

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