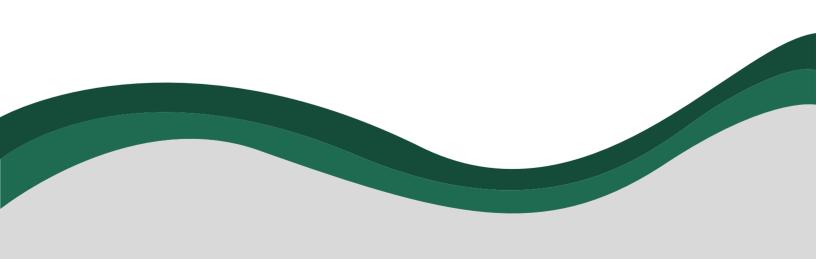


The University of Alabama at Birmingham

MSN SUMMER 2024 Admission Packet





UAB School of Nursing (SON) Masters of Science in Nursing (MSN) Admissions Checklist

<u>Deadline</u> for item 1 is <u>December 15, 2023</u> <u>Steps 2 – 7 must be complete prior to registering for courses.</u>

1. Your Admission Offer, Acceptance Form, FERPA Form, and Post Licensure Core Performance Standards will be delivered via Adobe Sign to your admission application email address. Sign and return required documents via Adobe Sign. (a copy will be emailed to you upon completion)
ote: Confirm the Specialty track is acceptable, 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 request a change of term form (if this is your first term applying) or submit a new application to the program.
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) Additionally, review instructions for returning your program of study and request to transfer or waive courses, if applicable. (Attachment A)
 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 your student ID (B#) located on your Program of Study. https://idm.uab.edu/bid/reg
4. Begin taking steps to gain medical clearance. Please review (Attachments B) and visit the UAB Student Health webpage at: https://www.uab.edu/students/health/
5. Attend a <u>mandatory on campus</u> New Student Orientation. Specific Specialty Track orientation session dates are scheduled for February 8-9, 2024 or February 12-13, 2024 (your assigned date is noted in your offer email).
6. Background Check and Drug Screen Completion (Attachment C) Step 1: Check email for background check notification from GHRR (UABSchoolofNursingMSN@screening.services), and complete within 10 business days of email arrival (April, 2024) Step 2: Check your email for drug screen notification from LabCorp (OTSWEBAPP@labcorps.com) and complete within ten days of email arrival (April, 2024)
 7. Complete: (vailable 30 days prior to the start of the term you were admitted for) HIPAA training course – Instructions Attached (Attachment D) (Once for the duration of your program) OSHA training course – Instructions Attached (Attachment E) (Annual requirement)
8. Register for classes as listed on Program of Study using the Registration Instructions (steps 2 through 7 must be complete to register) (Attachment F).
9. Buy your books – log in to UAB's Barnes and Noble bookstore, http://www.uab.bncollege.com .
10. Review insurance requirements at: https://www.uab.edu/students/health/insurance-waivers.
11. Check the Academic Calendar for important dates (Attachment G). (https://www.uab.edu/students/academics/academic-calendar)
12. (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
13. Contact List (Attachment H)
14. One Card Information https://www.uab.edu/onecard/ (Attachment I).
15. Log on to Canvas - First Day of Class – May 6, 2024!



Program of Study

INSTRUCTIONS FOR PREVIOUS GRADUATE NURSING CREDIT REVIEW

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 <u>MUST</u> 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. John Updegraff via email at <u>jupde22@uab.edu</u> with questions.

Please complete the following steps:

1. Please sign and return the POS via Adobe Sign.

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

- 2. If you HAVE taken graduate level nursing courses and wish to have them considered for transfer (up to 12 hours of <u>equivalent</u> 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, <u>www.uab.edu/nursing</u>, under "Nursing Quicklinks" then "Student Resources" and then "Student Forms" under the MSN section. (https://www.uab.edu/nursing/home/student-resources/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)
- 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.

Completed course evaluation forms and syllabi should be submitted to John Updegraff via email at jupde22@uab.edu

NOTE: Your POS Hold will be lifted prior to orientation after you have a signed POS submitted back to the UAB School of Nursing.



Immunizations

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.

MSN students are required to satisfy the Level 3 Immunization requirements for clinical students.

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

All immunization records and forms must be uploaded in the Patient Portal on the UAB Student Health and Wellness website. You won't be able to upload documents until the term prior to starting the program. 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.

Medical Clearance/Immunization Requirements

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 (<u>annual</u> 2 step tb skin test)
- Clinical Health History Form
- Flu

Submit Your Documentation:

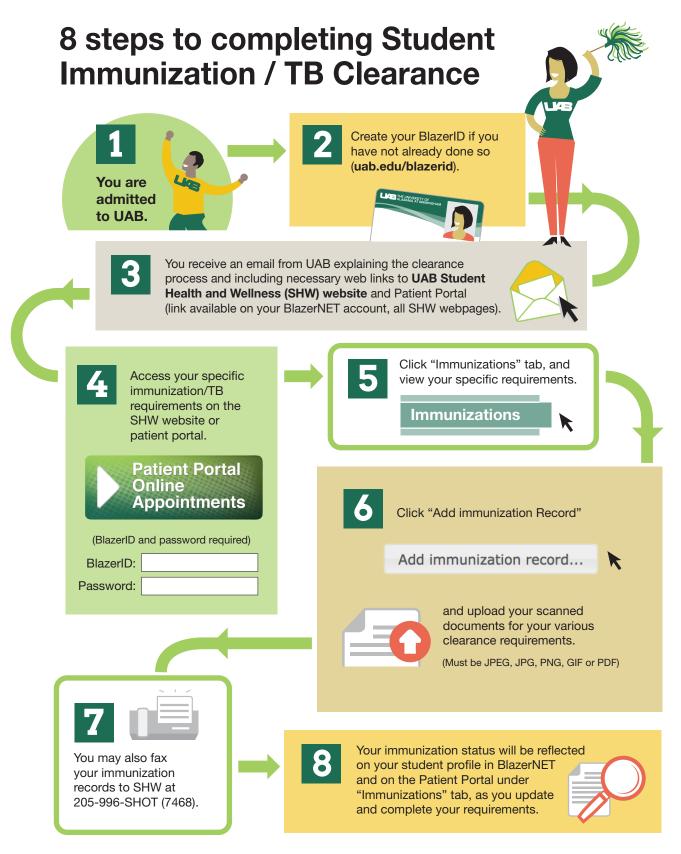
- Log into BlazerNET at www.uab.edu/BlazerNET using your Blazer ID and password, Click on "Patient Portal" and log in using your Blazer ID and password.
- Click on "Forms", then click "Add immunization record"

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



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 aabout your immunizations or test results.

UAB Student Health & Wellness Immunization Form

Clinical Students

NAME:	DATE OF BIRTH: (mm/dd/yyyy):						
ADDRESS:				_ PHONE:			
PROGRAM OF STUDY:			_ BLAZERID	:		@UAB.ED	
IMMUNIZATION H	HISTORY MUST BE COMPLE	TED AND SIGNI	ED BY A HEA	ALTH CARE PR	OVIDER		
*Copies of your original immu imm	unization records directly	=			: complet	ted form or	
 MMR- Measles, Mumps, and Ru the three diseases or laboratory one year after birth. 		•		-		_	
		EITHER					
Two doses of MMR vaccine:							
		0.0		Date:	/	/	
Two doses of each vaccine co	omnonent:	OR					
Measles	omponent.	Date:	/ /	Date:	/	1	
Mumps				Date: Date:			
Rubella				Date:			
		OR					
Laboratory evidence of imm	unity to all three diseases:						
Measles	·	Date:/_	/	Positive:	Negati	ve:	
Mumps		Date:/_	/	Positive:	Negati	ve:	
Rubella		Date:/_	/	Positive:	Negati	ve:	
*If any laboratory titers are non-imm	une, 2 repeat vaccines are i	equired. Date: _		/ Date:	:/_		
2. Tdap - Tetanus, Diphtheria, Acellu	ılar Pertuccis: All students r	nust have had o	ne dose of	the adult Tdan	given 20	N6 or later If t	
last adult Tdap is greater than 10			110 0030 01	the dudit radp	given 20	oo or later. If t	
, 5	•	•		Tdap Date:	/		
				Td Date:			
 Hepatitis B Series: All students m three at 6 months). A post-vaccin dose. 		•					
Dose 1 Date://	Dose 2 Date:	, ,	Dose 3 Date	۰ /	/		
Hep B surface antibody titer:		/ n-Reactive:		Date:	/		
*If Hep B surface antibody is non	n-reactive reneat series and	l nost-vaccine si	ırface antih	ody titer are r	aquired		
Dose 1 Date:/							
	Reactive: Nor						
*If repeat Hep B surface antibody	v is non-reactive. Hen R sur	face antigen is r	equired to	rule out acute	or chroni	c Hen B infecti	
Hep B surface antigen titer:	Positive: Neg	=	equiled to			/	
	1 23.6.7 5.	· - -					
**If Hep B surface antigen is posiconsidered a non-responder.	itive, visit with SH&W provi	der is required f	for addition	al testing. If ne	gative, st	tudent will be	

4.	Varicella (chickenpox or shingles): All students			· · · · · · · · · · · · · · · · · · ·
	two doses of Varicella vaccines given at least 2	8 days apart. First dose must have	been received no soo	ner than one year after birth.
	History of Varicella (chickenpox or shingles):		Date:	//
		OR		
	Varicella antibody titer	Positive: Negative:	Date:	
	Manipully constitution Dans 4.	OR		
	Varicella vaccination Dose 1:/// *If Varicella antibody titer is negative or equive			
	Varicella vaccination Dose 1: / /	-	equireu.	
	varietila vaterilation bose 1			
5.	Meningococcal ACWY: All students 21 and you	unger are required to show docum	entation of a meningit	is A vaccine given
	on/after their 16th birthday. Students age 22 a	nd older are exempt.	Date:	//
6.	Tuberculosis : All clinical students must meet U	IAR's Tuherculosis screening requi	rement This includes	a Th Attastation
Ο.	Statement and Tb testing. If no history of posit			
	matriculation. Skin tests must be placed at least	•		ou toot alo loquilou apoli
	•	ests or blood tests) MUST BE PER	FORMED IN THE U.S.	
		EITHER		
	a. Tuberculin Skin Test (PPD) within 12 r	-		
Da	te Placed:/ Date Read:		Positive:	_ Negative:
	b. Tuberculin Skin Test (PPD) within 3 m			
	te Placed:/ Date Read:		Positive:	_ Negative:
*It	positive skin test result, IGRA required within 3	•		
	a ICDA (Tanat or Quantiforan TD Cold) I	OR	a matriculation.	
	a. IGRA (Tspot or Quantiferon TB Gold) I	blood test within 3 months prior to	o matriculation:	
Da	te:/ Positive: Negative	2:		
*If	positive IGRA result, Chest X-Ray within 3 month	ns prior to matriculation and UAB	TB High Risk Question	naire required.
	a. Chest X-Ray Date://	Normal: Abnormal: (*	Please attach results)	
	b. UAB High Risk TB Questionnaire			
	 c. Have you been treated with anti-tuberd positive) 	cular drugs? Yes: No: ((treatment only requir	ed if chest x-ray
lf y	es, type of treatment:	Length of Treatment:		*Please attach
sup	pporting documentation.			
Ve	rification of the above Student Immunization Re	ecord and Tuberculosis Screening	by Health Care Provid	er:
Ve	rified by:	Title:	:	
Ad	dress:			
Ph	one:			
Sig	nature:		Date: /	/

UAB Student Health and Wellness Health History Form

Learning Resource Center 1714 9th Avenue South, 3rd Floor Birmingham, Alabama 35294-1270 (205) 934-3580

ONLY USE THIS FORM IF YOU CANNOT SUBMIT THE ELECTRONIC HEALTH HISTORY IN THE PATIEN PORTAL. Please save this form and upload it to your patient portal for your medical clearance. Entering Semester: ☐ Fall ☐ Spring ☐ Summer • Year_____ • UAB Student No. <u>B</u> **General Information** Gender: ☐ Male ☐ Female Full Name: MI ☐ Transgendered ☐ Transitional First Last Date of Birth: Month: _____ Day: _____ Year: _____ _____ 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?_____ _____ Height: ____ Weight: ____ 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. Name Description Year **Medications** Please list prescription, non-prescription, vitamins, birth control, etc. Name Description **Dosage**

Food/Medicine Allergies

Pleas	se list	penicillin,	codeine, in	sect bites, antibiotics,	specific fo	od o	r chemical, etc.			
				_						
	Family & Personal Health History (to be completed by the student)									
			Has	any person, related by	blood. had	anv c	of the following?			
				,, , ,						
Yes	No		<u>I</u>	Relationship	Yes	No		Relationship		
High Blood I		ressure				Cholesterol or blood fat disorder				
Stroke		Stroke					Blood clotting disorder			
Cancer						Psychiatric				

Suicide

Alcohol/drug problems

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

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

Heart attack before age 55

Diabetes

Glaucoma

Yes	No	Symptom	Year
		Mononucleosis	
		Hay fever	
		Head/neck radiation	
		Arthritis	
		Concussion	
		Frequent/severe headache	
		Dizziness/fainting spells	
		Severe head injury	
		Paralysis	
		Epilepsy/seizures	
		Blood transfusion	
		Protein in blood or urine	
		Ulcer (duodenal/stomach)	
		Intestinal trouble	
		Pilonidal cyst	
		Allergy injection therapy	
		Back injury	
		Broken bones	
		Kidney infection	
		Bladder infection	
		Kidney stone	
		Mental Health History	
		Sleep problems	
		Self-injurious Behavior	
		Depression/bipolar	
		Anxiety/panic	
		LD/ADD/ADHD	
		Eating Disorder	
		Obsessive compulsive	
		Self-induced vomiting	
		Substance Use History	
		Alcohol/drug problem	
		Smoke 1+ pack cigs/week	

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.

Last Name First Name			Middle	Middle		Date of Birth (mm/dd/yyyy)		BlazerID@uab.edu
Perma	nent Address	City	State		Zip Coo	le	Area Code/P	hone Number
Height _		Weight		TPI	R	<i>J</i>	ВР	<i></i>
REQUI	RED							
		Right 20/ Le 20/ Left 20/						
Color V	ision							
					T			
		? If so, describe full	WNL	ABN	if necessary)			
1.		se, [hroat						
	Eyes							
	Respiratory		-					
4.		1						
5.	Gastrointestina							
6.	Musculoskeleta							
7.								
8.		IL						
9.								
Λ	Other	coriously inspecies -l f	l notice	of arrive	raara?		No.	/oc
A.		seriously impaired f		or any o	rgans ? 		No`	/es
В.	Recommendati Explain	ion for physical activ	ity (phys	sical edu	cation,	intramurals, etc	.)Unlimit	edLimited
	Signature of Phys	sician/Physician Assist	ant/Nurs	e Practiti	oner			Date
	Print Name of Ph	nysician/Physician Assi	stant/Nu	rse Pract	itioner			Date
	Office Address/S					Area Coo	le/Phone Number	



Drug Screen & Background Check

All MSN 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) or text (mobile number on file) requesting you to complete a background check. The email will come from <u>UABSchoolofNursingMSN@screening.services</u>, Global HR Research. 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@Lacorps.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 UABSchoolofNursingMSN@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 MSNNP 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.

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 GHRR. Please know that there is a seat available for you to register in your fall classes. We request your continued patience and understanding in this process.



American Health Insurance Portability & Accountability ACT (HIPAA)

****Newly admitted students will not have access to the course until 60 days prior to the first day of the term they are admitted for.****

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 to complete the requirement and receive credit. This is a one-time only training that does not require renewal at UAB.

New UAB School of Nursing Students

(Do not go directly into CAMPUS LEARNING, use the link provided)

To access and enroll in the HIPAA training course, go to:

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 a 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 receive notice of successful completion of your training. Once you complete the training you should expect 2-5 business days before your hold is removed.

If you are having problems accessing Campus Learning or accessing your course or 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, Occupational Safety & Health Administration (OSHA)

****Newly admitted students will not have access to the course until 60 days prior to the first day of the term they are admitted for.****

This training is an annual requirement.

New UAB School of Nursing Students

(Do not go directly into CAMPUS LEARNING, use the link provided)

To access and enroll in the training, go to:

https://uab.docebosaas.com/lms/index.php?r=course/deeplink&course_id=153&generated_by=151665&hash=c521d66fdfc107127e15b8255bd9640cb1465247

- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID/Username 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.
- 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 receive notice of successful completion of your training. Once you complete the training you should expect 2-5 business days before your hold is removed.

If you are having problems accessing Campus Learning or accessing your course or 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.



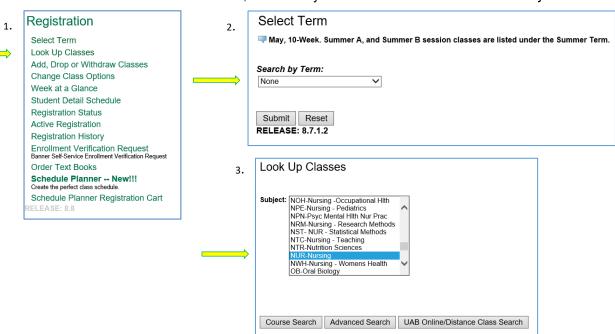
How to Register through BlazerNET

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

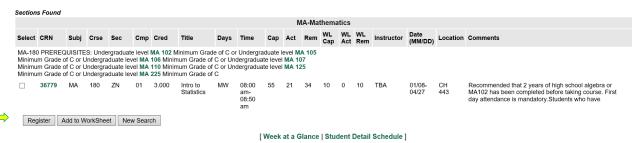


To look up the Course Reference Number for your course(s)

 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.



• 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.



ACADEMIC CALENDAR SUMMER 2024

Summer 2024	
Assigned Time Registration	March 25 – April 5, 2024
Open Registration	April 8 – May 5, 2024
Classes Begin	May 6, 2024
Late Registration (after classes begin)	May 6 – 13, 2024
Last Day to Drop/Add (without paying full tuition & fees)	May 13, 2024
Memorial Day Holiday	May 27, 2024
Juneteenth Holiday	June 19, 2024
Last Day to Withdraw from a Course	July 2, 2024
Independence Day Holiday	July 4, 2024
Last day of Class	August 2, 2024
Final Exams	August 5 – 9, 2024
Commencement	August 9, 2024
Grades Due (by midnight)	August 12, 2024
Grades Available Online	August 14, 2024



Knowledge that will change your world

Contacts

MSN Program Manager

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Director of Student Success

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Registration Issues

Kevin Jerrolds, Registrar

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sonregistrar@uab.edu

Latasha Harris, Assistant Registrar

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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

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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)

Allisha Griffin Calhoun, Account Service Representative

www.vivahealth.com



ONE CARD

Dear Summer 2024 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:

