UAB School of Nursing (SON)  
Graduate School Admissions Process Checklist  
**UPON RECEIPT OF THIS LETTER: Deadline:** (within 10 days of receipt of letter)

1. Sign and return the acceptance form, if applicable. (Attachment A): Download and read the AMNP Admission Packet at [http://www.uab.edu/nursing/home/student-resources](http://www.uab.edu/nursing/home/student-resources)

2. Sign and return the Consent to Release of Student Record Information form (Attachment B)

3. Send Completed order form and payment to LeJoy Uniforms for your nursing uniforms (Attachment C)

4. Send order form and payment to:
   - Stethoscope made out to Redding Medical & Lab Kit Information Sheet (Attachment D)
   - (Stethoscope fee – see attachment) & **Lab skills kit fee due by January 9, 2020 – 1st day of Orientation**

5. Disability Support Services Information, if applicable (Attachment E)

6. AMNP Booklist – Sent via email (Attachment F)

7. Begin gathering medical clearance documentation and schedule a physical exam.

8. Complete AMNP Scholarship Application (Attachment G)  
   **Deadline: December 16, 2019**  
   **AFTER RETURNING LETTER OF ACCEPTANCE AND BEING ADMITTED AS A UAB STUDENT:**

9. Academic Common Market (SREB) Information, if applicable (Attachment H)

10. Complete and submit medical clearance documents to **UAB Student Health** including proof of Flu Immunization (Attachment I)

11. Provide **UAB Student Health** with proof of medical insurance. UAB Student Health Insurance is available. Contact Candace Ragsdale at 205-996-2589 (www.uab.edu/studenthealth)

12. Check your email account for drug screen and background check emails, and complete within ten days of email arrival from **Employment Screening Services (ESS)** (Attachment J)

13. Program of Study (to be signed at Orientation) this is your copy (Attachment K)

14. Create Blazer ID and a @uab.edu email account: [https://idm.blazernet.uab.edu/bid/reg](https://idm.blazernet.uab.edu/bid/reg)

15. Register for classes* as listed on your approved and signed Program of Study (Attachment K) using the Registration Quick Guide (Attachment L) and Registration CRN Numbers (Attachment M)

16. Complete:
   - HIPAA training course – LMS System (one time requirement) (Attachment N)
   - OSHA training course – LMS System (annual requirement) (Attachment O)

   **Steps 1 through 16 must be complete prior to registering for courses**  
   **AFTER REGISTERING FOR YOUR CLASSES: Deadline: January 03, 2020**

17. CPR Training Course (**bring card to Orientation**): American Heart Association (BLS Provider), American Red Cross (Basic Life Support for Health Care Providers (BLS CPR/AED), or American Red Cross CPR/AED for Professional Rescuers and Healthcare Professionals

18. Pre-Licensure Core Preformance Standards (Attachment P)

19. Check the Academic calendar for important dates (Attachment Q)

20. Attend **Mandatory Orientation** on Thursday, January 9 and Friday, January 10, 2020

**** First day of class Monday, January 13, 2020
I hereby accept the offer of admission to study leading to a master of science in nursing degree at the University of Alabama at Birmingham School of Nursing. I understand that I have been approved for the Accelerated Master’s in Nursing Pathway. I further understand that I have been approved to enroll in courses at the beginning of the 2020 spring term.

My approval to begin coursework in courses are contingent upon me:
• Successfully completing (with a “C” or above) any remaining prerequisite courses prior to the first day of class. Official transcripts of my final grade(s) for such courses will be sent to UAB SON no later than January 13, 2020.

Furthermore, I understand:
• I must secure medical clearance, influenza (flu shot), and medical insurance, from UAB Student Health Services in order to begin clinical coursework.
• Submit the consent to release form (FERPA).
• Complete online OSHA and HIPAA
• Complete a urine drug screen and background check.
• I must attend orientation on Thursday, January 9 and Friday January 10, 2020. This program begins on January 13, 2020 and that I will be expected to attend class every day as scheduled.
• That this program follows the Graduate School academic standards for graduation with a master’s degree and I must maintain a 3.0 on a 4.0 GPA scale in order to graduate.
• Successful completion of the program will enable me to take the NCLEX in Alabama.
• That my UAB e-mail address is an official form of UAB communication. If there is a change in my e-mail address to which the “@uab.edu” alias address is re-directed, it is my responsibility to make the changes in the UAB e-mail registering system.
• I acknowledge I have been provided a copy of the UAB School of Nursing Pre-licensure Core Performance Standards of Admission and Progression in my AMNP admission packet.
• Providing evidence of a current CPR certification OR successful completion of the CPR class (Bring proof to Orientation).

Signature Print: _____________________________________________ Date: ________________
«First» «Last»

PLEASE NOTE: If signed form is not received by the office of Student Success by November 15, 2019 of the initial offer, the School of Nursing reserves the right to rescind this offer of admission. If you should have any questions or concerns about the above referenced information, you may contact SON Student Success.

Return to:
Office of Student Success, School of Nursing
AMNP Acceptance
1720 2nd Avenue South; NB 1002
Birmingham, Alabama 35294-1210
Fax: (205) 934-5490 E-mail: jlavier@uab.edu
Consent to Release of Student Record Information

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

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

This Consent will become effective on January 13, 2020, and will expire at the completion of my degree in my current field of study.

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

_________________________          __________________________
[Student’s signature]            [Date]

_________________________          __________________________
[Student’s Printed Name] @uab.edu          [BLAZERID]

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[Witness]
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<td>PK</td>
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<td>Parts Kit for every Classic III &amp; Cardiology IV stethoscope purchased</td>
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Please place all orders online at www.reddingmedical.com/uab-bsn

Visa, MasterCard, Discover: ____________

3 digit code: ____________ Exp. Date: ____________

Name: ____________

Address: ____________

Phone Number: ____________

Sub-Total: $__________

Shipping $ ________ FREE

Total: $ ________

Email: ____________
Welcome to nursing school! We look forward to you spending time in the School of Nursing Competency Labs located on the 1st floor. Any questions, please contact Penni Watts at piwatts@uab.edu or nursinglab@uab.edu

PLEASE READ CAREFULLY!

Skills Kit Supplies

- **Supplies will be sold during the first day of orientation Thursday, January 9, 2020.** These are **required** for your coursework and will be sold on this date only. These cannot be purchased used or from former students.
- **Cost is $225 payable by cash, check, money order, cashier’s check to UAB SON.**
- **WE DO NOT ACCEPT DEBIT OR CREDIT CARDS.** If paying with cash, please bring EXACT CASH. We will not have change.
  - Please be sure your checks are made out correctly to “UAB SCHOOL OF NURSING”
  - Include your name, blazerid, and cell phone number on the check.
- Please note that this purchase includes MUCH MORE than the initial kit contents. Additional components including intravenous, medication administration, advanced lab supplies and other items will be distributed throughout subsequent semesters. A list of supplies will be provided at the sale.
- Students are responsible for providing **physician documentation of any Latex allergies** at least 4 weeks prior to the semester to lab director. Email piwatts@uab.edu for information. If you do not contact us at this time, we may not have the appropriate supplies for you.

Stethoscopes

- You are required to have a stethoscope with a two-sided chest-piece with a diaphragm on one side and a bell on the other side. If you have one that you can hear well with, then no need to purchase one.
- As a service to students, we work with Redding Medical to provide options for students to purchase stethoscopes. They are delivered here in bulk to the school. **You are under no obligation to purchase from this company!!**
- Stethoscopes will be available for pick up at the supply kit sale on the first day of AMNP orientation. For questions related to the ordering process or to see if your order was received call 1-800-733-2796 (Redding Medical).
- Contact Penni Watts at piwatts@uab.edu if you have further questions.
- See the attached order form for ordering information*****
UAB Disability Support Services (DSS)

Disability Support Services ensures that UAB students with disabilities have full access to programs, services, activities and all other aspects of campus. DSS also provides academic accommodations to students with disabilities for their classes.

Examples of Disabilities Served:

- ADHD
- Learning Disabilities
- Psychiatric disabilities (depression, anxiety, etc.)
- Physical, medical, mobility disabilities (paralysis, diabetes, migraines, etc.)
- Sensory impairments
- Traumatic Brain Injury
- Autism Spectrum Disorder

Applying for Services:

To register for services, visit our website (www.uab.edu) to complete an application online through the Student Portal. Students will also be asked to submit disability documentation. Documentation guidelines can be found on the DSS website.

Confidentiality:

Diagnosis or the nature of a student’s disability is not disclosed to faculty, staff, or other students. DSS registration status is also considered confidential.

Temporary Impairments:

Students who experience an accident or injury which causes a temporary impairment may qualify for some assistance under Disability Support Services. For more information, please contact DSS.

Learn More at our Website:

Visit our website to learn more about Disability Support Services, apply for services, and to see a listing of common accommodations: www.uab.edu/dss

UAB Disability Support Services
9th Avenue Office Building, Suite 100
205.934.4205
dss@uab.edu
1st Semester AMNP Course List

- NUR 520 Foundational Competencies for the Professional Nurse
- NUR 521L Foundational Skills for the Professional Nurse
- NUR 522 Mental Health Nursing
- NUR 524 Pharmacology for AMNP
- NUR 526 Adult Health Nursing I
- NUR 527L Nursing Practicum with Adults I
- NUR 528 Pathophysiology for AMNP

AMNP - Booklist

NUR 520
- Required - Lippincott CoursePoint for Taylor’s Fundamentals of Nursing 9th Edition – 9781975101343

NUR 521
- Required – Hogan Quigley Health Assessment Text 2nd Edition - 9781496305565

NUR 526
- Required – Lippincott CoursePoint for Brunner Med Surg 14th Edition - 9781496379061

NUR 528
- Required – Lippincott CoursePoint Enhanced for Porth Essentials Patho 5th Edition – 9781975128920

NUR 524
- Required – Lippincott CoursePoint Enhanced for Karch Pharmacology 8th Edition – 9781975129712

NUR 522
- Required – Lippincott Vsim for Mental Health – 9781469894232

Students can purchase the above books from UAB Bookstore
SPRING 2020 GRADUATE SCHOLARSHIP APPLICATION

General Eligibility for Scholarships Available to Graduate Students in the School of Nursing

1. Applicant must have submitted an application, be admitted to or enrolled for a minimum of 6 hours per term of coursework within the School of Nursing graduate program curriculum. Enrollment requirements do not have to be met at the time of application, but must be met before scholarship funds are distributed.
2. Applicant must have at least a "B" (3.0 on a 4.0 scale) cumulative grade point average on all undergraduate and graduate work.
3. Leadership, ability and potential as demonstrated through extracurricular activities (on and off campus), job performance or similar experiences will be given consideration in the awarding of these scholarships.
4. Applications and all supporting documents must be received by the UAB School of Nursing Office of Student Success by 5:00 p.m. on Friday, November 8, 2019 to be considered for the graduate scholarship awards. See page 3 for additional information on supporting documents. No applications will be accepted after the deadline; your application package must be complete be considered.
5. We strongly encourage all applicants to complete the Free Application for Federal Student Aid through the UAB Financial Aid Office in order to be considered for need-based scholarships.

Administration of Scholarships:

1. Selection of scholarship recipients will be made by a School of Nursing Scholarship Committee appointed by the Dean in accordance with the general guidelines and specific criteria for each scholarship.
2. Availability and amount of these scholarships will vary from year to year.
3. Scholarship awards will first be applied toward the recipient’s tuition and fees (through the UAB Office of Financial Aid) for terms in which he or she is enrolled as a full-time student and in a regular clinical nursing course. Any scholarship funds in excess of the amount required for tuition and fees will be disbursed to the student for books, supplies, or school-related expenses when the terms of the particular scholarship allow this.

Application Procedure

1. Complete the Graduate Scholarship application.
2. Write an essay (no longer than two double-spaced pages) addressing the following:
   a. What life experiences have shaped who you are today and what challenges have you overcome in achieving your education (i.e. financial, personal, medical, etc.)
   b. Explain why you need financial assistance and what would receiving a scholarship mean to you.
   c. Describe your academic and career goals and your plans to achieve them and discuss any of your extracurricular/volunteer activities (both on and off campus) that you may perform.
   d. Describe an event in which you took a leadership role and what you learned about yourself and how the experience(s) will impact you in the future.
3. Submit a resume outlining campus/community involvement, leadership, and employment.
4. The student will be responsible for submitting ALL application documents in one packet.

Return completed packet to:
School of Nursing Building, Office of Student Success, Room 1002

PLEASE SUBMIT SCHOLARSHIP PACKET BY November 8, 2019
UAB School of Nursing Graduate Scholarship Application

Name______________________________

Last                                                         First   Middle

UAB Email: ________________________ UAB Student Number: B______________

Program: _____AMNP   ____ MSN   ____ DNP   ____ PhD    ____ BSN – DNP   ____ BSN-PhD

Current Mailing Address: ___________________________________________________________

__________________________________
   (City)                 (State)          (Zip)

County and State of Legal Residence_________________________________________________________

Other degrees received and where: _______________________________________________________

_____________________________________________________

Nursing GPA (if applicable) _______ Overall GPA _________

Term Admitted to the SON ___________ Expected Term of Graduation________________________

Are you a current member of Sigma Theta Tau Nu Chapter? ______ Yes  ______ No

Number of hours enrolled for the spring 2020 semester? ______

Area or specialization within Nursing in which you have a strong interest (peds, oncology, etc)

_____________________________________________________

Are you licensed or do you intend to become licensed and practice nursing in Alabama? ______

Are you a resident of Alabama? ___Yes ___ No

Are you working? _____ No  If so, ______full-time ______ part-time?

If so, where are you working? ____________________________ Total # of hours worked per week? ___

Does your employer offer tuition benefits? ___yes ___ no  If so, how much? ________________

Have you completed a 2019-2020 Free Application for Federal Student Aid through the UAB
Financial Aid Office? ___Yes ___ No

Honors, Awards, and Scholarships Received: Please list all scholarships/grants currently receiving
and the amount received per semester._

Volunteer Activities and Professional/Club Memberships:
School of Nursing Graduate Scholarship Application

SUPPORTING DOCUMENTS and SUBMITTING YOUR APPLICATION

A completed application form, essay and resume are required. It is the applicant’s responsibility to ensure that his or her completed application, resume, and essay are received by the SON Office of Student Success by the application deadline. All documents should be in one packet. **Please Note: Documents will not be accepted via email.**

The essay should be no longer than two double-spaced pages and follow the guidelines below.

- No more than two pages
- Double-spaced
- 1-inch margins
- 12-point Arial font

The essay will be evaluated on content, grammar and style.

CERTIFICATION

I hereby certify that the information provided on this scholarship application is true and that I personally composed the essay included herein. I grant permission to release information from my educational and financial records to the scholarship committee and to scholarship donors. I also grant permission to UAB to use comments and any other information from my application for publication purposes.

_______________________________________________  ________________________
(Applicant’s Signature)  (Date)

**Feel free to hand deliver or mail your application to the School of Nursing**

**Mailing Address**

UAB School of Nursing Office of Student Success  
Room 1002  
1720 2nd Avenue South  
Birmingham, Alabama 35294-1210
PAYING OUT-OF STATE TUITION?

PLEASE READ THE FOLLOWING

Academic Common Market

The Academic Common Market is an interstate agreement among selected southern states for sharing academic programs at both the baccalaureate and graduate levels. Participating states are able to make arrangements for their residents who qualify for admission to enroll in specific programs in other states on an in-state tuition basis. Participating states are Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

If you are not an Alabama resident and you wish to enroll at UAB as an Academic Common Market student, you must be accepted for admission into a UAB program to which your state has obtained access for its residents through the Academic Common Market coordinator in your home state.

Certification of eligibility must be received by UAB before the first day of class in the initial semester of registration to obtain in-state tuition status for the approved program.

Policies for Undergraduate Students:

- First-time freshmen may enroll through ACM if they are admitted directly into the major (and concentration if applicable) for which they have been approved prior to enrolling at UAB.
  - Students placed into “Pre” major designations, Liberal Arts, or Health Related Programs due to program requirements are not eligible for ACM benefits, but may qualify once fully admitted to the approved program.
- To qualify for ACM benefits, certification of eligibility must be received by UAB prior to the first class day of the term.
- If a student changes his or her major after being approved for ACM, the student will be reclassified and charged the non-resident rate of tuition.
- Effective Fall 2015, students receiving in-state tuition through ACM are not eligible for academic scholarships.
  - If awarded a scholarship and subsequent approval is received from their state’s Academic Common Market coordinator, the student must choose ACM or the institutional scholarship.

Policies for Graduate Students:

- Students must be fully admitted (not possessing any contingencies) to the graduate program for which they seek ACM certification.
- To qualify for ACM benefits, all materials must be received prior to the first class day of the term.
- ACM is only for first-time graduate students or graduate students transferring to UAB from another institution.
- If students change majors, or do not meet the academic requirements of their ACM degree program, they will be returned to the non-resident rate of tuition.

Programs available through Academic Common Market:
For a list of undergraduate programs available for residents of Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia, please visit the Southern Regional Educational Board website.
You are admitted to UAB.

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).

Access your specific immunization/TB requirements on the SHW website or patient portal.

Click "Immunizations" tab, and view your specific requirements.

Click "Add immunization Record" and upload your scanned 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).

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.
**General Information**

Full Name: ____________________________  Gender:  □ Male  □ Female  

Last  First  MI  □ Transgendered  □ Transitional  

Date of Birth:  Month:_________ Day:_______ Year: ____________  

School: ____________________________ Program or Major Code: ____________________________  

CAS, Med, Dent, SHP, Nurs. etc. Education, History, Physics, Biology, etc.  

Current Email address: ____________________________  Blazer ID: ____________  

Are you an International Student or Scholar?  □ Yes  □ No  If Yes, which country? ____________________________  

Telephone number: ____________________________  ____________________________  Height: _________  Weight: _________  

Local Address: ____________________________  

Permanent Address: ____________________________  

Primary emergency contact: ____________________________  Telephone number: ____________________________  Relationship: _________  

Secondary emergency contact: ____________________________  Telephone number: ____________________________  Relationship: _________  

**Personal Health History**

**Medical Conditions**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Year</th>
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**Medications**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Dosage</th>
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**Food/Medicine Allergies**

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

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<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Reaction</th>
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</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>Relationship</th>
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<tbody>
<tr>
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<td>Yes</td>
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<td>No</td>
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<tr>
<td>Relationship</td>
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<tr>
<td>High Blood Pressure</td>
<td>Yes</td>
<td>Cholesterol or blood fat disorder</td>
</tr>
<tr>
<td>Stroke</td>
<td>Yes</td>
<td>Blood clotting disorder</td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes</td>
<td>Psychiatric</td>
</tr>
<tr>
<td>Heart attack before age 55</td>
<td>Yes</td>
<td>Suicide</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>Alcohol/drug problems</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Yes</td>
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</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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<tr>
<td>Relationship</td>
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<tr>
<td>High Blood Pressure</td>
<td>Yes</td>
<td>Mononucleosis</td>
<td></td>
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<tr>
<td>Rheumatic fever</td>
<td>Yes</td>
<td>Head/neck radiation</td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td>Yes</td>
<td>Arthritis</td>
<td></td>
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<tr>
<td>Pain/pressure in chest</td>
<td>Yes</td>
<td>Concussion</td>
<td></td>
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<tr>
<td>Shortness of breath</td>
<td>Yes</td>
<td>Frequent/severe headache</td>
<td></td>
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<tr>
<td>Asthma</td>
<td>Yes</td>
<td>Dizziness/fainting spells</td>
<td></td>
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<tr>
<td>Pneumonia</td>
<td>Yes</td>
<td>Severe head injury</td>
<td></td>
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<tr>
<td>Chronic cough</td>
<td>Yes</td>
<td>Paralysis</td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td>Yes</td>
<td>Epilepsy/seizures</td>
<td></td>
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<tr>
<td>Tumor/cancer (specify)</td>
<td>Yes</td>
<td>Blood transfusion</td>
<td></td>
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<tr>
<td>Malaria</td>
<td>Yes</td>
<td>Protein in blood or urine</td>
<td></td>
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<tr>
<td>Thyroid trouble</td>
<td>Yes</td>
<td>Ulcer (duodenal/stomach)</td>
<td></td>
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<tr>
<td>Serious skin disease</td>
<td>Yes</td>
<td>Intestinal trouble</td>
<td></td>
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<tr>
<td>Hearing loss</td>
<td>Yes</td>
<td>Pilonidal cyst</td>
<td></td>
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<tr>
<td>Sexually transmitted disease</td>
<td>Yes</td>
<td>Allergy injection therapy</td>
<td></td>
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<tr>
<td>Severe menstrual cramps</td>
<td>Yes</td>
<td>Back injury</td>
<td></td>
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<tr>
<td>Irregular periods</td>
<td>Yes</td>
<td>Broken bones</td>
<td></td>
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<tr>
<td>Frequent vomiting</td>
<td>Yes</td>
<td>Kidney infection</td>
<td></td>
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<tr>
<td>Gall bladder or gallstones</td>
<td>Yes</td>
<td>Bladder infection</td>
<td></td>
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<tr>
<td>Jaundice or Hepatitis</td>
<td>Yes</td>
<td>Kidney stone</td>
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<tr>
<td>Rectal disease</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Severe/recurrent abdominal pain</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Sinusitis</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Hernia</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Chicken pox</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Anemia/Sickle Cell Anemia</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Eye trouble besides glasses</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Bone, joint, other deformity</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Shoulder dislocation</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Knee problems</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Recurrent back pain</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Neck injury</td>
<td>Yes</td>
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<tr>
<td>Diabetes</td>
<td>Yes</td>
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**Mental Health History**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
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<tr>
<td>Relationship</td>
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<tr>
<td>Sinusitis</td>
<td>Yes</td>
<td>Sleep problems</td>
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<tr>
<td>Hernia</td>
<td>Yes</td>
<td>Self-injurious Behavior</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>Yes</td>
<td>Depression/bipolar</td>
</tr>
<tr>
<td>Anemia/Sickle Cell Anemia</td>
<td>Yes</td>
<td>Anxiety/panic</td>
</tr>
<tr>
<td>Eye trouble besides glasses</td>
<td>Yes</td>
<td>LD/ADD/ADHD</td>
</tr>
<tr>
<td>Bone, joint, other deformity</td>
<td>Yes</td>
<td>Eating Disorder</td>
</tr>
<tr>
<td>Shoulder dislocation</td>
<td>Yes</td>
<td>Obsessive compulsive</td>
</tr>
<tr>
<td>Knee problems</td>
<td>Yes</td>
<td>Self-induced vomiting</td>
</tr>
<tr>
<td>Recurrent back pain</td>
<td>Yes</td>
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<tr>
<td>Neck injury</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Diabetes</td>
<td>Yes</td>
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**Substance Use History**

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

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<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 __________________________

<table>
<thead>
<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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<tr>
<td>2. Eyes</td>
<td></td>
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<tr>
<td>3. Respiratory</td>
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<tr>
<td>4. Cardiovascular</td>
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<tr>
<td>5. Gastrointestinal</td>
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<tr>
<td>6. Hernia</td>
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<tr>
<td>7. Genitourinary</td>
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<tr>
<td>8. Musculoskeletal</td>
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<tr>
<td>9. Metabolic/Endocrine</td>
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<tr>
<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/Nurse Practitioner  Date

______________________________  __________________
Print Name of Physician/Physician Assistant/Nurse Practitioner  Date

______________________________  __________________
Office Address/Stamp  Area Code/Phone Number
*Copies of your original immunization records will also be accepted in place of this form. Providers must sign both pages of this form.

NAME: ___________________________ DATE OF BIRTH: (mm/dd/yyyy): _____________
ADDRESS: __________________________ PHONE: __________________________
PROGRAM OF STUDY: ___________________________ BLAZERID: _____________@UAB.EDU

IMMUNIZATION HISTORY MUST BE COMPLETED BY A HEALTH CARE PROVIDER

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

   **EITHER**
   
   Two doses of MMR vaccine:
   Date: ___/___/___
   Date: ___/___/___

   **OR**
   
   Two doses of each vaccine component:
   
   Measles
   Date: ___/___/___
   Date: ___/___/___

   Mumps
   Date: ___/___/___
   Date: ___/___/___

   Rubella
   Date: ___/___/___
   Date: ___/___/___

   **OR**
   
   Laboratory evidence of immunity to all three diseases:
   
   Measles
   Date: ___/___/___ Result: __________

   Mumps
   Date: ___/___/___ Result: __________

   Rubella
   Date: ___/___/___ Result: __________

   *If any laboratory titers are non-immune, 1booster vaccine is required. Date: ___/___/___

2. **Tdap** - Tetanus, Diptheria, Acellular Pertussis: All students must have Tdap vaccination within the past 10 years.
   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 antibody non-reactive, Hepatitis B surface antigen is required prior to repeat series. Date: ___/___/_____
   Result: __________

   If Hep B surface antigen is negative, repeat series 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, student will be considered an non-responder.

Provider signature or office stamp ____________________________________________________________
4. **Varicella** (chickenpox): 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: ___/___/___
- Varicella antibody titer: Positive: ____ Negative: ____ Date: ___/___/___
- 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. *ALL TB TESTING (skin, blood, CXR) MUST BE PERFORMED IN THE U.S.*

**EITHER**

- a. Tuberculin Skin Test (PPD) within 12 months prior to matriculation:
  Date Placed: ___/___/___ Date Read: ___/___/___ Result (mm): _________ Positive: _____ Negative: ______
- b. If first Tuberculin Skin Test (PPD) negative, second skin test is required. Must be placed at least 1 week after the first test and within 3 months prior to matriculation:
  Date Placed: ___/___/___ Date Read: ___/___/___ Result (mm): _________ Positive: _____ Negative: ______
- 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 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: ___/___/___
HIPAA training

UAB HIPAA training is a one-time required training. To access the HIPAA training go to www.uab.edu/learningsystem - continue with instructions you received in your packet. If you are or were employed with UAB, you have already completed the training – it will not show up in your Assigned Learning.

Bloodborne Pathogens (OSHA) training

Bloodborne Pathogens Course (OHS_BIO500) course is required annually. To access the Bloodborne Pathogens Course go to www.uab.edu/learningsystem - continue with the instructions you received in your packet --- you will need to complete the OHS_BIO500 course.

Please note: The bloodborne pathogens 2014 update – OHS_BIO314 does not meet the annual certification requirement.

Once you complete your OSHA & HIPAA training, we will have access to your training completion electronically – please do not send a copy of your Certificate of Completion unless we ask you to send it.

Background Check and Drug Screen

Background Check and Drug Screening is an annual requirement. There are 3 steps in completing your background check and drug screen:

1) Order and pay - when you receive the background check email from Employment Screening Services, ESS (results@es2.com).
2) Receive your Registration Number for drug screen (urinalysis) – email from LabCorp (OTSWEBAPP@Labcorps.com).
3) Complete drug screen.

You will have 10 business days from the receipt of your background check email to complete both the background check and drug screen – please check your spam/junk/clutter folders if you do not receive the background check email.

Please remember – once you order and pay for your background check it takes at least 24 to 48 hours for your drug screen registration to come via email ---- please don’t wait until the last day to order your background check.

Insurance Waiver Link (Student Health): https://www.uab.edu/students/health/insurance-waivers/waivers

Approved CPR Certifications: Complete 1 of the following:

- American Heart Association – BLS Provider
- American Red Cross – Basic Life Support for Health Care Providers (BLS CPR/AED)
- American Red Cross – CPR/AED for Professional Rescuers and Health Care Professionals
### Accelerated Master’s in Nursing Pathway Plan of Study - Cohort XIII

**Student Name:** «First» «Last» «BooNumber»

<table>
<thead>
<tr>
<th>Year One - First Term: Spring</th>
<th>Hours</th>
<th>Planned</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 520 Foundational Competencies for the Professional Nurse</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 521 Foundational Skills for the Professional Nurse</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 526 Adult Health Nursing I: Managing Chronic &amp; Episodic Health Cond.</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 527L Nursing Practicum with Adults I</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 524 Pharmacology for AMNP</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 528 Pathophysiology for AMNP</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 522 Mental Health Nursing</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18 Hours</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year One – Second Term: Summer</th>
<th>Hours</th>
<th>Planned</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 556 Adult Health Nursing II: Managing Acute Health Conditions</td>
<td>4 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 537L Nursing Practicum with Adults II</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 552 Nursing Care of Women and Children</td>
<td>4 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 553L Nursing Practicum with Women and Children</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 538 Pathophysiology for AMNP II</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 542 Health Promotion, Prevention, Population, and Policy</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18 Hours</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year One – Third Term: Fall</th>
<th>Hours</th>
<th>Planned</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 546 Adult Health Nursing III: Managing Complex Health Conditions</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 551L Nursing Practicum with Vulnerable Populations</td>
<td>2 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 550 Professional Leadership and Role Transition</td>
<td>4 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 558L Clinical Synthesis and Role Immersion</td>
<td>4 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 549 Synthesis Review Course</td>
<td>1 hour</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13 Hours</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year One – Fourth Term: Spring</th>
<th>Hours</th>
<th>Planned</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 519L Evidence-Based Nursing and Health Care Technology</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR XXX Quality and Safety</td>
<td>3 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NUR 559Q Concepts of Transitional Care Coordination</td>
<td>4 hours</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10 Hours</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student:** This is your official Program of Study (POS) for completing the AMNP-MSN degree. Changes to the existing POS MUST be approved by your faculty advisor. Failure to follow this POS may result in delay in completing the program or administrative withdrawal. Please maintain a copy for your file.

**Faculty Advisor:** Please review and sign received POS with student’s signature and submit a copy to Student Success Office. Please maintain a copy for your file.

Students must meet all degree requirements and have a minimum of 58 semester credit hours to graduate from the AMNP-MSN program. Credit hours cannot be used from a previous degree.

**Signatures below indicates an understanding of these statements.**

**OFFICIAL PROGRAM PLAN**

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
To register for courses, please sign in to BlazerNET (www.uab.edu/blazernet). Access to BlazerNET requires a BlazerID and password. If you do not have a BlazerID, you may obtain one at BlazerID Central or you may view the schedule of classes.

**How to Register through BlazerNET**

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

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

- Click on the “Look Up Classes” link to search the available courses for the term. You may search for courses 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 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.
Welcome to the School of Nursing at UAB!

Please register for the following courses for the AMNP Spring 2020 term:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>CRN Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 520</td>
<td>Foundational Competencies for the Professional Nurse</td>
<td>#41900</td>
</tr>
<tr>
<td>NUR 521L</td>
<td>Fdn. Skills for the Professional Nurse (choose from one of the CRN#’s below)</td>
<td>#41901 or #44063</td>
</tr>
<tr>
<td>NUR 526</td>
<td>Adult Health Nursing I: Managing Chronic and Episodic Health Conditions</td>
<td>#41904</td>
</tr>
<tr>
<td>NUR 527L</td>
<td>Nursing Practicum with Adults I (choose from one of the CRN#’s below)</td>
<td>#41905, 44064, 44065, 44066, 44067, 44068, 44070, 44071, 44072</td>
</tr>
<tr>
<td>NUR 524</td>
<td>Pharmacology for AMNP</td>
<td>#41903</td>
</tr>
<tr>
<td>NUR 528</td>
<td>Pathophysiology for AMNP</td>
<td>#41906</td>
</tr>
<tr>
<td>NUR 522</td>
<td>Mental Health Nursing for AMNP</td>
<td>#41902</td>
</tr>
</tbody>
</table>
HIPAA
American Health Insurance Portability and Accountability Act of 1996

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

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

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

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

- Click the green box in the middle of the page labeled “Learning System”
- Login using your BlazerID/Username and Password
- Click on “To Do”
- **Do Not Click on “Classroom Training”** - Click on and enroll in UAB/UABHS HIPAA On-Line Training – then follow the training instructions (**do not enroll in the Classroom training**). ***If you click on and enroll in the Classroom training you will need to un-enroll and then enroll in the On-Line training. Do this by selecting “Return to Course Details” and then at the next screen selecting the text beneath the “Options” Heading (see below):

  Learning Activities in this Course Options Choose an Alternate Course To Fulfill the Equivalent UAB/UABHS HIPAA Training
  Equivalent Status: Not Registered Choose Class

- Successful completion is considered a score of 75% or better. If unsuccessful, repeat these steps until you have a satisfactory score.

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

If you are having problems accessing the LMS system:

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

9/26/2018
Bloodborne Pathogens Course  
BIO_500 (OSHA)  
Occupational Safety and Health Administration

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

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

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

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

If you are having problems accessing the LMS system:

Contact Larry Sweeney at 205-934-1273, lsweeney@uab.edu or Patricia Merchant at 205-975-3664, merchpa@uab.edu. If you send an email, please include a phone number where you can be reached. This phone should near your computer so that someone can assist you.
Nursing education requires the acquisition of academic knowledge, clinical and specialized communication skills as well as professional attitudes and behaviors. All pre-licensure degrees certify that the student has acquired the broad base of knowledge and skills required for entry into professional nursing practice. This foundational education includes both academic and professional nursing courses that provide a base for clinical competence and informed judgements about health and patient care in a variety of settings. Since the treatment of patients is an essential part of the educational program, the University of Alabama at Birmingham School of Nursing (UABSON) must act to protect the health and safety of patients.

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

1. **Critical Thinking:** Critical thinking ability sufficient for clinical judgment.
   - Identifies safety issues in clinical situations
   - Identifies cause/effect relationships in clinical situations, develops, evaluates, and revises nursing plan of care as appropriate
   - Has the ability to make safe judgments when planning and implementing all psychomotor nursing prescriptions
   - Manages multiple priorities in stressful situations
   - Responds instantly to emergency situations
   - Exhibits arithmetic competence that would allow the student to read, understand and perform accurate calculations for computing medication dosages and intravenous flow rates

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

3. **Communication:** Communication abilities (hearing, speaking, reading, and writing) sufficient for interaction with others in verbal, written, assisted, and electronic form.
   - Writes and speaks English effectively so as to be understood by the general public
   - Has the ability to complete written assignments, participate in classroom discussion/activities, and complete group projects
   - Has the ability to focus in class without making disruptive interruptions
   - Communicates therapeutically with clients, families, and groups in a variety of settings
   - Documents client data and nursing care completely and accurately
   - Provides health teaching information for clients, families, and/or groups based on assessed needs, available resources, age, lifestyle, and cultural considerations
   - Has the ability to use a variety of computer programs and platforms
   - Must be able to give and receive constructive feedback, process feedback, and utilize it to conform behavior to expected professional standards
4. **Physical Mobility**: Physical abilities sufficient to move from room to room and maneuver in small spaces.
   - Able to attend and participate in class
   - Has the ability to push, pull and/or lift a minimum of 30 lbs. of weight
   - Has mobility and stamina sufficient to function for up to a 12-hour clinical experience in various settings
   - LIFTS, moves, positions, and transports clients without causing harm to client or self
   - Has the ability to move around client’s room, work spaces and treatment areas, in all clinical settings
   - Has the ability to stoop, bend, squat, and reach overhead as required to deliver care safely in emergent and non-emergent situations
   - Performs cardiopulmonary resuscitation according to recommended procedures and professional standards

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

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

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

8. **Tactile**: Tactile ability sufficient for physical assessment
   - Performs palpation functions correctly for physical examination and therapeutic interventions such as pulses, temperature, texture, firmness, softness, and physical landmarks

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

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

**Application for Accommodation Prior to Matriculation:**

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

**Application for Accommodation After Matriculation:**

Students seeking accommodations will be referred to the UAB Office of Disability Support Services. Personnel in the Disability Support Services Office will follow established protocol to determine if the student is eligible for accommodations. Any financial cost for documentation, assessment or evaluation will be the sole responsibility of the student. The Office of Disability Support Services will review the results of the evaluations to determine whether a condition exists, and whether accommodations are necessary. If DSS determines that accommodations are necessary to allow a nursing student to meet the Pre-licensure Core Performance Standards then they will educate students on the process of forwarding those recommendations to the appropriate faculty. The appropriate faculty will work with the student and DSS to determine if there are reasonable accommodations. If reasonable accommodations cannot be made, the student will be informed, if the student is unable to meet the Pre-licensure Core Performance Standards. A nursing student who is dismissed based on inability to meet the Pre-licensure Core Performance Standards of the UABSON will have the right of appeal through the established grievance process used in the UABSON Student Handbook. If the accommodation is approved, the UABSON will work to make sure that the accommodation is reasonably facilitated from that point forward. Retroactive accommodations will not be allowed.
### SPRING 2020
### ACADEMIC CALENDAR

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 28 - Nov 8</td>
<td>Assigned Time Registration</td>
</tr>
<tr>
<td>Nov 11 - Jan 12</td>
<td>Open Registration</td>
</tr>
<tr>
<td>Dec 23 - Jan 12</td>
<td>Open Registration</td>
</tr>
<tr>
<td>Jan 9 - 10</td>
<td>AMNP Mandatory Orientation – place TBD  7:30 AM</td>
</tr>
</tbody>
</table>
| Jan 13 | Payment Deadline:  
|          | 100% balance due for Traditional Payment;                           |
|          | 1st Payment Deadline for Blazer Flex Plan. Failure to pay the first installment of the Blazer Flex Plan will result in assessment of $50 late fee. |
| Jan 13 | Classes Begin                                                        |
| Jan 13 - 21 | Registration After Classes Begin                                     |
| Jan 20 | Martin Luther King Holiday                                            |
| Jan 21 | Last Day to Drop/Add (Without paying full Tuition & Fees)            |
| Jan 21 | Last Day to Submit Undergraduate Application for Degree              |
| Jan 27 | Last Day for full-term withdrawal for 75% refund. (Must withdraw from all courses) |
| Feb 10 | 2nd Payment Deadline for Blazer Flex Plan                           |
|          | Failure to pay the installment of the Blazer Flex Plan will result in assessment of $50 late fee. |
| Feb 10 | Last Day for full-term withdrawal for 50% refund. (Must withdraw from all courses) |
| Feb 24 | Last Day for full-term withdrawal for 25% refund. (Must withdraw from all courses) |
| Mar 9 | Final Payment Deadline for Blazer Flex Plan                          |
|          | Failure to pay the installment of the Blazer Flex Plan will result in assessment of $50 late fee. |
| Mar 13 | Last day to withdraw from a course with a grade of “W”               |
| Mar 16 - 22 | Spring Break                                                         |
| Apr 24 | Last Day for full-term withdrawal. (Must withdraw from all courses)  |
| Apr 24 | Last Day of Class                                                    |
| Apr 25 - 26 | Undergraduate Reading Days                                           |
| Apr 27 - May 1 | Final Exams                                                           |
| May 1 | Commencement - Graduate Students                                     |
| May 2 | Commencement - Undergraduate Students                                |
| May 4 | Grades Due (by midnight)                                             |
| May 6 | Grades Available Online                                              |