing medicine or performing immigration medical examinations, USCIS may revoke or terminate your designation and remove you from the public list.

Visit the USCIS Contact Center at <https://www.uscis.gov/contactcenter> or email opscivilsurgeons@uscis.dhs.gov to get answers to your questions about civil surgeon designation applications, revocations, and motions to reopen or questions about completing Form I-910.

Processing Information

Initial Processing. Once USCIS accepts your application, we will check it for completeness. If you do not properly complete this application, you will not establish a basis for your eligibility and we may reject or deny your application.

Requests for More Information. USCIS may request that you provide more information or evidence to support your application. We may also request that you provide the originals of any copies you submit. If we request an original document from you, we will be return it to you after USCIS determines it is no longer needed.

Decision. The decision on Form I-910 involves a determination of whether you have established eligibility for the designation you are seeking. USCIS will notify you of the decision in writing.

USCIS Forms and Information

To ensure you are using the latest version of this application, visit the USCIS website at www.uscis.gov.

Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-910, we will deny your Form I-910 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

USCIS Compliance Review and Monitoring

By signing this application, you have stated under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this application are complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the designation you are seeking and consent to USCIS verifying such information.

DHS has the authority to verify any information you submit to establish eligibility for the designation you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. sections 1103, 1155, and 1184, and 8 CFR parts 103, 204, 205, and 214. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.

Agency verification methods may include, but are not limited to: review of public records and information; contact through written correspondence, the internet, fax, other electronic transmission, or telephone; unannounced physical site inspections of medical clinics or practices; and interviews. USCIS will use information obtained through verification to assess your compliance with the laws and to determine your eligibility for designation.

Subject to the restrictions under 8 CFR 103.2(b)(16), USCIS will provide you with an opportunity to address any adverse or derogatory information that may result from a USCIS compliance review, verification, or site visit after a formal decision is made on your case or after the agency has initiated an adverse action which may result in revocation or termination of an approval.

DHS Privacy Notice

AUTHORITIES: The information requested on this application, and the associated evidence, is collected under the Immigration and Nationality Act section 232.

PURPOSE: The primary purpose for providing the requested information on this application is to determine whether you are eligible to be designated as a USCIS Civil Surgeon. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.

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

ROUTINE USES: DHS may share the information you provide on this application with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System] and as described in the Privacy Impact Assessment [DHS/USCIS/PIA-067 Civil Surgeon Designation] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

USCIS may not conduct or sponsor an information collection, and you are not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1.817 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0114. **Do not mail your completed Form I-910 to this address.**