



# Medical Disability Exception Citizenship Waivers (Form N-648)

Training for Medical Professionals assisting with forms

# Presenters and Schedule

- 12:30: Introduction: Process towards Citizenship  
Ann Naffier, Legal Director  
Iowa Justice for our Neighbors
- 12:40 The role of the Medical Professional: N648 form  
Dr. Bery Engebretsen,  
Medical Director Primary Health Care
- 12:50 Understanding the Disability exemption form  
Kathy Warren, Behavioral Health Director,  
Primary Health Care
- 1:10 Using Interpretation and next steps  
Narayan, Caseworker, Services for Refugee Elders  
Lutheran Services in Iowa
- 1:20 Question and Answer

# Overview

- What is the process for citizenship? What changes if the patient has a disability?
- What is the Medical Professional's role in the process?
- Why is the N-648 form important for the patient? Why is it important to the community?
- How do I fill out the N-648 form?
- What happens after the form is completed?

# What is the process for Citizenship?

1. Individual meets the eligibility requirements to apply for citizenship (5 years as Legal Permanent Resident, without criminal record, good moral character)
2. Individual files and pays \$725 for N-400 Citizenship Application, recommended to file with legal guidance
3. Individual is notified and appears at USCIS to record their fingerprint, photograph, and signature
4. Individual is notified and appears at USCIS for interview and tests of US Civics and English ability
  - Interviewer may pick any 10 of 100 set Civics Questions (6 correct answers to pass)
  - Individual must read and write English responses (1 correct written, 1 correct reading out of 3 to pass)
  - Individual must speak in English about any personal information of interviewer's choice

# Citizenship process, continued

5. If the individual does not all parts of the interview, they are scheduled for second interview. If they do not pass the second interview, they start again from the beginning of the process
6. If the individual passes the interview and test, they receive notification and appear for the Oath Ceremony
7. The individual applies for Citizenship documentation and updates other records and benefits

The entire process may require additional travel (up to 4 hours) and each appointment can take a half day. Applicants are not able to have written notes with them at the interview. Total time to apply and receive citizenship can take 6-12+ months.

# Changes to the citizenship process for disability exception (N-648 forms)

- Individuals may apply for a “disability exception” to assist in the citizenship application process. If approved, this can eliminate ALL or PART of the testing components of the process (Civics Test, reading, writing, speaking English). The individual must still complete the interview, with the use of an interpreter.
- Disability must be physical, developmental, or cognitive AND lasting 12 months or more AND affect the patient’s ability to learn the educational requirements of the citizenship process
- Disability Exception forms (N-648) must be submitted at the same time as the Citizenship application (N-400).

# The role of Medical Professional with N-648

- N-648 forms can only be signed by licensed Medical Doctor (MD), Doctor of Osteopathy (DO), or Clinical Psychologists (Ph.D. Psychology)
- Conduct an **in-person examination** of the patient and reference medical records
- Use clinical methods or **validated tools** to diagnose patient
- Provide a **clinical diagnosis, DSM V code** (if applicable), **cause** (if known), and **explanation** of the applicants ability to learn and retain information (cognitive ability)
- Provide **clinical history** of providing support for the clinical diagnosis given on the form – Date of first examination, date of last examination
- Determine whether or not the clinical diagnosis is **expected to last more than 12 months** (required for N-648)
- Determine that the disability or diagnosis is **not the result of illegal drug use**.

# Collaboration within a clinical setting

- Patient may not have a MD, DO or Psy.D/Ph.D as their primary physician, such as community clinics. In this situation, collaboration is necessary.
- PsyD/PhD may request additional consultation from primary physician to determine patient history and medical conditions.
- Physician may request additional consultation from mental health provider (social worker, psychologist, therapist) for evaluation of cognitive function.
- Collaborative partners may use validated tools to assist in evaluation process and submit notes to medical record. MD, DO, PsyD/PhD can benefit from medical record notes when providing documentation for N-648.
- MD, DO, or PsyD/PhD **must complete an in-person examination** of the applicant to certify the form
- **Staff associated with the medical professional may assist in completing the form, BUT the medical professional alone is responsible for verifying the accuracy of the content and certifying the form.**

# Tips for completing N-648 forms

## Not eligible:

- Disability or impairment as a result of illicit drug use
- Claim of illiteracy or age ALONE
- Claim of lack of education or mild learning disability

## Eligible:

- Diagnosis (with ICD-10 or DSM-V) with explanation of how the diagnosis is linked to cognitive functioning and an inability to learn English, memorize, or complete the civics test
- Must be expected to last 12+ months
- Examples: Trauma and Depression, severe anxiety, dissociative disorder, panic disorder, neurocognitive disorder, psychotic disorders, bipolar disorder, neurodevelopmental disorder, medical conditions affecting cognitive functioning, intellectual disability, dementia, Alzheimer's

# Tips for completing the form

- Use legible writing, or type the form.
- Edit in Adobe Acrobat or take form directly from online, current version is the only one accepted.
- Use black ink
- Use common terms, no abbreviations, and describe as if speaking to a non-medical professional
- Answer every question, with one exception to be explained later
- Link diagnosis to cognitive function and ability, and the longevity of 12 months+, in every response
  - (nexus must be linked to cognitive function)
- Do not reference other questions/responses when answering. Each question must be explained clearly, even if it seems duplicative.
- Other providers may help pre-load the form. The provider who signs is responsible for all answers.

# How to fill out the form:

Type or print clearly in black ink.

Part 1. APPLICANT INFORMATION <a href="#">USPS ZIP Code Lookup</a>				USCIS USE ONLY
I certify that I have examined:				This N-648 is: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Continued/RFE
Last Name	First Name	Middle Name	USCIS A-Number A- _____	
Address (Street Number and Name)			U.S. Social Security Number	Reviewer
City			State or Province	Zip Code or Postal Code
Telephone Number	E-Mail Address (if any)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Location & Date

Patient  
Information  
here

## Part 2. MEDICAL PROFESSIONAL INFORMATION

Type or print clearly in black ink. If you need more space to complete an answer, use a separate sheet of paper. Type or print the applicant's name and Alien Registration Number (A-Number), at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.

**NOTE:** Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form's content.

Last Name	First Name	Middle Name		
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number
License Number	Licensing State	E-Mail Address (if any)		

MD, DO, or  
Clinical  
psychologist  
Information  
here

1. Currently licensed as a (Check all that apply):  Medical Doctor  Doctor of Osteopathy  Clinical Psychologist

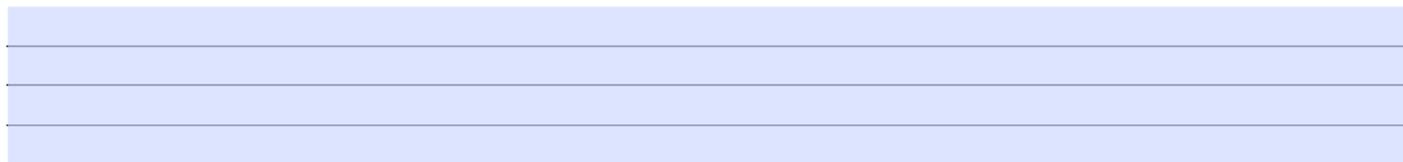
2. Medical practice type: \_\_\_\_\_

Narayan /Kathy / Dr. Engebretsen

# How to fill out the form:

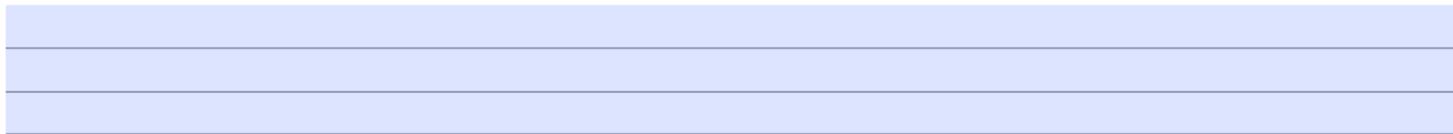
## Part 3. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis of the applicant's disability and/or impairment, that form the basis for seeking an exception to the English and/or civics requirements. If applicable, please provide the relevant medical code as accepted by the Department of Health and Human Services (HHS). This includes the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). For example, DSM-V 318.1 Intellectual Disability (Severe) or 2015/16 ICD-10-CM F72 Severe intellectual disabilities.



Provide the clinical diagnosis and DSM V code that forms the basis for requesting the exemption (can list it straight from the DSM V). Do not list any diagnoses that do not directly affect the patient's ability to learn to read, write, and speak English or answer questions about civics.

2. Provide a basic description of the disability and/or impairments, for example, Intellectual Disability (Severe) is a genetic disorder that causes lifelong intellectual disability, developmental delays, and other problems.



Provide the basic description of the diagnosis . Make the explanation short and easy for a lay person to understand. The question is asking for only a description of the diagnosis in general -- NOT about the patient directly. Lots of doctors choose to use this space to describe the patient rather than the diagnosis, and this has been used also to deny N-648s.

Kathy / Dr. Engebretsen

# How to fill out the form:

## 3. Date you first examined the applicant regarding the conditions listed in number 1.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise type or print "same as business address")

## 4. Date you last examined the applicant regarding the conditions listed in number 1, if different from above.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise type or print "same as business address")

## 5. Are you the medical professional regularly treating this applicant for the conditions listed in Item Number 1?

- Yes (If "Yes," indicate duration of treatment.)    Years \_\_\_\_\_    Months \_\_\_\_\_
- No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

This section is often missed and sent back for corrections.

Provide first date the physician saw the patient for this diagnosis.

Are you the Primary Physician for this patient? If you are not, you will provide an explanation in the next section.

Consultations and referrals can be given to the primary physician, and then the primary physician can fill out the form using the consult reports.

# How to fill out the form:

## Name of Regularly Treating Medical Professional and Address

Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>		
Business Address (Street Number and Name) <input type="text"/>	City <input type="text"/>	State or Province <input type="text"/>	Zip Code or Postal Code <input type="text"/>	Telephone Number <input type="text"/>

## Explanation

<input type="text"/>

List the regularly treating physician (PCP) here and provide explanation about the reason you are completing the forms, if you aren't the regularly treating physician.

Collaboration within the clinic is preferred, otherwise give the health related reason for the cross referral

\*this section can be left blank if the PCP is the main treating physician and also the one completing the form.

# How to fill out the form:

6. Has the applicant's disability and/or impairments lasted, or do you expect it to last, 12 months or more?

- Yes (If "Yes," continue to complete this form.)
- No (If "No," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")

7. Is the applicant's disability and/or impairments the result of the applicant's illegal use of drugs?

- Yes (If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")
- No (If "No," continue to complete this form.)

Eligibility for the waiver is limited to conditions expected to last 12 months or more, and not the cause of illegal drug use.

# How to fill out the form:

**8. What caused this applicant's medical disability and/or impairments listed in number 1, if known?**

What caused the condition? If condition cause is medically unknown, explain why or components that relate to unknown cause. If unspecified, explain that the cause is typically unknown. Can also give common reasons for this type of condition or disorder: war trauma, other trauma, domestic incident. "Other possible factors can be attributed to...."

**9. What clinical methods did you use to diagnose the applicant's medical disability and/or impairments listed in number 1?**

What did you use to determine the clinical diagnosis? List validated tools, review of medical record, consultation with other staff, clinical judgement, etc. Also provide the score, outcomes, and interpretation for a lay person to understand.

# Commonly used assessment tools

## Intellectual and Cognitive

- Wechsler Adult Intelligence Scale
- WISC-IV Full Scale IQ and IQ Composite Score Summary
- Wechsler Memory Scale (WMS-IV)
- Montreal Cognitive Assessment (MoCA)
- Rey-Osterrieth Complex Figure Test
- Mini Mental Status Exam (MMSE)
- Roland Universal Dementia Assessment Scale (RUDAS)
- Special Education consults and assessments from schools

## Emotional/Personality Testing

- Harvard Trauma Questionnaire (HTQ)
- Hopkins Symptom Checklist
- Beck Depression Inventory II (BDI-II)

## Physical Assessments, when related to Cognitive function

- A1C (diabetes)
- Recent blood pressure tests (hypertension)

**Other assessments used to determine specific diagnosis may also apply**

# How to fill out the form:

10. Clearly describe how the applicant's disability and/or impairments affect his or her ability to demonstrate knowledge and understanding of English and/or civics.

Most important section: Give clear nexus (causal connection) between diagnosis and relationship to educational capacity, requirements, and cognitive ability. Use examples related to reading English, speaking English, or answering questions regarding civics and US history, even in native language. Use these words specifically in your answer. Do not put anything related to “never went to school”, educational attainment, or age in your answer. You can reference attempts at English classes and how much they retained in their learning.

11. In your professional medical opinion, does the applicant's disability or impairments prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)

The ability to:

- Read English
- Write English
- Speak English
- Answer questions regarding United States history and civics, even in a language the applicant understands.

Identify specific educational requirements that the applicant is unable to meet.

Kathy / Dr. Engebretsen

# How to fill out the form:

## 12. Was an interpreter used during your examination of the applicant?

- Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.)
- No

### Additional Comments (Optional)


### INTERPRETER'S CERTIFICATION

An interpreter must complete, and certify, the section below if an interpreter translated communications between the applicant and medical professional on the day of the examination that formed the basis of this Form N-648.

#### Interpreter Information

Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	
Address (Street Number and Name) <input type="text"/>	City <input type="text"/>	State or Province <input type="text"/>	Zip Code or Postal Code <input type="text"/>

#### Was a phone interpreter used?

- Yes (If "Yes", the interpreter is not required to complete the information below.)
- No (If "No", the interpreter is required to complete the information below.)

#### Interpreter Certification

I am fluent as the interpreter. I certify that I am fluent in English and the following language: \_\_\_\_\_  
I further certify that I have accurately and completely translated all communications between the medical professional and the applicant that occurred on \_\_\_\_\_, the dates of the examinations that form the basis of this certification.

Interpreter Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Document the  
Use of interpreter.  
Do not use family  
Members to  
interpret.

Narayan

# Using interpretation

- If in-person interpretation is utilized to complete the N-648 form, the interpreter must sign the form.
- If phone interpretation is utilized, the medical professional completes the information on the form and the interpreter does not sign.
- If medical professional is fluent in the language spoken by the applicant (not English), the medical professional indicates on the form that they are fluent in the same language as client and conducted the exam in \_\_\_\_\_ language.
- In some cases, interpreters assist with the exam and the USCIS interview. In this situation, the interpreter is not allowed to offer additional information about the exam or the applicant.
  - A new rule in 2019 determines that interpreters who answer additional questions are not allowed to continue interpretation for the case, as they have become informants to the case.

# How to fill out the form:

APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION	
I, <input type="text"/>	authorize <input type="text"/>
(Applicant's Name)	(Licensed medical doctor, doctor of osteopathy, or clinical psychologist)
<p>to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuant to 28 U.S.C. section 1746, that the information I provided to the medical professional is 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 civil penalties under 8 U.S.C. section 1324c and INA section 274C. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may not be found eligible for the requested disability exception.</p>	
<b>Applicant or Applicant's Authorized Representative Signature</b>	<b>Date (mm/dd/yyyy)</b>
 <input type="text"/>	<input type="text"/>

Have the patient sign the form. Original copies/signatures are preferred, however USCIS accepts copies at the moment.

# Oath Waivers

- Many clients who are so severely disabled that they cannot even understand the meaning of taking an oath. They will then need an additional letter from the doctor to allow them to waive the oath. The client or their attorney will usually let you know if such a letter is needed, in addition to the N-648.
- An oath waiver letter should contain the following information:
  - Be completed by the medical professional who has had the longest relationship with the applicant or is most familiar with the applicant's medical history;
  - Express the applicant's medical condition and disability in terms that an officer and the designated representative can understand (except for medical definitions or terms to describe the disability);
  - State why and how the applicant is unable to understand or communicate an understanding of the meaning of the Oath of Allegiance because of the disability;
  - Indicate the likelihood of the applicant being able to communicate or demonstrate an understanding of the meaning of the Oath of Allegiance in the near future; and
  - Be signed by the medical professional completing the written evaluation and contain his or her state license number authorizing the medical professional to practice in the United States.

# What happens next?

## Approved

- Officer waives the English and/or civics test and completes the interview with interpreter in the applicant's native language
- Applicant must meet all other requirements, then is scheduled for oath ceremony

## Denied

- Applicant can take the English and civics test.
- If the applicant doesn't pass the test they are scheduled for a second interview
- If the applicant doesn't pass the second interview, they may have another chance to take a second test
- If the applicant is not able to pass this part, the application is denied and must start over from the beginning.

# What does USCIS look for

- Completion of the entire form, with signatures. Form must be completed within 6 months of filing the N-400.
- Ensure that the form is related to the applicant, no discrepancies with other submitted information and file
- Determine if the form addressed the medical condition and has connection with the applicants ability to complete the USCIS process
- Determine if the form has sufficient information

# After citizenship waiver is approved...

- Applicant must go to the oath ceremony
- Applicant must file for new paperwork- passport, ID....
- Applicant can (re) apply for benefits such as social security, medicare/medicaid, caregiver services

# N-648 impact for patients

- There may be shame or other reasons why a patient doesn't disclose cognitive issues to a doctor, until the N-648 is needed. Some patients may not know a doctor can help with these concerns.
- An applicant's health care may be interrupted if they are unable to maintain needed health or social benefits necessary to their health and life in the United States. This could be caused by their inability to gain citizenship.
- Without a Medical Waiver, many applicants have no ability to achieve citizenship.
- These applicants often include refugees, asylees, and other immigrants who may not have the option to return to a country of birth, or any other country. Some have never been citizens of any country.

# N-648 for the community

- If the N-648 is declined by a doctor, the health care access for the patient may disappear
  - Insurance access/benefits
  - Relationship with a new doctor to explore completing the form
  - Confusion with the process, and not knowing who else can help
- Few doctors complete the form, so the patient populations have hard time navigating resources and providers
- The form can be incorporated within the patient's care. For example, if the cognitive concerns are a new concern, then the care provider can now address other safety or memory care needs.

# How to check Immigration numbers



# Resources

- Instructions about the N-648

<https://www.uscis.gov/sites/default/files/files/form/n-648instr.pdf>

- Electronic Form N-648

<https://www.uscis.gov/n-648>

- U.S. Disability Waiver flow-chart

[https://cliniclegal.org/sites/default/files/disability flow chart final\\_6-10-15.pdf](https://cliniclegal.org/sites/default/files/disability_flow_chart_final_6-10-15.pdf)

# References

- USCIS Policy Manual: Chapter 3 - Medical Disability Exception (Form N-648). <https://www.uscis.gov/policy-manual/volume-12-part-e-chapter-3>
- USCIS Instructions for Form N-648, Medical Certification for Disability Exceptions. <https://www.uscis.gov/n-648>
- USCIS Provides Q&As from Teleconference on N-648 Changes. February 12, 2019. <https://aila.org/infonet/uscis-invitation-to-teleconference-on-n-648-change>
- CLINIC Webinar, Naturalization for Applicants with Disabilities (March 2015) <https://cliniclegal.org/resources/webinars/clinic-webinar-naturalization-applicants-disabilities-march-2015>
- Gulf Coast Jewish Family and Community Services. Assisting Refugees in Applying for Disability Exceptions for U.S. Citizenship Webinar: [http://philarefugeehealth.org/wp-content/uploads/2015/04/Medical-Certs-for-Disability-Exceptions\\_FINAL.pdf](http://philarefugeehealth.org/wp-content/uploads/2015/04/Medical-Certs-for-Disability-Exceptions_FINAL.pdf)
- Strategies for Naturalizing the Most Vulnerable Applicants Handbook, Catholic Legal Immigration Network. <https://cliniclegal.org/resources/guides-reports-publications/strategies-naturalizing-most-vulnerable-applicants-handbook>

# Reach out with questions

- Iowa Justice for our Neighbors
  - P.O. Box 41006, Des Moines, IA 50311
  - Tel: 515-255-9809
- Primary Health Care
  - 2353 SE 14th St. Des Moines, IA 50320
  - Tel: (515) 248-1484
- Lutheran Services in Iowa
  - 3200 University Ave, Des Moines, 50311
  - Tel: 515-271-7385
- American Friends Service Committee
  - 4211 Grand Avenue, Des Moines, IA 50312
  - Tel: 515-274-4851