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:

Certification Manager
AONN+ Certification
1249 South River Road
Suite 202
Cranbury, NJ 08512

Certification@aonnonline.org