

## Orientation Checklist

Welcome to the Department of Clinical & Diagnostic Sciences (CDS). We congratulate you on your admission to one of our academic programs and look forward to seeing you this fall.

We ask that all incoming CDS Students complete the Orientation Checklist and provide all supporting documentation marked with a \* as requested below by **Friday, August 18, 2017**.

**Please save the PDF to your device.** The PDF is fillable for your convenience, but if you prefer you may print the document and fill in by hand. Please note that we must have original signatures on all forms. Deliver the checklist with all supporting documentation to the CDS front desk on the fourth floor in the School of Health Professions Building (1716 9<sup>th</sup> Avenue S.) or mail to: Department of Clinical & Diagnostic Sciences, SHPB 430, 1720 2nd Ave S., Birmingham, AL 35294-1212.

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Name \_\_\_\_\_

Program \_\_\_\_\_

### I. Things you must do before your scheduled orientation.

Please check that you have completed the following tasks:

**Register for your Blazer ID**      Blazer ID \_\_\_\_\_  
Go to [www.uab.edu/blazerid](http://www.uab.edu/blazerid) to register for your Blazer ID and submit with your RSVP for orientation.

**CDS Department and Program Orientations**  
CDS Department Orientation is on Friday, August 25, 2017 from 10:00am-12:00pm in Heritage Hall, Room 102. Registration will begin at 9:00am. Contact us by email at [cdssupport@uab.edu](mailto:cdssupport@uab.edu) or by phone at (205) 975-4CDS to RSVP your attendance.  
Make sure to mark your calendar for your Program Orientation. See [Program Orientation Schedule](#) for date and time.

**Register for the UAB Emergency Notification System**  
[B-Alert](#) is the official source of UAB emergency information. By registering, you will be notified of any emergency or severe weather situation impacting UAB. To register, go to [www.uab.edu/balert](http://www.uab.edu/balert).

**Register for Student Health Insurance or submit an Insurance Waiver Form**  
Students in the SHP are required to have health insurance. Students must purchase insurance [VIVA Student Health](#) or submit an [Insurance Waiver Form](#).

**Complete Student Demographic Information Survey**

Complete student demographic information survey at this link: [Student Demographic Survey](#)

**Set up your Personal Medical Clearance Webpage**

Students enrolled in the SHP must meet specific immunization requirements based on the program in which they are enrolled. Students can visit their specific immunization/TB requirements and general information at the following link: <http://www.uab.edu/studenthealth/medical-clearance/general-info>

**\*All requirements must be met prior to registering for classes. UAB Student Health and Wellness will place administrative holds on student's accounts if these requirements are not completed by August 1, 2017.**

I have reviewed the SHP Medical Clearance Information listed above; I've completed the required Clinical Student Health Form and fulfilled the necessary requirements.

*If you have any questions, please contact:*

UAB Student Health Services – (205) 975-7753 or by email [medclearance@uab.edu](mailto:medclearance@uab.edu)

Office of Student Recruitment, Engagement and Success – Katherine Sims: (205) 934-4194 or by email [kesims@uab.edu](mailto:kesims@uab.edu)

**Complete Background Check & Drug Screen**

Students enrolled in CDS programs are required to complete a criminal background check through CastleBranch.com prior to the final drop/add date for fall term (September 5). There is a \$78.75 charge for this screening. Use the below link for Castlebranch.com to create your account and use "package code:" AH01; once you have done this it will prompt you to pay \$78.75 and this will complete your Background Check. For your Drug Screen, you will receive an email within 24-48 hours from CastleBranch with further instructions on how to complete your drug screen. [CastleBranch.com](http://CastleBranch.com)

**Read the Student Handbook for your Program**

In order to prepare for Orientation, read your Student Handbook for your Program. Please refer back for your Program Handbooks on August 1<sup>st</sup>.

**Register for Classes**

To view course information for CDS programs, visit [CDS Course & Textbook List](#). For information and instructions for the registration process, visit [When & How To Register](#).

**UAB Student ONE Card**

Your ONE Card serves as your UAB student ID as well as your library card, meal card, access card for residence halls, Blazer Bucks declining balance card, and admission card for things such as the Rec Center and UAB sporting events. You can get your ONE Card made at the One Stop office or online at <https://campuscard.uab.edu/bbapps/photosubmit/>. All new students get their first card free of charge. All CDS students are required to wear their ONE Card at all times (Class, Clinicals, and Laboratories). If you do not already have a ONE Card, please obtain one after you have registered for classes. Please refer to the following link for more details: <http://www.uab.edu/onecard/>

ONE CARD OFFICE LOCATIONS: 1813 6th Avenue South: Russell Ambulatory Center, Room M-165; 909 18th Street South: Burlison Building, Suite 230; 1400 University Boulevard: Hill Student Center, Suite 103.

**II. Print and sign the following PDF fillable forms found on pages 6-9 of this checklist.**

**You must turn in these forms with your orientation checklist.**

- Student Information Form \*
- Honor Code, Academic Misconduct and Plagiarism Policy Acknowledgement \*
- Consent to Release Student Record Information \*
- Media Release \*

**III. Complete Online Training Courses \***

Students enrolled in SHP must complete the three (3) trainings listed below using the UAB Learning System [www.uab.edu/learningsystem](http://www.uab.edu/learningsystem). You will receive an email from Learning System Management when the trainings have been delivered to your "Assigned Learning." Complete each training and print your certificate of completion. All three certificates must be turned in with your other documentation.

- Health Insurance Portability and Accountability Act (HIPAA) Training \*
- UAB Enterprise Code of Conduct Training\*
- Security Training - Data Security Training 2007- Awareness for All Computer Users \*

**IV. Program Specific Requirements \***

Some CDS programs have additional requirements that must be completed. If your program is listed below, use the link to view information specific to your program. Complete and attach your Program Specific Checklist to this Department Checklist as documentation.

[Nuclear Medicine Technology/Health Physics](#)

[Physician Assistant](#)

**V. It is recommended that you complete the following items, but they are not required.**

- Purchase Textbooks**  
To view textbook information for CDS programs, visit [CDS Course & Textbook List](#). Textbooks may be purchased from the [UAB Blazer Bookstore](#), [Snoozy's Bookstore](#), or from online sellers such as [Amazon](#) or [eBay](#).
- Purchase a Student Parking Permit**  
[Student parking](#) is available on a first-come, first-serve basis. You will need to [register now](#) in order to have a parking permit before classes begin.



### **Locker Reservation**

CDS has a very limited number of lockers available on the 4th floor of SHPB for CDS students. They are available on a first-come, first-serve basis. If you are interested in reserving one of these lockers, please contact Christina Carrier by email at [cmcarrier@uab.edu](mailto:cmcarrier@uab.edu).

# Forms

## Student Information Form

Program: \_\_\_\_\_

Full Name: \_\_\_\_\_

I prefer to be called: \_\_\_\_\_

Student Number: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_  
Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you wish to share your phone number and/or email address with your fellow classmates?

Yes      No

### Emergency Contact

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_  
Work \_\_\_\_\_

Email Address: \_\_\_\_\_

**Academic Honor Code / Academic Misconduct & Plagiarism /  
Nonacademic Misconduct Acknowledgement Form**

**ALL STUDENTS:**

I have read and, by choosing to become a member of the UAB academic community, accept the UAB Academic Honor Code. I understand that violation of this code will result in penalties as severe as expulsion from the university. I promise and confirm that I will not, at any time and under any circumstances, involve myself with abetting, cheating, plagiarism, fabrication, or misrepresentation while enrolled as a student at the University of Alabama at Birmingham.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read the SHP Policies on Academic Misconduct/Plagiarism and Nonacademic Misconduct available at [http://www.uab.edu/shp/home/images/PDF/SHP\\_Student\\_Academic\\_Conduct.pdf](http://www.uab.edu/shp/home/images/PDF/SHP_Student_Academic_Conduct.pdf) and I will comply with these policies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed the student conduct code/academic honor code located in the Graduate School catalog at <http://catalog.uab.edu/student-handbook/studentconductcode/> and <http://www.uab.edu/students/one-stop/policies/academic-honor-code> and by my signature I promise and confirm that I will comply with these policies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed the UAB Graduate School information on plagiarism located at <http://www.uab.edu/students/one-stop/policies/academic-honor-code>

I hereby by my signature indicate awareness and intent to comply with this information for the preparation of all papers, reports, etc. required in my program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Consent to Release of Student Record Information**

I understand that the Family Educational Rights and Privacy ACT of 1974 (FERPA) gives students certain rights concerning their educational records, among which is the right to exercise some control over the release of information by the University. I also understand that to obtain my degree, I am required to participate in educational/training experiences, including but not limited to clinical rotations and/or internships, that will occur at external facilities. To participate in these external educational/training experiences UAB faculty, administrators, and staff, as well as other working on their behalf ("UAB Personnel"), will be required to disclose personal information from my student record.

By my signature below, I consent to the release and disclosure of information from my student record(s) by UAB Personnel to authorized personnel at external sites, including authorized personnel at any supervising/accrediting agency of any external site with a legitimate need to know, that is required for my participation and completion of any educational /training experience ("Consent"). Information covered by this Consent includes, but is not limited to: academic information (e.g., coursework, grades, degrees earned, performance in other external rotations); professional information, (e.g., licenses obtained, suspension, revocation); training and/or certifications (e.g., CPR, OSHA/blood borne pathogen); health information (e.g., Hepatitis, TB Testing); health and other insurance information and, the results of any criminal background check and/or drug testing/treatment information.

This consent will become effective on August 28, 2017, and will expire at the completion of my degree in my current field of study.

I understand that I may revoke this consent at any time, but that I must send advance, written notice to the program director of my decision to revoke the consent and that revocation will not be effective until received by the program director. I also understand that information that has been released prior to receipt of this notice by UAB Personnel is not impacted by the revocation.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# MEDIA RELEASE FORM

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Date:	Shoot Location:
Project:	Photographer/Producer:

## AUTHORIZATION AND RELEASE

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The University of Alabama at Birmingham (hereinafter "UAB") produces informative materials in various media formats for use as educational materials for the general public in the areas of research, patient care, and other areas of interest.

To accomplish this important goal of UAB, UAB requests persons to authorize it to utilize their name, likeness, voice, and/or performance, whether by motion picture, photograph, or quoted statements.

In the interest of furthering the above purpose, the undersigned knowingly and willingly agrees to be bound by this authorization and release and agrees as follows:

- A. To authorize UAB to record my name, likeness, voice, and/or performance by any means of recordation, in particular, but without limitation, photograph, motion picture, and/or videotape; and
- B. To authorize UAB to use my name, likeness, voice, and/or performance in any means of printed or Web publication or electronic broadcast; and
- C. To not receive any form of consideration, in particular, but without limitation, royalties and/or payments from UAB or related entities, for said recordation and use by UAB of my name, likeness, voice, and/or performance in any means of publication; and
- D. UAB has all rights, title, and interest to and the undersigned hereby assigns to UAB any rights of the undersigned to any recordation and any use of the recordation made pursuant to this authorization; further, UAB is authorized to control distribution, editing, and use of the said recordation locally, nationally, and internationally; and
- E. To release and hold harmless UAB, UAB-related entities, and their agents, personnel, trustees, directors, officers, and employees against any and all claims for loss, damages, or injuries as a result of participating in the activities anticipated by this Agreement, in particular, but without limitation, the publication and the recordation of the name, likeness, voice, and/or performance of the undersigned.

The undersigned has read and voluntarily signed this authorization and release of liability and agrees to be bound by the terms and conditions herein.

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Name (Print):

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Signature:

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Phone:

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Address:

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Authorization for Minor: