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.

Please submit by email to: certification@aonnonline.org
Or by postal mail to: AONN+ FFL | 1249 South River Road, Ste 202 | Cranbury NJ 08512

Name: ______________________________________________________________________

Address: ______________________________________________________________________

Address 2: ______________________________________________________________________

City: __________________________ State: ______ Zip: __________

Signature: ______________________________________________________________________

**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): ________________________________

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