AONN+ FFL Special Accommodations Request Form

Individuals with disabilities covered by the Americans with Disabilities Act must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed.

**Contact Information**

Name: ____________________________________________

Address ____________________________________________

Address ____________________________________________

City ___________________________ State ________ Zip __________

**Special Accommodations**

Exam Date and Location (test center) for which you are requesting accommodation:

________________________________________________________________________

I would like to request the following testing accommodation(s):

- [ ] Circle answers in test booklet
- [ ] Extended testing time (time and a half)
- [ ] Large print test. Point size: _______
- [ ] Reader
- [ ] Separate testing area
- [ ] Special seating, please describe: __________________________________________
- [ ] Wheelchair accessible testing site
- [ ] Other special accommodations (please specify):

Instructions: Return this form via email and/or postal mail with a copy of the Documentation of Disability to:

Director of Certification  
c/o Lisa Hartman  
1249 South River Road  
Suite 202  
Cranbury, NJ 08512

Certification@aonnonline.org