

Application for Nursing/Chest feeding Accommodations

Personal Information

Full Name: _____

AAN ID Number: _____ (office use only)

Email _____

Program Name: _____

Accommodations Request

Examination Time (choose one)

60 minutes of additional break time, OR

A double time examination

Email all requests to theRITE@aan.com no later than 30 days prior to the start date of the testing window. Completed requests are processed as they are received. The earlier a request is received, the earlier it can be processed. If a private space for lactating is requested, contact your program to make the necessary accommodation; AAN only manages examination time accommodations.

I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way with any such individuals about the content of the examination.

Signature/Date: _____