*Steps 1 through 11 must be complete prior to registering for courses

1. Sign and submit the acceptance form through Adobe Sign (a copy will be emailed to you upon completion).

2. Sign and submit the FERPA release form through Adobe Sign (a copy will be emailed to you upon completion).

3. Sign and submit your program of study form through Abode Sign. The program of study form will come in a separate Adobe Sign email within a few weeks after you receive the offer email.

4. Verify licensure and CPR are active through your first semester
   - RN license (update with the SON based on expiration of certification)
   - CPR Certification (update with the SON based on expiration of certification)

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

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

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

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

7. Step 1: Check email for background check notification from ESS (results@es2.com), and complete within ten days of email arrival (mid-April, 2021)

8. Step 2: Check your email for drug screen notification from LabCorp ([OTSWEBAPP@labcorps.com](mailto:OTSWEBAPP@labcorps.com)) and complete within ten days of email arrival (mid-April, 2021)

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

11. Complete
   - HIPPA training course – Instructions Attached (Attachment D) (Once for the duration of your program)
   - OSHA training course – Instructions Attached (Attachment E) (Annual requirement)

12. Mandatory attendance at DNP Orientation: April 19-20, 2021 (agenda will be emailed)

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

14. (Optional) Please apply if you qualify for any of the funding opportunities listed on the following website: [https://www.uab.edu/nursing/home/images/fellowship-traineeship-and-loan-programs.pdf](https://www.uab.edu/nursing/home/images/fellowship-traineeship-and-loan-programs.pdf)

15. Transfer/Waiver Request Form for your review. (Attachment G)
UAB Blazer ID

What is a Blazer ID?
• A BlazerID is your computer login name at UAB
• A BlazerID is your student email address ex: (blazerid@uab.edu)

Why do I need a Blazer ID?
• Most network and computer services at UAB require a Blazer ID for login
• Student E-mail Policy—Students must have a uab.edu e-mail address in order to register for classes. To comply with the policy you also must have a valid, current, and reliable electronic mailbox. If there is a change in the e-mail address your uab.edu e-mail is directed, you should make changes in the UAB e-mail registration system to continue to receive UAB communications.

Uses of Blazer ID
• You must have a Blazer ID to register for classes
• Student E-mail account
• Some departmental computer labs
• WebCT online courses
• Class mailing lists, important information e-mailed from your department, school, and designated UAB support areas

Go to https://idm.blazernet.uab.edu/bid/reg to view your Blazer ID. (Click on “Do I have a Blazer ID”)

Register for your classes

http://main.uab.edu and click on the “quick links” to find “BlazerNet” Log into BlazerNet to begin registration under the “student tab” and then “registration” tab
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.
### General Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male □ Female □ Transgendered □ Transitional</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Month: __________ Day: ______ Year: ______</td>
</tr>
<tr>
<td>School</td>
<td>CAS, Med, Dent, SHP, Nurs. etc.</td>
</tr>
<tr>
<td>Program or Major Code</td>
<td>Education, History, Physics, Biology, etc.</td>
</tr>
</tbody>
</table>

#### 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>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Medications**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Food/Medicine Allergies**

Please list penicillin, codeine, insect bites, antibiotics, specific food or chemical, etc.
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stroke</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart attack before age 55</td>
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<tr>
<td></td>
<td></td>
<td>Diabetes</td>
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<td></td>
<td></td>
<td>Glaucoma</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cholesterol or blood fat disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood clotting disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychiatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol/drug problems</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Year</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Mononucleosis</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hay fever</td>
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<tr>
<td></td>
<td></td>
<td>Head/neck radiation</td>
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<tr>
<td></td>
<td></td>
<td>Arthritis</td>
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<td></td>
<td></td>
<td>Concussion</td>
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<td></td>
<td></td>
<td>Frequent/severe headache</td>
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<td></td>
<td></td>
<td>Dizziness/fainting spells</td>
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<td></td>
<td></td>
<td>Severe head injury</td>
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<td></td>
<td></td>
<td>Paralysis</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Epilepsy/seizures</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Blood transfusion</td>
<td></td>
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<td></td>
<td></td>
<td>Protein in blood or urine</td>
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<tr>
<td></td>
<td></td>
<td>Ulcer (duodenal/stomach)</td>
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<td></td>
<td></td>
<td>Intestinal trouble</td>
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<td></td>
<td></td>
<td>Pilonidal cyst</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Allergy injection therapy</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Back injury</td>
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<tr>
<td></td>
<td></td>
<td>Broken bones</td>
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<tr>
<td></td>
<td></td>
<td>Kidney infection</td>
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<tr>
<td></td>
<td></td>
<td>Bladder infection</td>
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<tr>
<td></td>
<td></td>
<td>Kidney stone</td>
<td></td>
</tr>
</tbody>
</table>

**Mental Health History**

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

**Substance Use History**

| Alcohol/drug problem | Smoke 1+ pack cigs/week |
UAB SH&W PHYSICAL EXAMINATION (Please print in black ink) To be completed and signed by physician or clinician. A physical examination is required 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.

<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>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</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)

1. Head, Ears, Nose, Throat
2. Eyes
3. Respiratory
4. Cardiovascular
5. Gastrointestinal
6. Hernia
7. Genitourinary
8. Musculoskeletal
9. Metabolic/Endocrine
10. Neuropsychiatric
11. Skin
12. Mammary

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/PhoneNumber ________________________________
UAB Student Health & Wellness Immunization Form

Clinical Students

*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: __/__/____
   Mumps
   Date: __/__/____
   Rubella
   Date: __/__/____

   Laboratory evidence of immunity to all three diseases:
   Measles
   Date: __/__/____ Result: __________
   Mumps
   Date: __/__/____ Result: __________
   Rubella
   Date: __/__/____ Result: __________

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

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 vaccinatedose.

   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 a non-responder.

Provider signature or officestamp ____________________________

Page 1
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: _____ / _____ / ______
     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. *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: ________
   - 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.
     - 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: _____ / _____ / ______
REGISTRATION

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

How to Register through BlazerNET

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

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

- Click on the "Look Up Classes" link to search the available courses for the term. You may search for classes with several different criteria, but the only block that must be utilized is the Subject block.

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

2. Select Term
   - May, 10-Week. Summer A, and Summer B session classes are listed under the Summer Term.
   - Search by Term:
     - None
   - Submit
   - Reset

3. Look Up Classes
   - Subject
     - NUR1101 - NUR1102 - Clinical Practice
     - NUR1103 - NUR1104 - Theory in Practice
     - NUR1105 - NUR1106 - Maternal-Child Nursing
     - NUR1107 - NUR1108 - Gerontology
   - Course Search
   - Advanced Search
   - UAB Online/Distance Class Search

- Once the classes are visible, register for the course(s) by clicking on the empty checkbox to the left of the CRN and clicking on the Register button at the bottom of the screen.
If you already know the CRN for your course(s)
- Click on the “Add/Drop Classes” link in the “Registration Tools” channel.

- The Add/Drop worksheet will appear. There will be a row of empty blocks. Type in the 5-digit CRN for your course in any of the blocks. If you are registering for more than one course, tab over to another block and enter in all of the courses at one time. (You do not need to type in the subject or number for the course, only the CRN is required!)
- Click on the Register button at the bottom of the screen when complete.

**IMPORTANT NOTE:**
Register for co-requisites in your Clinical Sequence by selecting **BOTH** courses required at the same time. Failure to select both courses at the same time will cause an error and not allow you to register for either course until **BOTH** are selected simultaneously.

**If you receive a Registration Error Message when registering, please contact the Office of Student Success in the School of Nursing 205-975-7529**

Please see the list below of common registration errors:

- **RAC**: A Registration Access Code (RAC) is required for your account.
- **CORQ**: Course has a corequisite. The CRN of the required corequisite should follow the CORQ error message. Please submit the courses simultaneously.
- **PREQ/TEST SCORE**: Course has a prerequisite or test placement requirement. The CRN or title of the required prerequisite should follow the PREQ error message.
- **CLOSED SECTION**: There are no more seats available in the course.
- **NEED INSTRUCTOR PERMISSION**: Permission of the instructor is required to take this course.
- **LEVEL RESTRICTION**: Your classification level is invalid for this course.
- **HOLDS**: Holds are on your account, which restrict you from registering. Please scroll down until you see a “View Holds” icon. This icon will show your specific holds. Please see the department listed to remove the hold.
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 Campus Learning system in order to complete the requirement and receive credit.

To access the UAB/UABHS HIPAA Privacy and Security Training Course click here: https://www.uab.edu/campuslms

• Click on LOGIN WITH BLAZERID
• Log in using your BlazerID and password
• Type in “UAB/UABHS HIPAA Privacy and Security Training” in the search bar
• Select the course and then click ENROLL
• Click on START LEARNING NOW
• Click on DOWNLOAD NOW
• Presentation slides will display
• View all training slides
• When completed, exit by selecting the ‘X’ at the top right of the screen
• Click on HIPAA Post Test
• Click on BEGIN THE TEST
• Click on ‘Start Test’
• Successful completion is considered a score of 75% or better. If unsuccessful, repeat these steps until you have a satisfactory score.
• You can see a certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day.

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 the Campus Learning system 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

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

https://uab.docebosaas.com/lms/index.php?r=course/deeplink&course_id=153&hash=ab9c6c7c9b386a569fa924e13074b754fec7b4&generated_by=55029.

**Bloodborne Pathogens Course course is REQUIRED ANNUALLY.**

- 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 a certificate in the Campus Learning System by going to “My Activities” located on the homepage; however, https://www.uab.edu/learninglocker is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

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 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.
### SUMMER 2021 ACADEMIC CALENDAR

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 29 - Apr 9</td>
<td>Assigned Time Registration</td>
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<tr>
<td>Apr 12 - May 9</td>
<td>Open Registration</td>
</tr>
<tr>
<td>May 10</td>
<td>Classes Begin</td>
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<tr>
<td>May 10 - 17</td>
<td>Registration After Classes Begin</td>
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<tr>
<td>May 17</td>
<td>Last Day to Drop/Add (Without paying full Tuition &amp; Fees)</td>
</tr>
<tr>
<td>May 31</td>
<td>Memorial Day Holiday</td>
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<tr>
<td>July 5</td>
<td>Last Day to Withdraw</td>
</tr>
<tr>
<td>TBA</td>
<td>Independence Day Holiday</td>
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<tr>
<td>Aug 6</td>
<td>Last Day of Class</td>
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<tr>
<td>Aug 7 - 13</td>
<td>Final Exams</td>
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<tr>
<td>Aug 13</td>
<td>Commencement - Graduate Students</td>
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<td>Aug 14</td>
<td>Commencement - Undergraduate Students</td>
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<tr>
<td>Aug 16</td>
<td>Grades Due (by midnight)</td>
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<tr>
<td>Aug 18</td>
<td>Grades Available Online</td>
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</tbody>
</table>
Program of Study

INSTRUCTIONS FOR DETERMINING YOUR PLAN FOR COURSEWORK

The Program of Study (POS) is your agreement between you and the School of Nursing. Program of studies have been developed ahead of time to help ensure there is space available in each course and to provide a seamless flow through the coursework. If changes are necessary in your POS due to previously completed nursing graduate or doctoral coursework, you **MUST** gain approval. The initial POS approval will be issued from the Office of Student Success before DNP Orientation through Adobe. Please make sure that our office has your updated address on file. We will use the address listed on your application for mailing purposes. You can reach Ms. Jacque Lavier via email at jlavier@uab.edu or via telephone at 205-975-3115 with questions.

Please complete the following if you have taken previous courses to be considered for waiver or transfer:

The “Transfer Request Form” can be located on the School of Nursing website at https://www.uab.edu/nursing/home/student-resources/student-forms and going to the DNP section.

Please complete the following if you have taken previous courses to be considered for waiver or transfer:

**FOR MSN/DNP Applicants:**
1. If you HAVE taken doctoral level nursing courses and wish to have them considered for transfer (up to 12 hours of equivalent UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
   - Complete and submit the “Request for Approval and Transfer of Graduate Level Coursework” form provided in the Admission Packet” one form per course and also include a course syllabi for non-UABSON courses)

   Note: Previous UAB SON students will not need to submit course syllabi

**FOR BSN/DNP Applicants:**
2. If you HAVE taken graduate or doctoral level nursing courses and wish to have them considered for transfer (up to 12 hours of equivalent UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
   - Complete and submit the “Request for Approval and Transfer of Graduate Level Coursework” form provided in the Admission Packet” one form per course and also include a course syllabi for non-UABSON courses)

   Note: Previous UAB SON students will not need to submit course syllabi

Coursework assessments can **take up to 4 weeks for complete course requests** to be considered for equivalency decision for Program of Study determination. Start this process as soon as possible. Please send all documentation as one packet by email to Ms. Jacque Lavier at jlavier@uab.edu

**NOTE:** Your POS Hold will be lifted and you will be able to register for courses **after you have a signed POS submitted back to the UAB School of Nursing.**