UAB School of Nursing (SON)
Post-MSN Admissions Checklist

**UPON RECEIPT OF THIS LETTER:**

**Deadline for item 1 is December 17, 2021**

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. There is no need to scan via email or fax this document back to us.

   **Note:** 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 reactivate or submit a new application to the program.

   Download the Summer 2022 MSN Admission packet at the web link below for important enrollment documents (required for Post-MSN students):
   [https://www.uab.edu/nursing/home/student-resources](https://www.uab.edu/nursing/home/student-resources)

2. Your Plan for Coursework (PFC) is being sent separately after evaluation of your coursework via Adobe Sign to your admission application email address. You will initiate this process by following the instructions on this form. Review instructions for returning your PFC and required documentation.

   (Attachment A)

3. Complete the Non-Degree Policy form found here [https://www.uab.edu/graduate/images/documents/non-degree-policy-form.pdf](https://www.uab.edu/graduate/images/documents/non-degree-policy-form.pdf) and submit to Graduate Admissions (gradschool@uab.edu).

   **Deadline for items 4 – 6 is March 8, 2022**

4. Review information regarding your BlazerID. The University will create your ID for you. Go to Blazer Central to view your ID at: [https://idm.uab.edu/bid/reg](https://idm.uab.edu/bid/reg)

5. Begin taking steps to gain medical clearance. Please review Medical Clearance Documents (Attachments B) then visit the UAB Student Health webpage at: [https://www.uab.edu/students/health/](https://www.uab.edu/students/health/).

6. Attend a **mandatory** New Student Orientation. Specific Specialty Track orientation session dates are scheduled for February 28, 2022, March 7, 2022 and March 8, 2022 (your assigned date is noted in your offer email).

   **Deadline for items 7 – 8 is April 10, 2022**

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

8. Once you have ordered and paid for your background check, you will receive an email from LabCorp the next business day (OTSWEBAPP@Labcorps.com) to complete your drug screen.

   **Deadline is 10 business days from original background check email**
   The background check and drug screening deadline is subject to change. Please plan to complete the background check and drug screening, and we will continue to evaluate as the deadline approaches.

   **Deadline for items 9 – 12 is May 8, 2022**

9. Complete HIPAA (HIPAA Instructions; Attachment C), OSHA (Bloodborne Pathogens Course; Attachment D) Training will be available 90 days prior to classes starting.

10. Register for classes as listed on Program of Study using the Registration Instructions (Registration Instructions; Attachment E).


12. Review insurance requirements at: [https://www.uab.edu/students/health/insurance-waivers](https://www.uab.edu/students/health/insurance-waivers).

13. Check the Academic Calendar for important dates (Attachment F).

14. **Log** on to Canvas - First Day of Class – May 9, 2022!
Post-MSN Plan for Coursework

INSTRUCTIONS TO DETERMINE YOUR PLAN FOR COURSEWORK

The Post-MSN Plan for Coursework (PFC) is your agreement between you and the School of Nursing. Plans for coursework are developed ahead of time to help ensure there is space available in each course and to provide a seamless flow through the post-masters coursework. Though you have previously completed an MSN in another area of study, a thorough evaluation must be done of your previous graduate nursing core/support coursework to determine if any courses will be required in addition to the advanced practice coursework.

At minimum the post-masters plan for coursework should take 4 semesters to complete; however, this is subject to change. If additional coursework is necessary the length of the plan for coursework could take longer. The approach for this review takes into consideration current standards for post-masters education against the current role of the Nurse Practitioner as required by our certifying bodies (CCNE, AACN, etc). Your specific plan for coursework will be sent to you once this review is completed.

Please complete one of the following steps:

1. We will need a copy of the course syllabi and topical outline from the semester/year for each graduate level nursing core/support courses you have previously taken to determine equivalency for UAB MSN core/support NP coursework. A grade of B or better will be required in each course. Equivalency will need to be verified for the following core/support nursing courses:
   - NUR-737: Interprofessional Leadership and Role Development for Practice (3 semester credit hrs)
   - NUR-735: Population Health in Advanced Practice Nursing (3 semester credit hrs)
   - NUR-729: Evidence-Based Practice Design and Translation (3 credit hrs)
   - NUR-612: Advanced Pathophysiology (3 semester credit hrs)
   - NUR-613: Pharmacology and Therapeutics (3 semester credit hrs)**
   - NUR-614: Assessment and Diagnostic Reasoning for Adv Nursing Practice (3 semester credit hrs)

   NOTE: Previous UAB SON students will not need to submit UAB MSN course syllabi, since we have these syllabi.

2. Updated official transcripts will need to be sent to the UAB School of Nursing (if applicable) if you were finishing up your previous MSN at the time of application to post-masters study.

3. 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)

Previous coursework assessments can take up to 4 weeks for complete course requests to be considered for equivalency decision for PFC determination. Start this process as soon as possible. Please send all documentation as one packet by email to Mr. John Updegraff at jupde22@uab.edu or by fax to 205-934-5490.

**NUR-613 Pharmacology Additional Requirement

Students must have successfully completed NUR 613 (or any course deemed equivalent) within 2 years of starting advanced specialty coursework OR be a currently practicing as nurse practitioner and provide sufficient evidence that they are prescribing medications in the population of interest (e.g. across the lifespan).

For questions please contact Mr. John Updegraff at jupde22@uab.edu or by phone at 205-975-3370.
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 (annual 2 step tb skin test)
- Clinical Health History Form
- Flu

Deadline:
- April 10, 2022 (Subject to change)

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](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
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.
ONLY USE THIS FORM IF YOU CANNOT SUBMIT THE ELECTRONIC HEALTH HISTORY IN THE PATIENT 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. __B________

<table>
<thead>
<tr>
<th>General Information</th>
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<tbody>
<tr>
<td>Full Name: ____________________________ Gender: ☐ Male  ☐ Female  ☐ Transgendered  ☐ Transitional</td>
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<tr>
<td>Date of Birth: Month: ___________ Day: _______ Year: _____________</td>
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<td>School: ____________________________ Program or Major Code: ____________________</td>
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<td>Current Email address: ____________________________ Blazer ID: ______________________</td>
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<tr>
<td>Are you an International Student or Scholar? ☐Yes  ☐No  If Yes, which country? ________________________________</td>
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<td>Telephone number: ________________  ________________ Height: _______  Weight: _______</td>
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<td>Local Address: ____________________________________________</td>
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<td>Permanent Address ____________________________________________</td>
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<td>Primary emergency contact: ____________________________Telephone number: ________________ Relationship: _______</td>
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<td>Secondary emergency contact: ____________________________Telephone number: ________________ Relationship: _______</td>
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<tr>
<th>Personal Health History</th>
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<tr>
<td>Medical Conditions</td>
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<td>Please list any surgeries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.</td>
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<th>Medications</th>
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<td>Please list prescription, non-prescription, vitamins, birth control, etc.</td>
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<p>| Food/Medicine Allergies |</p>
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<th>Yes</th>
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<td>High Blood Pressure</td>
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<td>Stroke</td>
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<td>Cancer</td>
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<td>Heart attack before age 55</td>
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<td>Diabetes</td>
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<td>Glaucoma</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>Concussion</td>
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<td>Frequent/severe headache</td>
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<td>Dizziness/fainting spells</td>
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<td>Severe head injury</td>
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<td>Paralysis</td>
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<td>Epilepsy/seizures</td>
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<td>Blood transfusion</td>
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<td>Protein in blood or urine</td>
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<td>Ulcer (duodenal/stomach)</td>
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<td>Intestinal trouble</td>
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<td>Pilonidal cyst</td>
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<td>Allergy injection therapy</td>
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<td>Back injury</td>
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<td>Broken bones</td>
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<td>Kidney infection</td>
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<td>Bladder infection</td>
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<td>Kidney stone</td>
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<td>Mental Health History</td>
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<td>Sleep problems</td>
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<td>Self-injurious Behavior</td>
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<td>Depression/bipolar</td>
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<td>Anxiety/panic</td>
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<td>LD/ADD/ADHD</td>
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<td>Eating Disorder</td>
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<td>Obsessive compulsive</td>
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<td>Self-induced vomiting</td>
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<td>Substance Use History</td>
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<td>Alcohol/drug problem</td>
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<td>Smoke 1+ pack cigs/week</td>
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UAB SH&W PHYSICAL EXAMINATION (Please print in black ink) To be completed and signed by physician or clinician. A physical examination is required within 1 year prior to matriculation. Please complete it in its entirety.

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.

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<tr>
<th>Last Name</th>
<th>First Name</th>
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Height ______     Weight ______ TPR ______/_____/______     BP ______/______

Vision: Corrected     Right 20/____ Left 20/______
Uncorrected Right 20/____ Left 20/______
Color Vision ______________________________

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<tr>
<th>Are there abnormalities? If so, describe full</th>
<th>WNL</th>
<th>ABN</th>
<th>DESCRIPTION (attach additional sheets if necessary)</th>
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<tbody>
<tr>
<td>1. Head, Ears, Nose, Throat</td>
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<td>2. Eyes</td>
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<td>3. Respiratory</td>
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<td>4. Cardiovascular</td>
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<td>5. Gastrointestinal</td>
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<td>6. Hernia</td>
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<td>7. Genitourinary</td>
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<td>8. Musculoskeletal</td>
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<td>9. Metabolic/Endocrine</td>
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<td>10. Neuropsychiatric</td>
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<tr>
<td>11. Skin</td>
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<tr>
<td>12. Mammary</td>
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A. Is there loss or seriously impaired function of any organs?    ____No   ____Yes
   Explain ___________________________________________________________

A. Recommendation for physical activity (physical education, intramurals, etc.)    ____Unlimited    ____Limited
   Explain ___________________________________________________________

________________________________________________________
Signature of Physician/Physician Assistant/NursePractitioner    Date

________________________________________________________
Print Name of Physician/Physician Assistant/NursePractitioner    Date

________________________________________________________
Office Address/Stamp    Area Code/PhoneNumber
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: _____/_____/_____
   Mumps Date: _____/_____/_____
   Rubella Date: _____/_____/_____

   OR
   Laboratory evidence of immunity to all three diseases:
   Measles Date: _____/_____/_____
   Mumps Date: _____/_____/_____
   Rubella Date: _____/_____/_____

*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):
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.

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Permanent Address | City | State | Zip Code | Area Code/Phone Number | Required |
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</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 | WNL | ABN | DESCRIPTION (attach additional sheets if necessary) |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Cardiovascular</td>
<td></td>
<td></td>
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<tr>
<td>5. Gastrointestinal</td>
<td></td>
<td></td>
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<tr>
<td>6. Musculoskeletal</td>
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<td></td>
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<tr>
<td>7. Metabolic/Endocrine</td>
<td></td>
<td></td>
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<tr>
<td>8. Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Skin</td>
<td></td>
<td></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 (Required)  Area Code/Phone Number
American Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**HIPAA training is a one-time training**

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.

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.

- 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 2022

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Assigned Time Registration</td>
<td>March 27 – April 8, 2022</td>
</tr>
<tr>
<td>Open Registration</td>
<td>April 10 – May 8, 2022</td>
</tr>
<tr>
<td>Classes Begin</td>
<td>May 9, 2022</td>
</tr>
<tr>
<td>Late Registration (after classes begin)</td>
<td>May 9-16, 2022</td>
</tr>
<tr>
<td>Last Day to Drop/Add (without paying full tuition &amp; fees)</td>
<td>May 16, 2022</td>
</tr>
<tr>
<td>Memorial Day Holiday</td>
<td>May 30, 2022</td>
</tr>
<tr>
<td>Last Day to Withdraw from a Course</td>
<td>July 5, 2022</td>
</tr>
<tr>
<td>Last Day to Withdraw from the Term (must withdraw all courses)</td>
<td>August 5, 2022</td>
</tr>
<tr>
<td>Independence Day Holiday</td>
<td>TBA</td>
</tr>
<tr>
<td>Last day of Class</td>
<td>August 5, 2022</td>
</tr>
<tr>
<td>Final Exams</td>
<td>August 6 -12, 2022</td>
</tr>
<tr>
<td>Commencement</td>
<td>August 12, 2022</td>
</tr>
<tr>
<td>Grades Due (by midnight)</td>
<td>August 15, 2022</td>
</tr>
<tr>
<td>Grades Available Online</td>
<td>August 17, 2022</td>
</tr>
</tbody>
</table>
Dear Summer 2022 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)
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
Kevin Jerrolds, Registrar
205-934-7605   fax 205-934-5490
   sonregistrar@uab.edu

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)
   Allisha Griffin Calhoun, Account Service Representative
   www.vivahealth.com