



## 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](mailto: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): \_\_\_\_\_

\_\_\_\_\_