

Applicant's Name	USCIS A-Number A-
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Part III. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis and DSM IV code (if applicable) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., *DSM-IV 318.0 Down syndrome*. If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.

DSM IV 331.0 Dementia NOS, possible Alzheimer's type

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

Alzheimer's is a progressive illness that results in increasing loss of memory; decreasing ability to learn, evaluate, process and retain information, which in turn renders individuals unable to make appropriate complex decisions and eventually make even simple decisions; and increasing loss of language skills (usually) and loss of function in complex activities, then eventually even simple activities of daily living (such as going to the bathroom independently, dressing and feeding themselves). This eventually necessitates full-time supervision and assistance. It can progress quickly in a few years to complete disability, but in others may progress more slowly over 10 or more years.

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address") same as business address
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4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address") same as business address
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5. Are you the medical professional regularly treating this applicant for the condition(s) 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.)

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Name of Regularly Treating Medical Professional and Address.

Last Name	First Name	Middle Name		
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number

Explanation

This patient has been under the care of _____, ARNP since 2012. NPs are not allowed to sign this certification, so I am verifying her findings and certifying.

6. Has the applicant's disability and/or impairment(s) 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 impairment(s) 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.)

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

The exact cause of Alzheimer's remains unknown and is being heavily researched. After death many abnormalities in the brains of these patients have been found, but it is not known if these are the result of something unknown or are themselves the cause of impairment. (Abnormalities include collected plaques of abnormal proteins, tangles of other proteins, shrinking volume of nerve cells in general.) They are predominantly found in areas which function in decision making and language and memory more generally, though abnormalities can be found throughout the brain, and increase over time. Because of this accumulating damage patients over time lose more of their ability to learn and retain new memories, express themselves and sometimes understand others, complete complex and eventually simple tasks, and eventually lose even their older more established memories.

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

Diagnosis of Alzheimer's can only be confirmed at autopsy. Diagnosis was made by review of ___'s medical records and lab results, in-person exam and personal history, and cognitive screening test. Clinical evaluation of cognitive function including memory, judgment, language, and motor skills (ability to complete complex tasks involving movement) was assessed via the Rowland Universal Dementia Assessment Scale (RUDAS); used for multi-cultural and low formal education patients. S/he scored 11/27 indicating moderate to severe dementia. His/her judgment, language and short-term recall were particularly impaired.

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

Because of the damage accumulated so far in ___'s brain s/he is not able to even care for him/herself appropriately. S/he currently requires much assistance in his/her routine daily activities. Unfortunately his/her memory and judgment are so impaired that his/her insight into his/her impairment is poor (very typical) which limits the amount of assistance s/he will accept. His/her health is getting increasingly worse because s/he believes s/he is taking her medications him/herself (s/he is not) and tries to keep his/her own appointments (which s/he forgets). S/he is not able to learn new facts in civics and has been unable to learn English either.

11. In your professional medical opinion, does the applicant's disability or impairment(s) 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.

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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)

His/her cognitive impairment prevents his/her adherence to treatments. His/her physical condition is deteriorating. We have been treating him/her for more than 3 years with very limited progress. S/he is not expected to significantly improve in memory and cognitive function.

MEDICAL PROFESSIONAL'S CERTIFICATION

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examination(s) that form the basis of this Form N-648 certification.

I am fluent in English and _____, the language spoken by this patient. Therefore, an interpreter was not used during my examination(s) of this applicant.

All medical professionals **must** complete the certification below.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

- Permanent Resident Card
 State ID Number: _____
 Other Identification (State type and ID Number): _____

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 will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. 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 Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247e of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

Licensed Medical Professional Signature

Date (mm/dd/yyyy)

Applicant's Name	USCIS A-Number A-
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Part III. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis and DSM IV code (if applicable) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome". If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.

DSM V 319, F72 Intellectual Disability, severe

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

Intellectual disability is a disorder with the onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. In the conceptual domain with the severe Intellectual Disability, the individual's attainment of conceptual skills is limited. The individuals generally has little understanding of written language or of concepts involving numbers, quantity, time, and money. Caretakers provide extensive supports for problems solving throughout life. In the Social domain, spoken language is quite limited in terms of vocabulary and grammar. Speech and communication are focused on the here and now within everyday events. Individuals understand simple speech and gestural communication. In the Practical domain, the individuals require support for all activities of daily living, including meals, dressing, bathing, and elimination. The individual cannot make responsible decisions alone.

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address") Same as business address
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4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address")
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5. Are you the medical professional regularly treating this applicant for the condition(s) 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.)

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Name of Regularly Treating Medical Professional and Address.

Last Name	First Name	Middle Name		
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number (

Explanation

Client's usual provider is a nurse practitioner who works at _____. This clinician is independently licensed, but is not legally permitted to sign for this form. I have reviewed this case with her and examined client independently as well. I concur with NP _____'s assessment and treatment.

6. Has the applicant's disability and/or impairment(s) 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 impairment(s) 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.)

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

Intellectual disability is a heterogeneous condition with multiple causes. The causes of Intellectual disability could be from a genetic syndrome (like Down's syndrome), an illness such as infection or trauma to the brain, brain malformation, maternal disease (before birth), and environmental influences. In this individual, we have no specific indication of what the original cause was, though it was congenital by report (i.e. since birth). Because of his/her hearing impairment combined with intellectual impairment, s/he also has a communication disorder. Since childhood s/he learned to communicate by basic gestures and noises only, and does not speak.

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

This client meets DSM V criteria for Intellectual Disability. S/he has deficits in conceptual, social, and practical domains. Clinical evaluation of cognitive function via the Rowland Universal Dementia Assessment Scale (RUDAS), designed to be more appropriate for various cultures and low formal education patients, could not be completed. _____ could not understand the instructions despite communication with his/her case manager who speaks _____ and is familiar with communicating with him/her. _____ has never learned formal sign language so a sign language interpreter is not useful. His/her ability to follow instructions generally is poor. Additional assessment was made clinically by content of communications and client's behavior during my exam. S/he was unable to identify where we were, even what country we are in. S/he believes s/he is ___ years old (s/he is ___). When asked what citizenship means, s/he communicated "sitting." His/her caregiver must remind him/her to bathe, administer medications, cook and clean for him/her, and take care of all paperwork and finances and medical care.

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

Because of the Intellectual Disability and the deafness without education since s/he was young, _____ is not able to learn new facts in history and civics in English, nor in _____. _____ requires assistance with his/her activities of daily living (preparing food, taking medications, attending appointments, paying bills, etc). S/he has always needed a caregiver. His/her caregiver and case manager have tried to teach him/her simple things like reading the calendar or telling time, but _____ has been unable to learn.

11. In your professional medical opinion, does the applicant's disability or impairment(s) 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.

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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)

_____ has a caregiver and an interpreter accompanied him/her during the exam. However, _____ doesn't know formal sign language. S/he gestures about basic needs and most of the time the caregiver can understand. The case manager has to speak with some gesturing. I do not anticipate any significant improvement that would allow him/her to learn civics or English.

MEDICAL PROFESSIONAL'S CERTIFICATION

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examination(s) that form the basis of this Form N-648 certification.

I am fluent in English and _____, the language spoken by this patient. Therefore, an interpreter was not used during my examination(s) of this applicant.

All medical professionals must complete the certification below.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

Permanent Resident Card State ID Number: _____

Other Identification (State type and ID Number): _____

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 will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. 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 Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

Licensed Medical Professional Signature **Date (mm/dd/yyyy)**

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

1. Provide the clinical diagnosis and DSM IV code (if applicable) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome". If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.

DSM-IV 295.30 Schizophrenia, Paranoid Type

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

Schizophrenia is a disorder of thought process that causes disordered thought process to varying degrees. It can include delusions (beliefs that are not reality), hallucinations (usually auditory), impairment in ability to form organized thoughts and participate logically in conversations, bizarre behaviors, loss of motivation for activities, loss of motivation to speak, and loss of expression of emotions. Paranoid type of schizophrenia particularly is more notable for hallucinations and paranoid delusions, less so for bizarre behaviors, speech or expressions. When severe, patients are unable to focus well on their actual surroundings (tending instead to the voices they hear and their false beliefs) and may be unable to meet their own basic needs for food, shelter, communication.

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

Date	Location (if different from business address on Page 1; otherwise write "same as business address") same as business address
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4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

Date	Location (if different from business address on Page 1; otherwise write "same as business address") same as business address
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5. Are you the medical professional regularly treating this applicant for the condition(s) listed in 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.)



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Name of Regularly Treating Medical Professional and Address.

Last Name	First Name	Middle Name
Business Address	City	State or Province
		Zip Code or Postal Code
		Telephone Number

Explanation:

I am the regularly treating physician for the past 5 years.

6. Has the applicant's disability and/or impairment(s) 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 impairment(s) 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.)

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

The precise cause of schizophrenia is unknown and may be caused by a number of different things. Structural abnormalities in brain formation and connections are found in these patients and are assumed to be responsible for creating sensations without outside stimuli (i.e. self-generated) and interfering with logical thinking and mood regulation. There can be some genetic component as the risk of developing schizophrenia is higher in relatives of schizophrenia patients. There is significant variability in the degree of impairment this causes; some patients can still remain fairly functional with medications, but some patients do not get much relief and can continue to have severe hallucinations, delusions and disorganized thinking despite large doses of medications. ___ is among the latter of these cases.



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

Clinical evaluation of his/her current mental status shows a young overweight ___ making limited eye contact and speaking in short clipped answers in Cantonese. S/he has no spontaneous speech except to blurt "ok" while I am speaking, in no relation to anything I say. His/her affect is flat, inexpressive. His/her answers are simple, concrete, i.e. he has difficulty with abstraction. When asked what a chair and table have in common, s/he answers "they are the same, they both come in pieces." When asked to mimic simple hand movements (series of 3 simple motions repeated over and over, similar to rock paper scissors) s/he can barely follow me and is unable to do any of them on his/her own. To analyze his/her ability to follow instructions, s/he is told not to shake my hands but when offered mine s/he shakes it right away. In a similar exercise s/he was unable to consistently identify right and left correctly and misidentified some body parts (e.g. shoulder for knee). S/he was able to remember 4 items immediately, but only a few minutes later recalled only 3. Regarding fund of knowledge, s/he did not know the president of the U.S. nor the capital, nor the name of the country ("Washington?") despite having lived here for 5 years. His/her performance demonstrates dysfunction in numerous areas of his/her brain to a significant degree despite having finally established a good dose of our most successful medication to date.

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

Because of the severity of his/her illness which causes cognitive impairment, s/he is unable to grasp abstract concepts and data, much less retain this knowledge to be repeated for an exam. Despite efforts over the years to learn English, s/he has made virtually no progress. S/he has attended ESL courses for 6 months and attends a day program conducted in English 4-5 days/week for several years, but still has no appreciable ability to understand or speak English.

11. In your professional medical opinion, does the applicant's disability or impairment(s) 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.



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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)

_____ unfortunately has had fairly limited response to medications. It has helped reduce his/her auditory hallucinations, relieve his/her paranoia, and organize his/her thoughts a little bit-- only enough to complete very simple activities on his/her own. S/he is completely reliant on his/her mother to give him/her all medications, take him/her to appointments and communicate with providers on his/her behalf (due to his poor memory and inability to follow instructions), and provide food, shelter and clean clothes. I do not anticipate any significant improvement that would allow him/her to learn civics or English.

MEDICAL PROFESSIONAL'S CERTIFICATION

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examination(s) that form the basis of this Form N-648 certification.

I am fluent in English and _____, the language spoken by this patient. Therefore, an interpreter was not used during my examination(s) of this applicant.

All medical professionals **must** complete the certification below.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

- Permanent Resident Card State ID Number: _____
 Other Identification (State type and ID Number): _____

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 will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. 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 Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

Licensed Medical Professional Signature	Date
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Applicant's Name	USCIS A-Number A-
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Part III. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis and DSM IV code (if applicable) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome". If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.

294.8 Dementia NOS,
rule out 294.10 Vascular Dementia

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

Vascular dementia is a (usually) progressive loss of memory and function resulting from numerous small or large clots (or sometimes bleeds) in the brain damaging the neurons in the vicinity of the blood vessel problem, or resulting from decreased or loss of blood flow, such as occurs in heart bypass surgery. Loss of memory can occur slowly over time or quickly after a large event, i.e. stroke or surgery, or commonly a combination of small and large events. Because the damage can vary depending on where the location of the injury is, vascular dementia can have variable features. For example, memory may become very very poor while language or social skills are untouched making it not immediately obvious that they are so impaired. For ___ s/he unfortunately has had major impairment in concentration, language and short term memory since his/her heart bypass surgery.

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address") Same as business address
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4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

Date (mm/dd/yyyy)	Location (if different from business address on Page 1; otherwise write "same as business address") Same as business address
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5. Are you the medical professional regularly treating this applicant for the condition(s) 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.)

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Name of Regularly Treating Medical Professional and Address.

Last Name	First Name	Middle Name		
Business Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code	Telephone Number (

Explanation

This patient has been under the care of _____, ARNP, since July, 2014. NPs are not permitted to sign this certification. I have independently examined this patient and verified NP _____'s findings.

6. Has the applicant's disability and/or impairment(s) 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 impairment(s) 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.)

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

Heart bypass surgery in March 2014. X had no impairment prior to the surgery. During this procedure his/her blood was pumped through a machine that provided the pressure to pump blood throughout his/her body. It is well known that patients sometimes suffer cognitive impairment from this procedure, possibly due to the machine not being capable of sending the oxygenated blood properly throughout the brain or the blood not being sufficiently oxygenated enough as normally occurs in the lungs (but not during open heart surgery). The exact mechanism of injury is not clear.

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

Diagnosis is based on clinical interviews with the patient, a review of his/her medical and psychiatric history, and neuropsychiatric testing. On RUDAS (Rowland Universal Dementia Assessment Scale designed for multicultural patients without formal education), s/he scored 24 out of 30 which shows mild-moderate dementia. On exam s/he demonstrates difficulty expressing his/herself in _____ and requires repetition of questions as well. His/her understanding of complex questions and content is poor. His/her registration of information (immediate recall) is impaired and his/her short term memory is also poor.

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

This patient's dementia significantly impacts his/her cognitive functioning. It causes problems with concentrating and memory, the two things most vital to learning. Clinical interviews show that s/he is unable to retain and learn new information. His/her memory has deteriorated after the heart surgery in 2014. S/he is unable to care for him/herself. S/he's been living in an Adult Family Home since June, 2014. The patient requires all meals prepared for him/her, reminders and supervision to take his/her medication. The Adult Family Home staff assists him/her with scheduling, transporting, and participating in medical appointments. S/he has taken citizenship classes for more than 2 years, both in _____ and English. S/he thinks that s/he can answer the questions in _____ language but when tested by his/her case manager, the patient is unable to remember the information and content from the citizenship test. S/he does not have the mental capacity to learn to read, write, or speak English. S/he is unable to learn simple information about history or civics in English or in her native language. It is not expected that s/he will recover from this brain injury.

11. In your professional medical opinion, does the applicant's disability or impairment(s) 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.

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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)

MEDICAL PROFESSIONAL'S CERTIFICATION

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examination(s) that form the basis of this Form N-648 certification.

I am fluent in English and _____, the language spoken by this patient. Therefore, an interpreter was not used during my examination(s) of this applicant.

All medical professionals **must** complete the certification below.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

- Permanent Resident Card State ID Number: _____
 Other Identification (State type and ID Number): _____

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 will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. 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 Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

Licensed Medical Professional Signature _____	Date (mm/dd/yyyy) _____
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