UAB School of Nursing (SON)
Master’s of Science in Nursing (MSN) Admissions Checklist

UPON RECEIPT OF THIS LETTER:
Deadline for item 1 is December 14, 2018.

☐ 1. Sign and return the following forms:
   a. Acceptance Form (Attachment A)
   b. Program of Study (Attachment B)
   (Attachments A and B included with offer letter)

Note: Please confirm the Specialty track is acceptable (Attachment A) and the current state of residence address is correct. The offer is only for the specialty listed. If you do not wish to accept this specialty, you may reactivate or submit a new application to the program. Please read Post Licensure Core Performance Standards (Attachment C).

Please download the MSN Admission packet at the web link below for important enrollment documents:
http://www.uab.edu/nursing/home/nursing-quicklinks/catalogs

Deadline for items 2 – 5 is February 1, 2019

☐ 2. Instructions for returning your program of study and request to transfer or waive courses (Program of Study Instructions; Attachment D)

☐ 3. Create Blazer ID and a @uab.edu email account (BlazerID Instructions; Attachment E).

☐ 4. Begin taking steps to gain medical clearance. Please review Medical Clearance Documents (Attachments F and G) then visit the UAB Student Health and Wellness webpage at:
   http://www.uab.edu/studenthealth/medical-clearance/general-info

☐ 5. Attend assigned mandatory on campus New MSN Student Orientation session. Specific Specialty Tracks orientation session dates are scheduled for February 25-26, 2019 and March 4-5, 2019 (Your assigned Orientation is noted on offer letter.)

Deadline for items 6 – 8 is April 1, 2019

☐ 6. Check your email for background check email, and complete within ten business days of email arrival from Employment Screening Services, ESS (results@es2.com) **

☐ 7. Once you have ordered and paid for your background check, you will receive an email from LabCorp (OTSWEBAPP@Labcorps.com) to complete your drug screen **
   ** Deadline is 10 business days from original background check email **

☐ 8. Medical clearance should be completed.

Deadline for items 9 – 13 is May 5, 2019

☐ 9. Register for classes as listed on Program of Study using the Registration Instructions (Registration Instructions; Attachment H).


☐ 11. Complete HIPAA (HIPAA Instructions; Attachment I), OSHA (Bloodborne Pathogens Course; Attachment J) – ensure to take BIO_500 course, insurance requirements at http://www.uab.edu/students/health/insurance-waivers/insurance-requirement-overview

☐ 12. Check the Academic Calendar for important dates (Attachment K).

☐ 13. Log on to Canvas - First Day of Class – May 6, 2019!
Nursing education requires the acquisition of academic knowledge, clinical and specialized communication skills as well as professional attitudes and behaviors. All post-licensure degrees certify that the student has acquired the broad base of knowledge and skills required for entry into professional nursing practice. This foundational education includes both academic and professional nursing courses that provide a base for clinical competence and informed judgement about health and patient care in a variety of settings. Since the treatment of patients is an essential part of the educational program, the University of Alabama at Birmingham School of Nursing (UABSON) must act to protect the health and safety of patients.

Candidates for any post-licensure degree must have skills and abilities in ten core performance standards with or without reasonable accommodations. These ten standards include, but are not limited to, the following skills and abilities (bulleted examples included, not all-inclusive):

1. **Critical Thinking**: Critical thinking ability sufficient for clinical judgment.
   - Identifies safety issues in clinical situations
   - Identifies cause/effect relationships in clinical situations, develops, evaluates, and revises nursing plan of care as appropriate
   - Has the ability to make safe judgments when planning and implementing all psychomotor nursing prescriptions
   - Manages multiple priorities in stressful situations
   - Responds instantly to emergency situations
   - Exhibits arithmetic competence that would allow the student to read, understand and perform accurate calculations for computing medication dosages and intravenous flow rates
   - Analyze theories for application to advanced nursing practice
   - Identify cause/effect relationships in clinical judgement in clinical situations, develop clinical notes, employ diagnostic reasoning
   - Synthesize reading assignments, able to write course assignments

2. **Interpersonal**: Interpersonal abilities sufficient to interact with individuals and groups from diverse backgrounds
   - Establishes appropriate rapport with clients and colleagues
   - Has the ability to work in groups on course activities
   - Maintains therapeutic relationships with clients and colleagues
   - Respects cultural diversity and rights of others
   - Works effectively in small groups as a team member and as a team leader
   - Practices verbal and non-verbal therapeutic communication
   - Recognizes and attempts to resolve adverse events for both clients and colleagues

3. **Communication**: Communication abilities (hearing, speaking, reading, and writing) sufficient for interaction with others in verbal, written, assisted, and electronic form.
   - Writes and speaks English effectively so as to be understood by the general public
   - Has the ability to complete written assignments, participate in classroom discussion/activities, and complete group projects
   - Has the ability to focus in class without making disruptive interruptions
   - Communicates therapeutically with clients, families, and groups in a variety of settings
   - Documents client data and nursing care completely and accurately
   - Provides health teaching information for clients, families, and/or groups based on assessed needs, available resources, age, lifestyle, and cultural considerations
   - Has the ability to use a variety of computer programs and platforms
   - Must be able to give and receive constructive feedback, process feedback, and utilize it to conform behavior to expected professional standards
   - Explain treatment and diagnostic procedures in verbal and written form, initiate health teaching, document and interpret patient/client responses to acute and chronic illness

4. **Physical Mobility**: Physical abilities sufficient to move from room to room and maneuver in small spaces.
   - Able to attend and participate in class
   - Has the ability to push, pull and/or lift a minimum of 30 lbs. of weight
   - Has mobility and stamina sufficient to function for up to a 12-hour clinical experience in various settings
   - Lifts, moves, positions, and transports clients without causing harm to client or self
• Has the ability to move around client’s room, work spaces and treatment areas, in all clinical settings
• Has the ability to stoop, bend, squat, and reach overhead as required to deliver care safely in emergent and non-emergent situations
• Performs cardiopulmonary resuscitation according to recommended procedures and professional standards

5. **Gross and Fine Motor Skills:** Gross and fine motor abilities sufficient to provide safe and effective nursing care

- Performs physical activities necessary to accomplish nursing skills, including but not limited to: putting on sterile gloves, donning mask and gown, operating a manual and electronic blood pressure cuff, using sterile technique and performing essential client care
- Performs correct hand washing technique
- Provides or assists with activities of daily living
- Administers all routes of medications to maintain client safety
- Has the ability to use computers and other electronic devices
- Performs electronic keyboarding/documentation and/or extensive writing
- Calibrates and uses equipment correctly (e.g. syringes, vials, ampoules, medication packages)
- Has the gross and fine motor ability to grasp small objects (e.g. IV tubing, syringe, dropper)
- Utilize instruments specific to the clinical specialty
- Perform physical and developmental assessment maneuvers

6. **Auditory:** Auditory ability sufficient to monitor and assess health needs

- Has the auditory ability to participate in class lectures and contribute to discussions
- Hears verbal exchanges among health care personnel and clients
- Has the auditory ability to monitor alarms, emergency signals, and cries for help
- Has the auditory ability to hear and distinguish changes in tone and pitch for example when listening to a client’s respirations, cardiac, and abdominal auditory characteristics when using a stethoscope

7. **Visual:** Visual ability sufficient for observation and assessment

- Has the visual ability to observe audio-visual aids and client, peer, and faculty responses.
- Has the visual ability to read medical documents; see small calibrations on sphygmomanometers, syringes, and thermometers; observe patient responses to interventions or health problems; and detect color changes
- Performs nursing skills such as inserting urinary catheters and IV devices, counting respirations, and preparing or administering medications
- Has the visual ability to discriminate colors, changes in color, size, and contour of body part
- Has the visual ability to identify, prepare, and administer medications accurately and safely by all routes
- Has the visual ability to observe patient responses
- Has the visual ability to assess client visual acuity
- Has the visual ability to inspect skin and body structures

8. **Tactile:** Tactile ability sufficient for physical assessment

- Performs palpation functions correctly for physical examination and therapeutic interventions such as pulses, temperature, texture, firmness, softness, and physical landmarks

9. **Emotional Stability:** Emotional stability sufficient to tolerate rapid and changing conditions and environmental stress

- Establishes therapeutic interpersonal boundaries
- Provides clients with emotional support and respect differences in patients, families and other students
- Complete all responsibilities in the assessment and implementation of nursing care for patients in a timely, safe and effective manner
- Adapts to stressful situations and changing environments while maintaining professional conduct and standards
- Have adequate environmental awareness and emotional stability to remain calm and function effectively in multiple, complex settings that may be stressful, noisy and may be potential harmful
- Take responsibility for their own actions
- Poses no threat to self or others
- Performs potentially stressful tasks concurrently

10. **Professional Behavior:** Behave in a respectful, ethical and professional manner with others

- Interacts respectfully with peers, faculty, superiors, clients, and families
• Strives to provide quality client care
• Applies knowledge and clinical reasoning
• Reflects on own behavior and clinical performance with clients; engages in self-evaluations
• Has the ability to interact with peers and colleagues appropriately
• Has the ability to collaborate with clients, families, and others in nursing situations
• Integrates ethical behavior in nursing practice
• Performs activities safely, so as to not injure or harm others or self
• Recognizes that all students represent the nursing profession and must behave accordingly
• Respects and adheres to the policies and procedures of the School of Nursing and clinical agencies

Application for Accommodation Prior to Matriculation:

The UAB School of Nursing will provide reasonable accommodations to qualified individuals with approved accommodation(s). In order to request accommodations, students must contact the [UAB Office of Disability Support Services](mailto:UABSON@uab.edu) and follow the registration process. UABSON faculty collaborate with Disability Support Services within the scope of the core performance standards to establish reasonable accommodations. Throughout a student's career, the UABSON will work with the student and DSS to make ensure accommodations are reasonably facilitated and maintains safety for the student and patient.

Application for Accommodation After Matriculation:

Students seeking accommodations will be referred to the [UAB Office of Disability Services](mailto:UABSON@uab.edu). Personnel in the Disability Office will follow established protocol to determine if the student is eligible for accommodations. Any financial cost for documentation, assessment or evaluation will be the sole responsibility of the student. The Office of Disability Support Services will review the results of evaluations to determine whether a condition exists, and whether accommodations are necessary. If they determine that accommodations are necessary to allow a nursing student to meet the Post-licensure Core Performance Standards then they will educate students on the process of forwarding those recommendations to the appropriate faculty. The appropriate faculty will work with the student and DSS to determine if there are reasonable accommodations. If reasonable accommodations cannot be made, the student will be informed. If the student is unable to meet the Post-licensure Core Performance Standards. A nursing student who is dismissed based on inability to meet the Post-licensure Core Performance Standards of the UABSON will have the right of appeal through the established grievance process used in UABSON Student Handbook. If the accommodation is approved, the UABSON will work to make sure that the accommodation is reasonably facilitated from that point forward. Retroactive accommodations will not be allowed.
INSTRUCTIONS FOR RETURNING THE PROGRAM OF STUDY

The Program of Study (POS) is your agreement between you and the School of Nursing. Program of studies have been developed ahead of time to help ensure there is space available in each course and to provide a seamless flow through the coursework. If changes are necessary in your POS due to previously completed nursing graduate coursework, you **MUST** gain approval. The initial POS approval will be issued through the Office of Student Success in your initial offer letter packet. You can reach Mr. Updegraaff via email at upde22@uab.edu or via telephone at 205-975-3370 with questions.

Please complete one of the following steps:

1. If you **HAVE NOT** taken any graduate level nursing courses, please sign and return the POS. Return via fax at 205-934-5490 or as a scanned PDF to upde22@uab.edu.

   OR

2. If you **HAVE** taken graduate level nursing courses and wish to have them considered for transfer (up to 12 hours of equivalent UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:

   o Complete and submit one of the following forms located on the School of Nursing website, www.uab.edu/nursing, under “Academics” then “Degree Programs” and then “Student Forms” on the right side of the Degree webpage.

   (www.uab.edu/nursing/home/nursing-quicklinks/catalogs/115-frontdoor/prospective-student/443-current-student-forms)

   A. “Request for Approval and Transfer of Graduate Level Coursework” (one form per course and also include a course syllabi for non-UABSON courses)

   OR

   B. “Request for Non-degree Credit to be Accepted as Graduate Credit” (used for UAB graduate nursing non-degree credit courses only)

   o It can take up to 2-4 weeks for complete course requests to be considered for a transfer/waiver decision and any subsequent POS revisions to be done, if approved.

**NOTE:** Your POS Hold will be lifted and you will be able to register for courses after you have a signed POS submitted back to the UAB School of Nursing.
BlazerID Instructions

How do I get a BlazerID?

To setup your BlazerID, please visit BlazerID Central at www.uab.edu/blazerid, and follow the appropriate instructions.

Before trying to register a BlazerID, you need to stop for a moment and carefully consider your choices for both your BlazerID and password. The following guidelines should assist you in successfully selecting and registering them with a minimum of hassle. The system rejects all registration attempts not complying with any guideline below that includes the words "must" or "must not".

For the BlazerID:

- Must be a combination of at least three and no more than eight lowercase letters or numbers (no punctuation allowed) and must begin with a letter. Capital/uppercase letters must not be included.
- Must be unique in the UAB Campus Directory — no one else can already have it. If in doubt, go to www.uab.edu/directory and look it up using the lower left search box. This is not fool-proof (the owner may be unlisted) but it will help narrow your choices.
- Should not contain obscene or grossly unprofessional wording. Once you have set a BlazerID, it can NEVER BE CHANGED, even if you are just a student now and later decide to hire on at UAB as an employee. This is also a consideration if you ever plan to put your @uab.edu address on a resume, business card, letterhead, Web site, database, etc.
- Should be something you will always be comfortable using as a login name, no matter what UAB service may now or eventually require it. Again, once your BlazerID is registered, it can NEVER BE CHANGED.
- Unless you expect to remain at your current marital status for the rest of your UAB experience, you should be cautious about using your last name or any part of it for your BlazerID. Even if you get married or (hopefully not!) divorced, your BlazerID can NEVER BE CHANGED.

For the password:

- Must be a combination of at least 8 but no more than 16 letters and numbers. Punctuation can also be included, except for blanks, equal signs (=), and quotation marks (" or "). At least one number or punctuation (i.e., something other than a letter) must be part of the combination.
- Unlike the BlazerID, the system allows both capital/upper and lowercase letters but the capitalization is important; it must be entered exactly the same way each time you login or the system will not recognize it.
- Must not be derived from a single dictionary word or your BlazerID.
- Must not be derived from your phone number, social security number, or date of birth.
- Should not be derived from your family members' or pets' names.

How do I set up a new UAB Email account?

To setup a new email account, please visit www.uab.edu/blazerid, select “Get a UAB E-mail Account” from the links on the left side of the page, log in, and follow the appropriate instructions.
8 steps to completing Student Immunization / TB Clearance

1. You are admitted to UAB.
2. Create your BlazerID if you have not already done so (uab.edu/blazerid).
3. You receive an email from UAB explaining the clearance process and including necessary web links to UAB Student Health and Wellness (SHW) website and Patient Portal (link available on your BlazerNET account, all SHW webpages).
4. Access your specific immunization/TB requirements on the SHW website or patient portal.
5. Click “Immunizations” tab, and view your specific requirements.
6. Click “Add immunization Record” and upload your scanned documents for your various clearance requirements. (Must be JPEG, JPG, PNG, GIF or PDF)
7. You may also fax your immunization records to SHW at 205-996-SHOT (7468).
8. Your immunization status will be reflected on your student profile in BlazerNET and on the Patient Portal under “Immunizations” tab, as you update and complete your requirements.

The purpose of the medical clearance process is to ensure a safe and healthy environment on the UAB campus. Medical clearance requirements vary by school and student type. These requirements must be met before the first day of class to avoid having a registration hold placed on your student account, registration cancelled, or being unable to begin classes.

UAB Student Health and Wellness
1714 9th Avenue South

Please use the Patient Portal to contact Student Health and Wellness. This is the most efficient way to inquire about your immunizations or test results.
Medical Clearance/Immunization Requirements

To ensure a safe and healthy campus, UAB requires all entering students to satisfy immunization/TB requirements. **All requirements must be met prior to enrolling at the university.**

**Requirements:**
- Physical Exam
- MMR (Measles, Mumps, Rubella)
- Tdap – (Tetanus, Diphtheria, Acellular Pertussis)
- Varicella (Chickenpox/Shingles)
- Meningococcal
- Hepatitis B with antibody titer
- Tuberculosis testing (annual 2 step tb skin test)
- Clinical Health History Form

**Deadline:**
- April 1, 2019

**Submit Your Documentation:**
- Log into BlazerNET at www.uab.edu/BlazerNET using your Blazer ID and password
- Click on “Patient Portal” and log in using your Blazer ID and password.
- Click on “Forms”, then click “Add immunization record”

You will have the ability to scan and upload documents or send by fax. Please note, the scan and upload feature will **not support PDF**, so if you are using a copier/scanner you will need to go to settings and set to JPEG- most are set to default to PDF.
If you are taking a picture with your mobile device, this is not necessary.

You can access your specific immunization/TB requirements and general information at the following link: [http://www.uab.edu/studenthealth/medical-clearance/general-info](http://www.uab.edu/studenthealth/medical-clearance/general-info).

We look forward to serving you during your time at UAB. Feel free to contact us if you have any questions or concerns.

Student Health and Wellness
205.975.7753
UAB Student Health & Wellness Immunization Form

Clinical Domestic Students

NAME: __________________________________________________________ DATE OF BIRTH: (mm/dd/yyyy): _______________

ADDRESS: ______________________________________________________________________ PHONE: _________________________

PROGRAM OF STUDY: ____________________________________________ BLAZERID: ____________________@UAB.EDU

IMMUNIZATION HISTORY MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

*Copies of your original immunization records are acceptable in place of this form. Please submit completed form or immunization records directly to your UAB SH&W Patient Portal.

1. **MMR** - Measles, Mumps, and Rubella: All students must satisfy this requirement, either by two vaccine doses against each of the three diseases or laboratory evidence of immunity to all three diseases.

   **EITHER**

   Two doses of MMR vaccine:

   Date: _____/_____/_____
   Date: _____/_____/_____

   **OR**

   Two doses of each vaccine component:

   Measles
   Date: _____/_____/_____
   Date: _____/_____/_____

   Mumps
   Date: _____/_____/_____
   Date: _____/_____/_____

   Rubella
   Date: _____/_____/_____
   Date: _____/_____/_____

   **OR**

   Laboratory evidence of immunity to all three diseases:

   Measles
   Date: _____/_____/_____
   Result: _______________

   Mumps
   Date: _____/_____/_____
   Result: _______________

   Rubella
   Date: _____/_____/_____
   Result: _______________

*If any laboratory titers are non-immune, 2 repeat vaccines are required. Date: _____/_____/_____

2. **Tdap** - Tetanus, Diphtheria, Acellular Pertussis: All students must have had one dose of the adult Tdap given 2006 or later. If the last adult Tdap is greater than 10 years old, a Td booster is required.

   Tdap Date: _____/_____/_____
   Td Date: _____/_____/_____

3. **Hepatitis B Series**: All students must have a series of three Hepatitis B vaccinations (initial dose, dose two at 1 month, dose three at 6 months). A post-vaccine surface antibody titer (to demonstrate immunity) is required one month after 3rd vaccine dose.

   Dose 1 Date: _____/_____/_____
   Dose 2 Date: _____/_____/_____
   Dose 3 Date: _____/_____/_____

   Hep B surface antibody titer:
   Reactive: _____ Non-Reactive: _____
   Date: _____/_____/_____

*If Hep B surface antibody is non-reactive, repeat series and post-vaccine surface antibody titer are required.

   Dose 1 Date: _____/_____/_____
   Dose 2 Date: _____/_____/_____
   Dose 3 Date: _____/_____/_____

   Hep B surface antibody titer:
   Reactive: _____ Non-Reactive: _____
   Date: _____/_____/_____

*If repeat Hep B surface antibody is non-reactive, Hep B surface antigen is required to rule out acute or chronic Hep B infection.

   Hep B surface antigen titer:
   Positive: _____ Negative: _____
   Date: _____/_____/_____

**If Hep B surface antigen is positive, visit with SH&W provider is required for additional testing. If negative, student will be considered a non-responder.

4. **Varicella** (chickenpox or shingles): All students must have documented history of Varicella, a positive Varicella antibody titer, or two doses of Varicella vaccines given at least 28 days apart.

   **EITHER**

   History of Varicella (chickenpox or shingles):
   Yes: _____ No: _____
   Date: _____/_____/_____

   **OR**
Varicella antibody titer

Positive: _____ Negative: _____ Date: _____/_____/_____

OR

Varicella vaccination Dose 1: _____/_____/_____ Dose 2: _____/_____/_____

*If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.

Varicella vaccination Dose 1: _____/_____/_____ Dose 2: _____/_____/_____

5. Meningococcal: All students 21 and younger are required to show documentation of a meningitis vaccine given on/after their 16th birthday. Students age 22 and older are exempt. Date: _____/_____/_____

6. Tuberculosis: All clinical students must meet UAB’s Tuberculosis screening requirement. If no history of positive Tb skin test, two separate skin tests or one IGRA blood test are required upon matriculation. Skin tests must be placed at least one week apart.

   EITHER

   a. Tuberculin Skin Test (PPD) within 12 months prior to matriculation:
      Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result (mm): __________ Positive: _____ Negative: _____

   b. Tuberculin Skin Test (PPD) within 3 months prior to matriculation:
      Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result (mm): __________ Positive: _____ Negative: _____

   OR

   a. IGRA (Tspot or Quantiferon TB Gold) blood test and UAB TB Questionnaire within 3 months prior to matriculation:
      Date: _____/_____/_____ Positive: _____ Negative: _____

   b. UAB TB Questionnaire

   *If positive skin test or IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB Questionnaire required.

      a. Chest X-Ray Date: _____/_____/_____ Normal: _____ Abnormal: _____ (*Please attach results)
      b. UAB High Risk TB Questionnaire
      c. Have you been treated with anti-tubercular drugs? Yes: _____ No: _____

If yes, type of treatment: _________________________ Length of Treatment: _________________________ *Please attach supporting documentation.

Verification of the above Student Immunization Record and Tuberculosis Screening by Health Care Provider:

Verified by: ____________________________________________________ Title: ________________________________

Address: _________________________________________________________________________________________

Phone: ____________________________

Signature: ____________________________ Date: _____/_____/_____ Office Stamp (if Available):
Please save this form and upload it to your patient portal for your medical clearance.

| Entering Semester: | ☐ Fall | ☐ Spring | ☐ Summer | Year: | UAB Student No: B_________

### General Information

| Full Name: | ____________________________ |
| Gender: | ☐ Male | ☐ Female | ☐ Transgendered | ☐ Transitional |
| Date of Birth: | Month: ___________ | Day: _______ | Year: ___________ |
| School: | ____________________________ | Program or Major Code: | CAS, Med, Dent, SHP, Nurs. etc. | Education, History, Physics, Biology, etc. |
| Current Email address: | ____________________________ | Blazer ID: | ____________________________ |
| Are you an International Student or Scholar? | ☐ Yes | ☐ No | If Yes, which country? | ____________________________ |
| Telephone number: | ____________________________ | Home | ___________ | Cell | ___________ |
| Local Address: | ____________________________________ |
| Permanent Address: | ____________________________ | ____________________________ | ____________________________ |
| Primary emergency contact: | ____________________________ | Telephone number: | ____________________________ | Relationship: | ____________________________ |
| Secondary emergency contact: | ____________________________ | Telephone number: | ____________________________ | Relationship: | ____________________________ |

### Personal Health History

#### Medical Conditions

Please list any surgeries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Medications

Please list prescription, non-prescription, vitamins, birth control, etc.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Food/Medicine Allergies

Please list penicillin, codeine, insect bites, antibiotics, specific food or chemical, etc.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Family & Personal Health History (to be completed by the student)

**Has any person, related by blood, had any of the following?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stroke</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart attack before age 55</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glaucoma</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cholesterol or blood fat disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood clotting disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychiatric</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol/drug problems</td>
<td></td>
</tr>
</tbody>
</table>

### Have ever had or now have: (please check at right of each item and if yes, indicate year of first occurrence)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rheumatic fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart trouble</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pain/pressure in chest</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shortness of breath</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic cough</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tumor/cancer (specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thyroid trouble</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serious skin disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hearing loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexually transmitted disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe menstrual cramps</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Irregular periods</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequent vomiting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gall bladder or gallstones</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jaundice or Hepatitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rectal disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe/recurrent abdominal pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hernia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chicken pox</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anemia/Sickle Cell Anemia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eye trouble besides glasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bone, joint, other deformity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shoulder dislocation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knee problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recurrent back pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neck injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mononucleosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hay fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Head/neck radiation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arthritis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequent/severe headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dizziness/fainting spells</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe head injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paralysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Epilepsy/seizures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood transfusion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protein in blood or urine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ulcer (duodenal/stomach)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intestinal trouble</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pilonidal cyst</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allergy injection therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Back injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Broken bones</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bladder infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney stone</td>
<td></td>
</tr>
</tbody>
</table>

#### Mental Health History

| Yes | No | Symptom               | |
|-----|----|-----------------------| |
|     |    | Sleep problems        | |
|     |    | Self-injurious Behavior | |
|     |    | Depression/bipolar    | |
|     |    | Anxiety/panic         | |
|     |    | LD/ADD/ADHD            | |
|     |    | Eating Disorder        | |
|     |    | Obsessive compulsive   | |
|     |    | Self-induced vomiting  | |

#### Substance Use History

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Alcohol/drug problem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smoke 1+ pack cigs/week</td>
</tr>
</tbody>
</table>


UAB SH&W PHYSICAL EXAMINATION (Please print in black ink) To be completed and signed by physician or clinician. A physical examination is required for all clinical students within 1 year prior to matriculation.

You may schedule a physical exam at Student Health & Wellness if you do not have a physician. Schedule an appointment through your patient portal or call 205-934-3580 and ask our receptionist for details.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th><a href="mailto:BlazerID@uab.edu">BlazerID@uab.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Height _________  Weight _________  TPR _____/_____/____   BP _____/_____  

REQUIRED

Vision: Corrected  Right 20/____  Left 20/____
Uncorrected  Right 20/____  Left 20/____
Color Vision _________________________________

Are there abnormalities? If so, describe full

<table>
<thead>
<tr>
<th>1. Head, Ears, Nose, Throat</th>
<th>WNL</th>
<th>ABN</th>
<th>DESCRIPTION (attach additional sheets if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Metabolic/Endocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Is there loss or seriously impaired function of any organs?  ____No  ____Yes
Explain_____________________________________________________________________________________

B. Recommendation for physical activity (physical education, intramurals, etc.)  ____Unlimited  ____Limited
Explain_____________________________________________________________________________________

________________________________________  __________________________
Signature of Physician/Physician Assistant/Nurse Practitioner  Date

________________________________________  __________________________
Print Name of Physician/Physician Assistant/Nurse Practitioner  Date

_______________________________  __________________________
Office Address/Stamp (Required)  Area Code/Phone Number
REGISTRATION

To register for courses, please sign in to BlazerNET (www.uab.edu/blazernet). Access to BlazerNET requires a BlazerID and password. If you do not have a BlazerID, you may obtain one at BlazerID Central or you may view the schedule of classes.

How to Register through BlazerNET

- Once logged in to BlazerNET, click on the "Registration" link on the green ribbon.

To look up the Course Reference Number for your course(s)

- Click on the "Look Up Classes" link to search the available courses for the term. You may search for classes with several different criteria, but the only block that must be utilized is the Subject block.

Once the classes are visible, register for the course(s) by clicking on the empty checkbox to the left of the CRN and clicking on the Register button at the bottom of the screen.
If you already know the CRN for your course(s)

- Click on the “Add/Drop Classes” link in the “Registration Tools” channel.

- The Add/Drop worksheet will appear. There will be a row of empty blocks. Type in the 5-digit CRN for your course in any of the blocks. If you are registering for more than one course, tab over to another block and enter in all of the courses at one time. (You do not need to type in the subject or number for the course, only the CRN is required!)

- Click on the Register button at the bottom of the screen when complete.

**IMPORTANT NOTE:**
Register for co-requisites in your Clinical Sequence by selecting **BOTH** courses required at the same time. Failure to select both courses at the same time will cause an error and not allow you to register for either course until BOTH are selected simultaneously.

If you receive a Registration Error Message when registering, please contact the Office of Student Success in the School of Nursing 205-975-7529

Please see the list below of common registration errors:

- **RAC**: A Registration Access Code (RAC) is required for your account.
- **CORQ**: Course has a corequisite. The CRN of the required corequisite should follow the CORQ error message. Please submit the courses simultaneously.
- **PREQ/TEST SCORE**: Course has a prerequisite or test placement requirement. The CRN or title of the required prerequisite should follow the PREQ error message.
- **CLOSED SECTION**: There are no more seats available in the course.
- **NEED INSTRUCTOR PERMISSION**: Permission of the instructor is required to take this course.
- **LEVEL RESTRICTION**: Your classification level is invalid for this course.
- **HOLDS**: Holds are on your account, which restrict you from registering. Please scroll down until you see a “View Holds” icon. This icon will show your specific holds. Please see the department listed to remove the hold.
HIPAA
American Health Insurance Portability and Accountability Act of 1996

HIPAA works to ensure that all medical records, medical billing and patient records meet certain consistent standards with regards to documentation, handling and privacy.

HIPAA is a one-time training – if you are or were employed with UAB or are a former SON student you have already completed the training and it will not show up in your Assigned Learning, you will need to send a copy of your certificate of completion either via email (sonstudaffrs@uab.edu) or fax to 205-934-5490.

***If you have taken HIPAA training with another healthcare institution, you will need to retake it through UAB’s LMS system in order to complete the requirement and receive credit.

To access the HIPAA training go to: www.uab.edu/learningsystem. This will take you to the (LMS) Learning System.

• Click the green box in the middle of the page labeled “Learning System”
• Login using your BlazerID/Username and Password
• Click on “To Do”
• Do Not Click on “Classroom Training” - Click on and enroll in UAB/UABHS HIPAA On-Line Training – then follow the training instructions (**do not enroll in the Classroom training**). **If you click on and enroll in the Classroom training you will need to un-enroll and then enroll in the On-Line training. Do this by selecting “Return to Course Details” and then at the next screen selecting the text beneath the “Options” Heading (see below):
  Learning Activities in this Course Options Choose an Alternate Course To Fulfill the Equivalent UAB/UABHS HIPAA Training
  Equivalent Status: Not Registered Choose Class
• Successful completion is considered a score of 75% or better. If unsuccessful, repeat these steps until you have a satisfactory score.

The School of Nursing will have access electronically to your training.

If you are having problems accessing the LMS system:

Contact Larry Sweeney at 205-934-1273, lsweeney@uab.edu or Patricia Merchant at 205-975-3664, merchpa@uab.edu. If you send an email, please include a phone number where you can be reached. This phone should near your computer so that someone can assist you.
Bloodborne Pathogens Course
BIO_500 (OSHA)
Occupational Safety and Health Administration

To access the “Bloodborne Pathogens Course” BIO 500 (OSHA) training go to: www.uab.edu/learningsystem. This will take you to the (LMS) Learning System.

**Bloodborne Pathogens Course (OHS_BIO500) course is required annually.**

- Click the green box in the middle of the page labeled “Learning System”
- Login using your BlazerID/Username and Password
- Click on “Catalog”
- In Search box type: Bloodborne and run search
- Click on Bloodborne Pathogens Course – OHS_BIO500
- Click on the green Enroll button
- Click on Course Material – PDF
- Click on Open to review the course material
- Click on Course Material – Slide View – you will need to “mark complete” once you view the course material
- Click on Course Assessment
- Click on Start Test to begin the quiz – you will have 30 minutes to complete the quiz
- Click on Exit Test once you have successfully completed the quiz
- Click on Bloodborne Pathogens Course Evaluation and complete the evaluation – if you do not complete the course evaluation, your score will not be available.
- Once you have successfully completed the training, print your Certificate of Completion and keep it for your records.

The School of Nursing will have access electronically to your training.

If you are having problems accessing the LMS system:

Contact Larry Sweeney at 205-934-1273, lsweeney@uab.edu or Patricia Merchant at 205-975-3664, merchpa@uab.edu. If you send an email, please include a phone number where you can be reached. This phone should near your computer so that someone can assist you.
## ACADEMIC CALENDAR
### SUMMER 2019

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigned Time Registration</td>
<td>April 1-12, 2019</td>
</tr>
<tr>
<td>Open Registration</td>
<td>April 8 – May 5, 2019</td>
</tr>
<tr>
<td>Classes Begin</td>
<td>May 6, 2019</td>
</tr>
<tr>
<td>Late Registration (after classes begin)</td>
<td>May 6 – May 13, 2019</td>
</tr>
<tr>
<td>Last Day to Drop/Add (without paying full tuition &amp; fees)</td>
<td>May 13, 2019</td>
</tr>
<tr>
<td>Memorial Day Holiday</td>
<td>May 27, 2019</td>
</tr>
<tr>
<td>Last Day to Withdraw</td>
<td>June 21, 2019</td>
</tr>
<tr>
<td>Independence Day Holiday</td>
<td>July 4, 2019</td>
</tr>
<tr>
<td>Last day of Class</td>
<td>August 2, 2019</td>
</tr>
<tr>
<td>Final Exams</td>
<td>August 3 -9, 2019</td>
</tr>
<tr>
<td>Commencement</td>
<td>December 9, 2019</td>
</tr>
<tr>
<td>Grades Due (by 10:00 am)</td>
<td>August 12, 2019</td>
</tr>
<tr>
<td>Grades Available Online</td>
<td>August 14, 2019</td>
</tr>
</tbody>
</table>
Important Contacts

MSN Program Manager
Ms. Charlene Bender
205-934-5491 fax 205-934-5490
cbender@uab.edu

Director of Student Success
Mr. John Updegraff
205-975-3370 fax 205-934-5490
jupde22@uab.edu

Registration Issues
Mr. Kevin Jerrolds, Registrar
205-934-7605 fax 205-934-5490
sonregistrar@uab.edu

Ms. Latasha Harris, Assistant Registrar
205-934-6778 fax 205-934-5490
sonregistrar@uab.edu

Drug Screen / Background Check Issues
Office of Student Success
205-975-7529 fax 205-934-5490
sonstudaffrs@uab.edu

HIPAA and OSHA Issues
Ms. Mary Leopard
205-975-7529/7530/7545 fax 205-934-5490
mleopard@uab.edu

Scholarships
Ms. Stephanie Hamberger
205-934-5483 fax 205-996-7157
ssallen@uab.edu

UAB Student Health – Medical Clearance

Send questions through patient portal: https://studentwellness.uab.edu/login_directory.aspx

Ms. Carol Griggs – Medical Clearance Issues
p: 205-934-3580 f: 205-996-7468 cagriggs@uab.edu

Ms. Candace Ragsdale – Health Insurance waiver
p: 205-996-2589 f: 205-975-6193 craqs@uab.edu

VIVA Health (health insurance)

Ms. Allisha Griffin Calhoun, Account Service Representative
www.vivahealth.com
Dear Summer 2019 Cohort:

All students need to visit the following website to submit a ONE Card photo prior to coming to campus for the MSN Orientation. To do so, please visit the following website: https://campuscard.uab.edu/bbapps/photosubmit/

You will be required to have a BlazerID to complete this process. This process could potentially allow for us to have all cards printed and ready to distribute when you arrive on campus. For those that fail to submit photos ahead of time, they will still need to get their picture made and their card printed. **UAB employees do not need to submit a new picture or obtain a new ONE Card. Make sure your full name is correct in BlazerNet so that it will show up on your ID correctly.**

**DO**

- Submit current color photo in jpg format
- Use a White/Off-White wall as a solid background
- Center and front view of full face
- Crop just above the top of the head to the collarbone
- Wear prescription glasses if you normally do so
- Limit photo size to .75 MB or 768KB

**DON'T**

- Wear hats, sunglasses or other items that obscure the face
- Submit with glare on glasses or shadows
- Include visible people or objects
- Use inappropriate expressions

**CORRECT SAMPLE:**

![Correct Sample Image]