UAB School of Nursing (SON)  
BSN to DNP NP Pathway (DNP) Admissions Process Checklist  
UPON RECEIPT OF THIS LETTER:

*Steps 1 through 10 must be complete prior to registering for courses*

1. Sign and submit the acceptance form, FERPA Release form, and Post-licensure Core Performance Standards for Admission and Progression – UAB School of Nursing through Adobe Sign (a copy will be emailed to you upon completion).

2. Sign and submit your Program of Study form through Adobe Sign. The program of study form will come in a separate Adobe Sign email soon after you receive the offer email. (a copy will be emailed to you upon completion)

3. Review information regarding your Blazer ID. The University will create your ID for you. Go to Blazer Central to register your ID. You will need our student ID (B#) located on your Program of Study.  
   [https://idm.uab.edu/bid/reg](https://idm.uab.edu/bid/reg)

AFTER RETURNING LETTER OF ACCEPTANCE AND BEING ADMITTED AS A UAB STUDENT

4. Begin taking steps to meet medical clearance. Please review (Attachment A) and visit the UAB Student Health and Wellness webpage: [www.uab.edu/studenthealth](http://www.uab.edu/studenthealth)

5. Background Check and Drug Screen Completion (Attachment B)  
   Step 1: Check email for background check notification from DISA Global Solutions  
     [UABSchoolofNursingDNP@screening.services](mailto:UABSchoolofNursingDNP@screening.services), and complete within 10 business days of email arrival (mid-July, 2024)  
   Step 2: Check your email for drug screen notification from LabCorp [OTSWEBAPP@labcorps.com](mailto:OTSWEBAPP@labcorps.com) and complete within ten days of email arrival (mid-July, 2024)

6. Complete (Available 30 days prior to classes starting)  
   - HIPPA training course – Instructions Attached (Attachment C) (Once for the duration of your program)  
   - OSHA training course – Instructions Attached (Attachment D) (Annual requirement)

7. Once all holds are cleared, register for classes as listed on your approved and signed program of study using the Registration Quick Guide (Attachment E)

8. Mandatory on campus attendance at DNP Orientation: July 15 & 16, 2024 (agenda will be emailed at a later date)

9. (Optional) Please apply if you qualify for any of the funding opportunities listed on the following website:  
   [https://www.uab.edu/nursing/home/scholarships-financial-aid](https://www.uab.edu/nursing/home/scholarships-financial-aid)

10. Transfer/Waiver Request Form for your review. (Attachment F)

11. Check the Academic calendar for important dates (Attachment G)  
   [https://www.uab.edu/students/academics/academic-calendar](https://www.uab.edu/students/academics/academic-calendar)

12. Contact List (Attachment H)
Before you register in nursing courses for classes, you must upload a number of medical records in the UAB Student Health and Wellness Patient Portal. Students can access the Patient Portal from the right side navigation on their BlazerNet homepage.

Please begin locating your medical records immediately to help determine if you need to initiate immunizations to comply with our program requirements. Some immunizations take time to complete. Any instance of an incomplete immunization prior to school starting may prohibit you from attending clinicals.

BSN-DNP NP students are required to satisfy the Level 3 Immunization requirements for clinical students.

https://www.uab.edu/students/health/immunizations/level-3

All immunization records and forms must be uploaded in the Patient Portal on the UAB Student Health and Wellness website. If you have questions about what documentation is required, please submit your questions to the UAB Student Health and Wellness Office while you are logged into their Patient Portal.
We recommend you submit requirements and plan to complete any missing portions as soon as possible. Medical clearance compliance will be required prior to starting classes. Please contact UAB Student Health with any questions via the Patient Portal.

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
• Flu

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 for your various clearance requirements. (Must be JPEG, JPG, PNG, GIF or PDF). You may also fax your immunization records to SHW at 205-996-SHOT (7468).

You can access your specific immunization/TB requirements and general information at the following link: 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
7 steps to completing Student Immunization / TB Clearance as of January 3, 2023

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 "Medical Clearances" tab to view your specific requirements.

6. Click "Update" button to enter your vaccine/test dates, and upload your scanned documents for your various clearance requirements. You can see specific information regarding the different phases of the process under the "details" column. (Must be JPEG, JPG, PNG, GIF or PDF)

7. Your immunization status will be reflected on your student profile in BlazerNet and on the Patient Portal under "Medical Clearances" tab, as you enter, 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.
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>
</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>
</table>

Height __________  Weight __________  TPR _____/_____/_____  BP _____/_____

Vision: Corrected  Right 20/_____  Left 20/_____

Uncorrected  Right 20/_____  Left 20/_____

Color Vision _________________________________

Are there abnormalities? If so, describe full

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

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:____________________ Gender: ☐ Male ☐ Female ☐ Transgendered ☐ Transitional</td>
</tr>
<tr>
<td>Date of Birth: Month:_________ Day:_______ Year:___________</td>
</tr>
<tr>
<td>School: ______________________ Program or Major Code:__________________</td>
</tr>
<tr>
<td>Current Email address:___________________________ Blazer ID:____________</td>
</tr>
<tr>
<td>Are you an International Student or Scholar? ☐ Yes ☐ No If Yes, which country?________________</td>
</tr>
<tr>
<td>Telephone number:_______________ ___________________ Height:_______ Weight:_______</td>
</tr>
<tr>
<td>Local Address:__________________________ Permanent Address ____________________________________</td>
</tr>
<tr>
<td>Primary emergency contact:_____________ Telephone number:_____________ Relationship:________</td>
</tr>
<tr>
<td>Secondary emergency contact:_____________ Telephone number:_____________ Relationship:________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Health History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Conditions</td>
</tr>
<tr>
<td>Please list any surgeries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Medications</td>
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<tr>
<td>Please list prescription, non-prescription, vitamins, birth control, etc.</td>
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<tr>
<td>Name</td>
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<tr>
<td>Food/Medicine Allergies</td>
</tr>
<tr>
<td>Please list penicillin, codeine, insect bites, antibiotics, specific food or chemical, etc.</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<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>
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<td></td>
<td></td>
<td>Cancer</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Heart attack before age 55</td>
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<tr>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
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<td></td>
<td></td>
<td>Glaucoma</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Cholesterol or blood fat disorder</td>
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<td></td>
<td></td>
<td>Blood clotting disorder</td>
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<td></td>
<td></td>
<td>Psychiatric</td>
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<tr>
<td></td>
<td></td>
<td>Suicide</td>
<td></td>
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<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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
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<td></td>
<td></td>
<td>Rheumatic fever</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Heart trouble</td>
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<tr>
<td></td>
<td></td>
<td>Pain/pressure in chest</td>
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<tr>
<td></td>
<td></td>
<td>Shortness of breath</td>
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<td></td>
<td></td>
<td>Asthma</td>
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<td></td>
<td></td>
<td>Pneumonia</td>
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<td></td>
<td></td>
<td>Chronic cough</td>
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<td></td>
<td></td>
<td>Tuberculosis</td>
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<td></td>
<td>Tumor/cancer (specify)</td>
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<td></td>
<td></td>
<td>Malaria</td>
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<td></td>
<td></td>
<td>Thyroid trouble</td>
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<tr>
<td></td>
<td></td>
<td>Serious skin disease</td>
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<td></td>
<td></td>
<td>Hearing loss</td>
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<td></td>
<td></td>
<td>Sexually transmitted disease</td>
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<td></td>
<td>Severe menstrual cramps</td>
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<td></td>
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<td>Irregular periods</td>
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<td></td>
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<td>Frequent vomiting</td>
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<td>Gall bladder or gallstones</td>
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<td>Jaundice or Hepatitis</td>
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<td>Rectal disease</td>
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<td></td>
<td>Severe/recurrent abdominal pain</td>
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<td></td>
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<td>Sinusitis</td>
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<td>Hernia</td>
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<td>Chicken pox</td>
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<td></td>
<td>Anemia/Sickle Cell Anemia</td>
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<td></td>
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<td>Eye trouble besides glasses</td>
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<td></td>
<td>Bone, joint, other deformity</td>
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<td></td>
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<td>Shoulder dislocation</td>
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<td>Knee problems</td>
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<td></td>
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<td>Recurrent back pain</td>
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<td>Neck injury</td>
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<td>Diabetes</td>
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<td></td>
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<td>Mononucleosis</td>
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<td>Hay fever</td>
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<td>Head/neck radiation</td>
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<td>Arthritis</td>
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<td></td>
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<td>Concussion</td>
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<td>Frequent/severe headache</td>
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<td></td>
<td>Dizziness/fainting spells</td>
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<td>Severe head injury</td>
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<td></td>
<td>Paralysis</td>
<td></td>
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<td></td>
<td></td>
<td>Epilepsy/seizures</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Blood transfusion</td>
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<td></td>
<td></td>
<td>Protein in blood or urine</td>
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<tr>
<td></td>
<td></td>
<td>Ulcer (duodenal/stomach)</td>
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<td></td>
<td></td>
<td>Intestinal trouble</td>
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<td></td>
<td></td>
<td>Pilonidal cyst</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Allergy injection therapy</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Back injury</td>
<td></td>
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<td></td>
<td></td>
<td>Broken bones</td>
<td></td>
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<td></td>
<td></td>
<td>Kidney infection</td>
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<td></td>
<td></td>
<td>Bladder infection</td>
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<tr>
<td></td>
<td></td>
<td>Kidney stone</td>
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</tbody>
</table>

### Mental Health History

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Sleep problems</td>
<td></td>
</tr>
<tr>
<td>Self-injurious Behavior</td>
<td></td>
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<tr>
<td>Depression/bipolar</td>
<td></td>
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<tr>
<td>Anxiety/panic</td>
<td></td>
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<tr>
<td>LD/ADD/ADHD</td>
<td></td>
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<tr>
<td>Eating Disorder</td>
<td></td>
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<tr>
<td>Obsessive compulsive</td>
<td></td>
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<tr>
<td>Self-induced vomiting</td>
<td></td>
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</tbody>
</table>

### Substance Use History

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Alcohol/drug problem</td>
<td></td>
</tr>
<tr>
<td>Smoke 1+ pack cigs/week</td>
<td></td>
</tr>
</tbody>
</table>
UAB Student Health & Wellness Immunization Form

Clinical 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.

FORMAT mm/dd/yyyy

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. First dose must have been received no sooner than one year after birth.

   **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: _____/_____/_____ Positive: _____ Negative: _____

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

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

*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. First dose must have been received no sooner than one year after birth.

   EITHER
   
   History of Varicella (chickenpox or shingles):
   
   Yes: _____ No: _____ Date: _____/_____/_____
   
   Varicella antibody titer
   
   Date: _____/_____/_____ Positive: _____ Negative: _____
   
   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 ACWY**: All students 21 and younger are required to show documentation of a meningitis A vaccine given on/after their 16th birthday. Students age 22 and older are exempt.

6. **Tuberculosis**: All clinical students must meet UAB’s Tuberculosis screening requirement. This includes a Tb Attestation Statement and Tb testing. 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**

   **Tuberculin Skin Test (PPD) within 12 months prior to matriculation:**

   Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result (mm): ________ Positive: _____ Negative: _____

   **Tuberculin Skin Test (PPD) within 3 months prior to matriculation:**

   Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result (mm): ________ Positive: _____ Negative: _____

   *If positive skin test result, IGRA required within 3 months prior to matriculation.

   **OR**

   **IGRA (Tspot or Quantiferon TB Gold) blood test within 3 months prior to matriculation:**

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

   *If positive IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB High Risk 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: _____ (treatment only required if chest x-ray positive)

   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: _____/_____/_____
All BSN to DNP NP students in the School of Nursing are required to consent to and pay for a criminal background check and urine drug screening at least once per year.

You will receive an email (sent to your UAB.EDU email address) requesting you to complete a background check. The email will come from UABSchoolofNursingDNP@screening.services, DISA Global Solutions Inc.. The cost of the background check is $92.

Approximately 24 hours after you order and pay for your background check, you will receive an email from OTSWEBAPP@Labcorps.com, LabCorp. This email will contain your registration number to complete your drug screening.

The deadline to complete both the background check and the drug screening is 10 business days from the date of the first background check email you are sent, unless you are notified of a change in the deadline. It is recommended that you order and pay for your background check within 3 days of receiving the email from UABSchoolofNursingDNP@screening.services.

Please remember your UAB email account is one of the official forms of communication for UAB. If your UAB email account is forwarded to another email account, please be aware that important emails may be filtered into your junk, spam, or other folder. You are responsible for checking your UAB email. Any correspondence missed because you forwarded your UAB email to a different email account (Yahoo, Gmail, etc.) will not excuse you from complying with these requirements.

During this process, either company may attempt to reach out to you by phone. Please answer all calls until this process is complete, as the testing centers may need additional information from you.

Please Note: Missing these important deadlines may jeopardize your seat in the program. The School of Nursing may rescind your admission offer for BSN-DNP NP Pathway if you fail to comply with these requirements. Please be diligent and complete the background check and drug screening requirements in a timely fashion.

In addition, the email with results will come from DISAGlobalSolutionsInc@screening.services. Please let me know if you have any additional questions!

Staffing and supply shortages have increased the wait time on the return of your background check/drug screen results to UAB Nursing Student Success. The hold on your account will be removed as soon as we have clearance from DISA. Please know that there is a seat available for you to register in your classes. We request your continued patience and understanding in this process.
American Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**HIPAA training is a one-time training**
You will have access to HIPAA one semester prior to enrolling in the pathway.

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

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

**New UAB School of Nursing Students**
Do not go directly into CAMPUS LEARNING, use the link provided.

To access the HIPAA training course go to:
(clicking the link enrolls you into the course)
https://uab.docebosaas.com/lms/index.php?r=course/deeplink&course_id=27&generated_by=151665&hash=89c0297a2b7474b2ada7e5ab7cc93766a3192250

- Click on LOGIN WITH BLAZERID
- Login using your BlazerID/Username and Password
- Successful completion is considered a score of 75% or better. If unsuccessful, repeat these steps until you have a satisfactory score.
- You can see your certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day.

**Returning/Current UAB School of Nursing Students or Previous/Current UAB Employees**
If you have completed HIPAA with UAB as a Previous Student or Employee, you will need to send a copy of your Certificate to the Office of Student Success via email (sonstudaffrs@uab.edu) or fax to 205.934.5490.

- To view and email/print your HIPAA certificate in the Campus Learning System go to
  https://www.uab.edu/learninglocker
- LOGIN WITH BLAZER ID
- Select “View Certificate” and either Print or Email your Certificate to the Office of Student Success.

*The School of Nursing will have access electronically to your training.* Once you complete the training you should expect 2 business days before your hold is removed.

If you are having problems accessing Campus Learning or accessing your course/certificate please email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.
Bloodborne Pathogens Course (OSHA)
Occupational Safety and Health Administration

Bloodborne Pathogens Course is REQUIRED ANNUALLY.
You will have access to OSHA one semester prior to enrolling in the pathway.

New UAB School of Nursing Students
(Do not go directly into CAMPUS LEARNING, use the link provided)

To access the “Bloodborne Pathogens Course” (OSHA) training go to:
(clicking the link enrolls you into the course)

- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- Click on Bloodborne Pathogens Course
- You will need to click on and go through Course Material, Reality Check, Course Assessment and Course Evaluation
- You can see your certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

Returning & Current UAB School of Nursing Students (1 year or older)
Certification and Retraining

- Log in to Campus Learning https://uab.docebosaas.com/learn
- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- From the landing page-upper right side-you will choose MY ACTIVITIES from the profile section
  - Under ‘My Activities’ you will choose Certification – this will take you to the ‘Certification and Retraining’ page
- -Click on RENEW NOW – this will direct you to the course that requires re-certification*
  (All previous certificate’s will be available in the Learning Locker)
- You will need to click on and go through Course Material, Reality Check, Course Assessment and Course Evaluation
- You can see your certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

The School of Nursing will have access electronically to your training. Once you complete the training you should expect 2 business days before your hold is removed.

*If you are having problems accessing Campus Learning or accessing your course/certificate, please email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.
REGISTRATION

To register for courses, please sign in to BlazerNET (www.uab.edu/blazernet). Access to BlazerNET requires a BlazerID and password.

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.

1. **Registration**
   - Select Term
   - Look Up Classes
   - Add, Drop or Withdraw Classes
   - Change Class Options
   - Week at a Glance
   - Student Detail Schedule
   - Registration Status
   - Active Registration
   - Registration History
   - Enrollment Verification Request
   - Banner Self Service Enrollment Verification Request
   - Order Text Books
   - Schedule Planner – New!!
   - Create the perfect class schedule.
   - Schedule Planner Registration Cart

2. **Select Term**
   - May, 10-Week. Summer A, and Summer B session classes are listed under the Summer Term.

   Search by Term:

   - None

   Submit | Reset

   RELEASE: 8.7.1.2

3. **Look Up Classes**

   - Subject
     - RN-BS Nursing-Occupational Health
     - MPA-PA: Mental Health, Peer Prac
     - RN-BS Nursing-Research Methods
     - MT-MA: Obstetrics, Maternal
     - NUR: Nutrition, Teaching
     - NTR: Nutrition Sciences
     - NUR-BS Nursing-Concepts
     - CHE: Oral Health

   Course Search | Advanced Search | UAB Online/Distance Class Search

- 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.
**Program of Study**

**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 Ms. Jacque Lavier via email at jlavier@uab.edu or via telephone at 205.975.3115 with questions.

Please complete the following steps:

- Please sign and return the POS via Adobe Sign.

Please continue below only if you have taken graduate level nursing courses before.

**FOR MSN/DNP APPLICANTS:**

- If you **HAVE** taken doctoral 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:
  - Complete and submit one of the following forms located on the School of Nursing website, www.uab.edu/nursing, under “Nursing Quicklinks” then “Student Resources” and then “Student Forms” under the DNP section.
    - [https://www.uab.edu/nursing/home/student-resources/student-forms]
  - “Request for Approval and Transfer of Graduate Level Coursework” (one form per course and also include a course syllabi for non-UABSON courses)

**NOTE:** **PREVIOUS UAB SON students will not need to submit course syllabi.**

**FOR BSN/DNP APPLICANTS:**

- If you **HAVE** taken graduate or doctoral 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:
  - Complete and submit one of the following forms located on the School of Nursing website, www.uab.edu/nursing, under “Nursing Quicklinks” then “Student Resources” and then “Student Forms” under the DNP section.
    - [https://www.uab.edu/nursing/home/student-resources/student-forms]
  - “Request for Approval and Transfer of Graduate Level Coursework” (one form per course and also include a course syllabi for non-UABSON courses)

**NOTE:** **PREVIOUS UAB SON students will not need to submit course syllabi.**

Completed course evaluation forms and syllabi should be submitted in one packet to Jacque Lavier via email at jlavier@uab.edu as soon as possible.

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 prior to orientation after you have a signed your updated POS and it is submitted back to UAB School of Nursing.
## ACADEMIC CALENDAR

### Fall 2024

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
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<tr>
<td>Assigned Time Registration</td>
<td>March 25 – April 5, 2024</td>
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<tr>
<td>Open Registration</td>
<td>April 8 – August 25, 2024</td>
</tr>
<tr>
<td>Classes Begin</td>
<td>August 26, 2024</td>
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<tr>
<td>Late Registration (after classes begin)</td>
<td>August 26 – Sept.3, 2024</td>
</tr>
<tr>
<td>Last Day to Drop/Add (without paying full tuition &amp; fees)</td>
<td>September 3, 2024</td>
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<td>Labor Day Holiday</td>
<td>September 2, 20234</td>
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<tr>
<td>Last Day to Withdraw</td>
<td>October 18, 2024</td>
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<tr>
<td>Thanksgiving Break</td>
<td>November 25 – Dec 1, 20234</td>
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<td>Last day of Class</td>
<td>December 6, 2024</td>
</tr>
<tr>
<td>Final Exams</td>
<td>December 9 – 13, 2024</td>
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<td>Commencement</td>
<td>December 13, 2024</td>
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<td>Grades Due (by midnight)</td>
<td>December 16, 2024</td>
</tr>
<tr>
<td>Grades Available Online</td>
<td>December 18, 2024</td>
</tr>
</tbody>
</table>
Contacts

DNP Program Manager
Ms. Jacque Lavier
205-975-3115    fax 205-934-5490
jlavier@uab.edu

Director of Student Success
Mr. John Updegraaff
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
Ms. Pat Little
205-996-7130    fax 205-996-7157
plittle2@uab.edu

HIPAA and OSHA Issues
Office of Student Success
205-975-7529    fax 205-934-5490
sonstudaffrs@uab.edu

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

UAB Student Health

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

Ms. Candace Ragsdale – Health Insurance
waiver 205-996-2589    fax 205-975-6193
crags@uab.edu

VIVA Health (health insurance)
Ms. Allisha Griffin Calhoun, Account Service Representative www.vivahealth.com