

## Instructions

### What Is the Purpose of This Form?

The laws governing naturalization of immigrants require that applicants for naturalization demonstrate:

- Knowledge of the English language (including an ability to read, write and speak words in ordinary usage in the English language); and
- Knowledge and understanding of the fundamentals of the history, and of the principles and form of government, of the United States.

To implement this law, U.S. Citizenship and Immigration Services (USCIS) requires applicants to demonstrate an ability to read, write and speak basic English and to answer basic questions about the history and government of the United States (civics).

The person asking you to complete this form is seeking a waiver of the English and/or civics requirements based on a physical or developmental disability or mental impairment. The applicant will submit this certification form to USCIS, which will determine if the applicant is eligible for a waiver.

### Who Is Authorized to Complete This Form?

The applicant, or applicant's authorized representative, must complete and sign **Part I** of this form.

A licensed medical doctor, doctor of osteopathy or licensed clinical psychologist (hereinafter referred to as "medical professional") must complete **Part II** of this form. An employee under the direct supervision of a medical professional may fill in the form based on information directly provided by the treating medical professional. However, the medical professional must sign the form.

### What Is Required for a Waiver?

The medical professional completing this form must provide an accurate assessment of the applicant's disability and/or impairment(s) so that USCIS can determine whether to grant the waiver. The medical professional must provide:

- A clinical diagnosis and description of the applicant's disability and/or impairment(s) and any applicable DSM-IV codes for each mental impairment (**Part II. 2**);
- An explanation of the connection between the impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or civics (**Part II. 3**); and
- A professional certified opinion whether the applicant is unable to learn and/or demonstrate knowledge of English and/or civics (**Part II. 4 and 5**).

If the medical professional does not provide all the required information, USCIS cannot grant the waiver unless the applicant submits a revised or second Form N-468 with the appropriate information.

### What Experience Must a Medical Professional Have?

USCIS requires that the medical professional completing the form have general experience in the area of the applicant's disability, and be qualified to diagnose the applicant's disability and/or impairment(s).

A doctor who is a general practitioner and not a specialist may complete the form if his or her experience or other qualifications permit him or her to make a disability and/or impairment(s) assessment.

### What If Additional Space Is Needed to Furnish the Required Information?

The medical professional must use the available space on the form to type or print the required information clearly in black ink. If extra space is needed to answer any item, the medical professional may attach additional sheet(s) of paper. On each additional sheet include the name and Alien Registration Number (A#) of the applicant, the **Part II** item number to which the attachment refers, and the complete name of the medical professional.

The medical professional may also submit additional medical reports. On each report include the name and A# of the applicant and the complete name of the medical professional. However, a supplemental report is not acceptable as a substitute for any of the responses required in **Part II** of this form.

### What Are Acceptable Responses to Part II. 2(a) and 3 of the Form?

**Part II. 2 (a)** requires the medical professional to provide a clinical diagnosis and description of the applicant's disability and/or impairments(s).

**Part II. 3** requires the medical professional to provide detailed information on the connection between the disability and/or impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or U.S. history and civics. Examples of insufficient and sufficient responses include:

- **Example 1:**

*Insufficient Response:*

**Part II. 2(a)-** The patient is a 75-year-old female who has hypertension and heart disease. She has suffered at least two heart attacks, one in 1996 and the other in 1997. Last year she had a cerebral vascular accident (i.e. stroke) with paralysis on the left side.

**Part II. 3-** She is unable to learn English and basic U.S. history and civics. (*NOTE: The medical practitioner failed to articulate how any of the conditions listed affect, for example, the patient's memory, ability to learn new tasks, ability to concentrate or ability to perform basic mental activities. The medical practitioner therefore failed to show that the applicant's condition has so impaired her functioning that she is unable to learn or demonstrate knowledge of English and/or U.S. history or civics.*)

### ***Sufficient Response:***

**Part II. 2(a)-** The patient is a 75-year-old female who has hypertension and heart disease. She has suffered at least two heart attacks, one in 1996 and another in 1997. Last year she had a cerebral vascular accident (i.e., stroke) with paralysis on the left side. The patient's stroke has left her with severe and irreversible neurological damage.

**Part II. 3-** Because of the widespread damage to the brain tissue, the patient has suffered markedly decreased cerebral function and is incapable of remembering, articulating or learning. ***(NOTE: The medical professional identified the diagnosis and explained the effect the condition has on the applicant's ability to learn.)***

- **Example 2:**

### ***Insufficient Response:***

**Part II. 2(a)-** The patient suffers from Down's Syndrome.

**Part II. 3-** He should be exempted from the English language and U.S. civics requirements. ***(NOTE: The certifying medical professional failed to explain how the condition affects the applicant's ability to learn, and to give an ultimate opinion on whether the condition diagnosed prevents the applicant from learning or demonstrating knowledge of English and/or civics.)***

### **Sufficient Response:**

**Part II. 2(a)-** The patient suffers from Down's Syndrome, which is a global impairment that affects the patient's cognition, language and motor skills.

**Part II. 3-** Because of the patient's global impairment, he cannot learn new skills and is not capable of reasoning. His memory is deficient and he is only capable of performing simple daily activities. ***(NOTE: The medical professional described the mental impairment and explained how the condition affects the applicant's ability to learn.)***

## **What If the Applicant Needs Help to Take the English or Civics Test?**

In accordance with the Rehabilitation Act of 1973, USCIS makes reasonable modifications and/or accommodations to allow individuals with disabilities and/or impairment(s) to participate in the English and civics testing required for naturalization. Reasonable modifications and/or accommodations may include but are not limited to: sign language interpreters, extended time for testing or off-site testing.

If reasonable modifications and/or accommodations will enable an applicant to demonstrate knowledge of basic English and civics, he or she is not eligible for a waiver or those requirements, and this medical certification form should not be submitted. (An applicant who needs a reasonable accommodation to take the tests should contact his or her local USCIS District Office in advance of the scheduled interview.)

## **What Are the Penalties for Making False Statements?**

Both the applicant and medical professional are required to complete and sign this form under penalty of perjury. The applicant and the medical professional must declare all statements contained in response to questions on this form to be true and correct.

Title 18, United States Code, Section 1546, provides in pertinent part:

"Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such applicant, affidavit or other document containing any such false statement-shall be fined in accordance with this title or imprisoned not more than ten years or both."

If either the applicant or the medical professional includes in this form any material information that the party knows to be false, the applicant and/or medical professional may be liable for criminal prosecution under the laws of the United States.

The knowing placement of false information on the application may subject the applicant and/or medical professional to criminal penalties under Title 18 of the United States Code and to civil penalties under Section 274C of the Immigration and Nationality Act, 8 U.S.C. 1324c.

## **Privacy Act Notice.**

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(15), 1183A, 1184(a), and 1258. USCIS will use the information principally to support an individual's application for naturalization. Submission of the information is voluntary. However, failure to provide the necessary information may result in the denial of a request for a waiver of the English language and U.S. history and civics requirement in the applicant's naturalization application. USCIS may also, as a matter of routine use, disclose the information contained on this form to other federal, state, local and foreign law enforcement and regulatory agencies.

## **Information and USCIS Forms.**

To order USCIS forms, call our toll-free number at **1-800-870-3676**. You can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at [www.uscis.gov](http://www.uscis.gov).

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## Use InfoPass for Appointments.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our internet-based system, **InfoPass**. To access the system, visit our website at [www.uscis.gov](http://www.uscis.gov). Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen. Print the notice and take it with you to your appointment. The notice gives the time and date of your appointment, along with the address of the USCIS office.

## Reporting Burden.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate and easily understood, and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about the form, 30 minutes; 2) completing the form, 60 minutes; and 3) assembling and filing the application, 30 minutes, and an estimated average of 120 minutes per response.

If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529, OMB No. 1615-0060. **Do not mail your completed application to this address.**

**N-648, Medical Certification  
for Disability Exceptions**

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

**Part I. This section to be completed by applicant. (Please print or type information in black ink)**

Last Name	First Name	Middle Name	Alien Registration Number
Address			U. S. Social Security Number
City		State	Zip Code
Telephone Number		Date of Birth (mm/dd/yyyy)	Gender

I, \_\_\_\_\_, authorize \_\_\_\_\_  
*(Applicant's Name)* *(Licensed medical doctor, doctor of osteopathy or clinical psychologist)*

To release all relevant physical and mental health information related to my medical status to the U.S. Citizenship and Immigration Services (USCIS) for the purpose of applying for an exception from the English language and U.S. civics testing requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28 U.S.C. Section 1746, 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 the Form N-648 and related documents may also subject me to civil penalties under 8 U.S.C. 1324c.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II. This section to be completed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist. (See Instructions.)**

**Purpose of This Form:** The individual named above is applying to become a U. S. citizen. Applicants for naturalization are required to learn and/or demonstrate knowledge of the English language, including an ability to read, write and speak words in ordinary usage in the English language, as well as knowledge and understanding of the fundamentals of the history, and of the principles and form of government of the United States. Individuals who are unable, because of a disability and/or impairment(s) to learn and/or demonstrate this required knowledge may apply for a waiver. The purpose of this form is to help determine whether your patient is eligible for this waiver.

**Definition of Disability and/or Impairment(s):** An individual is eligible for this waiver if he or she is *unable* to learn and/or demonstrate knowledge of English and/or U.S. history and civics because of a physical or developmental disability, or mental impairment (or a combination of impairments). These disability and/or impairment(s) must result from anatomical, physiological or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The disability and/or impairment(s) must result in functioning so impaired as to render an individual *unable* to demonstrate the *required* knowledge.

**NOTE:** This definition of disability is different from the definition used by the Social Security Administration, Department of Veterans Affairs or worker's compensation we will require the applicant to submit a revised or second Form N-648 with the appropriate information.

Provide *all* of the following required information, using common terminology that a person without medical training can understand, with no abbreviations. Type or print clearly in black ink. Illegible and incomplete forms will be returned. If you need additional space to provide your answers, attach additional pages.

**Nature and duration of disability and/or impairment(s).**

- (a) Based on your examination of the applicant, the applicant's symptoms, previous medical records, clinical findings or tests, does the applicant have any disability and/or impairment(s) that affect his or her ability to learn and/or demonstrate knowledge?

Yes     No    **NOTE:** If you answer "No," applicant is ineligible for a waiver; please continue with Part II. 6.

(b) Has the applicant's disability and/or impairment(s) lasted or do you expect it to last 12 months or longer?

Yes     No    **NOTE:** If you answer "No," applicant is ineligible for a waiver; please continue with **Part II. 6.**

(c) Is the applicant's disability and/or impairment(s) the direct effect of the illegal use of drugs?

Yes     No    **NOTE:** If you answer "Yes," applicant is ineligible for a waiver; please continue with **Part II. 6.**

Applicant's Name

Alien Registration Number

A-

**Diagnosis of disability and/or impairments(s).**

2. (a) Provide your clinical diagnosis of the applicant's disability and/or impairment(s) **and** describe the impairment(s) in terms a person without medical training can understand. *(See Instructions for examples).*

(b) Provide the relevant DSM-IV code(s) for each disability and/or mental impairment(s) that you described above. If a DSM-IV code does not exist, write "N/A."

**Connection between disability and/or impairment(s) and inability to learn/demonstrate**

The law requires that applicants for citizenship demonstrate (1) an understanding of the English language, including the **ability** to read, write and speak simple words and phrases in ordinary usage; and (2) a knowledge and understanding of the fundamentals of U.S. history and civics. An applicant's **difficulty** in fulfilling the requirements is not sufficient to support a waiver. In addition, illiteracy in the applicant's native language is not sufficient, by itself, to support a finding of inability to learn and/or demonstrate knowledge.

3. Based on your examination of the applicant, provide **detailed** information on the connection between the disability and/or impairment(s) and the applicant's inability to learn and/or demonstrate knowledge of English and/or U.S. history and civics *(see Instructions for examples).*

**NOTE:** *This description should address the severity of the effects of the disability and/or impairment(s), including the specific limitations that affect the applicant's ability to learn and/or demonstrate knowledge.*

**Professional certified opinion.**

The law requires that in order to be eligible for the disability exception, the applicant must be **unable** to fulfill the requirements for English proficiency and/or knowledge of U.S. history and civics. An applicant's **difficulty** in fulfilling the requirements is not sufficient to support a waiver. In addition, **illiteracy** in the applicant's native language is **not** sufficient, by itself, to support a finding of inability to learn and/or demonstrate knowledge.

**4. English Requirement:**

(a) In your professional opinion, has the disability impairment(s) described above affected the applicant's functioning to such a degree that he or she **is unable** to learn and/or demonstrate an ability to speak, read or write English?

Yes  No

(b) If **Yes**, which of the following is the applicant unable to learn and/or demonstrate? (*Check all that apply*)

Speaking  Reading  Writing

**5. U.S. History and Civics Requirement:**

In your professional opinion, has the disability impairment(s) described above affected the applicant's functioning to such a degree that he or she is **unable** to learn and/or demonstrate knowledge of U.S. history and civics, even in a language the applicant understands?

Yes  No

**Background information.**

6. Date of your most recent examination of the applicant (mm/dd/yyyy), \_\_\_\_\_

7. Is this your first examination of the individual?

Yes If **Yes**, from whom does the applicant usually receive medical care (i.e., name of doctor/clinic; if the applicant does not have an ongoing source of medical care, please write "N/A").

No If **No**, for how long and for what conditions have you been treating the applicant? (If the conditions are the same as in **Part II. 2**, specify the length of time and write "Conditions -- Same as **Part II. 2**.")

8. What is the nature of your medical practice? (e.g., family/general practice, internal medicine, psychiatry, cardiology)

\_\_\_\_\_

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. Upon consent of the applicant, I agree to release this applicant's relevant medical records upon request from U.S. Citizenship and Immigration Services. I am aware that the knowing placement of false information on the Form N-648 and related documents may also subject me to criminal penalties under Title 18, U.S.C. 1546 and civil penalties under 8 U.S.C. section 1324c.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Type or print the following information:**

Last Name	First Name	Middle Name
Business Address	City, State, Zip Code	Telephone Number
License Number	Licensing State	E-Mail Address, if any