UAB School of Nursing (SON)
Graduate School Admissions Process Checklist
UPON RECEIPT OF THIS LETTER:

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

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

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

☐ 3. Download and read the BSN/DNP Admission Packet http://www.uab.edu/nursing/home/student-resources

☐ 4. Verify licensure and CPR are active through your first semester (email updated License and Certifications to jlavier@uab.edu)
   • 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

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)

☐ 7. Step 1: Check email for background check notification from GHRR (UABSchoolofNursingDNP@screening.services) and complete within 10 business days of email arrival (mid-July, 2022)

☐ 8. Step 2: Check your email for drug screen notification from LabCorp (OTSWEBAPP@labcorps.com)and complete within ten days of email arrival (mid-July, 2022)

☐ 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)

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

☐ 11. Mandatory attendance at DNP Orientation: July 18-19, 2022 (agenda will be emailed at a later date)

☐ 12. Check the Academic calendar for important dates (https://www.uab.edu/students/academics/academic-calendar)

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

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

☐ 15. Academic Calendar (Attachment G)

Medical Clearance/Immunization Requirements

We recommend you submit requirements and plan to complete any missing portions as soon as possible. Medical clearance compliance will be required prior to starting classes. Please contact UAB Student Health with any questions via the Patient Portal.

To ensure a safe and healthy campus, UAB requires all entering students to satisfy immunization/TB requirements. **All requirements must be met prior to enrolling at the university**.

Requirements:

- Physical Exam
- MMR (Measles, Mumps, Rubella)
- Tdap – (Tetanus, Diphtheria, Acellular Pertussis)
- Varicella (Chickenpox/Shingles)
- Meningococcal
- Hepatitis B with antibody titer
- Tuberculosis testing (<u>annual</u> 2 step tb skin test)
- Clinical Health History Form
- Flu

Submit Your Documentation:

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

You will have the ability to scan and upload documents for your various clearance requirements. (Must be JPEG, JPG, PNG, GIF or PDF). You may also fax your immunization records to SHW at 205-996-SHOT (7468).

You can access your specific immunization/TB requirements and general information at the following link: **http://www.uab.edu/studenthealth/medical-clearance/general-info** .

We look forward to serving you during your time at UAB. Feel free to contact us if you have any questions or concerns.

Student Health and Wellness
205.975.7753

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.

Patient Portal Online Appointments

(BlazerID and password required)

BlazerID:

Password:

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

Immunizations

6 Click "Add immunization Record"

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 aabout your immunizations or test results.

UAB Student Health and Wellness

Health History Form
Learning Resource Center
1714 9th Avenue South, 3rd Floor
Birmingham, Alabama35294-1270
(205) 934-3580

Please save this form and upload it to Certifiedprofile.com.

Entering Semester: ☐ Fall ☐ Spring ☐ Summer ● Year_____ ●UAB Student No.   B_____

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, whichcountry?_____

Telephone number: _____ _____   Height: _____   Weight:_
               Home   *Cell*

Local Address: _____

Permanent Address _____

Primary emergency contact:_____Telephone number:_____Relationship:_____

Secondary emergency contact:_____Telephone number:_____Relationship: _____

Personal Health History

Medical Conditions

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

Name	Description	Year

Medications

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

Name	Description	Dosage

Food/Medicine Allergies

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

Family & Personal Health History (to be completed by thestudent)
Has any person, related by blood, had any of the following?

Yes	No		Relationship		Yes	No		Relationship
		High Blood Pressure					Cholesterol or blood fat disorder	
		Stroke					Blood clottingdisorder	
		Cancer					Psychiatric	
		Heart attack before age 55					Suicide	
		Diabetes					Alcohol/drug problems	
		Glaucoma						

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

Yes	No	Symptom	Year		Yes	No	Symptom	Year
		High Blood Pressure					Mononucleosis	
		Rheumatic fever					Hay fever	
		Heart trouble					Head/neck radiation	
		Pain/pressure inchest					Arthritis	
		Shortness of breath					Concussion	
		Asthma					Frequent/severeheadache	
		Pneumonia					Dizziness/fainting spells	
		Chronic cough					Severe head injury	
		Tuberculosis					Paralysis	
		Tumor/cancer(specify)					Epilepsy/seizures	
		Malaria					Blood transfusion	
		Thyroid trouble					Protein in blood or urine	
		Serious skin disease					Ulcer (duodenal/stomach)	
		Hearing loss					Intestinal trouble	
		Sexually transmitteddisease					Pilonidal cyst	
		Severe menstrual cramps					Allergy injection therapy	
		Irregular periods					Back injury	
		Frequent vomiting					Broken bones	
		Gall bladder or gallstones					Kidney infection	
		Jaundice or Hepatitis					Bladder infection	
		Rectal disease					Kidney stone	
		Severe/recurrent abdominal pain					**Mental Health History**	
		Sinusitis					Sleep problems	
		Hernia					Self-injurious Behavior	
		Chicken pox					Depression/bipolar	
		Anemia/Sickle Cell Anemia					Anxiety/panic	
		Eye trouble besidesglasses					LD/ADD/ADHD	
		Bone, joint, otherdeformity					Eating Disorder	
		Shoulder dislocation					Obsessive compulsive	
		Knee problems					Self-induced vomiting	
		Recurrent back pain					**Substance Use History**	
		Neck injury					Alcohol/drug problem	
		Diabetes					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.

Last Name First Name Middle	Date of Birth(mm/dd/yyyy)	BlazerID@uab.edu
Permanent Address City State Zip Code		

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/Phone Number

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 vaccinecomponent:
Measles   Date:_____/_____/_____ Date:_____/_____/_____
Mumps   Date:_____/_____/_____ Date:_____/_____/_____
Rubella   Date:_____/_____/_____ Date:_____/_____/_____

OR

Laboratory evidence of immunity to all threediseases:
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 vaccinedose.
    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 seriesrequired.
    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 anon-responder.

Provider signature or officestamp_____

Name_____**Date of Birth**_____

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:_____/_____/_____

OR

Varicella antibody titer   Positive:_____Negative: _____   Date:_____/_____/_____

OR

Varicella vaccination Dose 1:_____/_____/_____   Dose 2:_____/_____/_____
*If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.
Varicella vaccination Dose 1:_____/_____/_____Dose 2:_____/_____/_____

5. **Meningococcal**: All students 21 and younger are required to show documentation of a meningitis vaccine given on/after their 16th birthday. Students age 22 and older are exempt.   Date:_____/_____/_____

6. **Tuberculosis**: All clinical students must meet UAB's Tuberculosis screening requirement. If no history of positive Tb skin test, two separate skin tests or one IGRA blood test are required upon matriculation. Skin tests must be placed at least one week apart. *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.

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:_____/_____/_____

UAB SCHOOL OF NURSING

REGISTRATION

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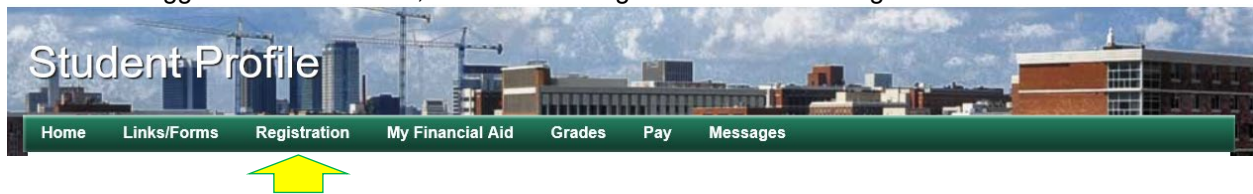Access to BlazerNET requires a BlazerID and password.

UAB Central Authentication System
Enter your BlazerID and Password:

BlazerID:

Password:

How to Register through BlazerNET

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

Student Profile

Home   Links/Forms   Registration   My Financial Aid   Grades   Pay   Messages

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
RELEASE: 8.8

2.
Select Term

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

Search by Term:
None

Submit   Reset
RELEASE: 8.7.1.2

3.
Look Up Classes

Subject:
NOH-Nursing -Occupational Hlth
NPE-Nursing - Pediatrics
NPN-Psyc Mental Hlth Nur Prac
NRM-Nursing - Research Methods
NST- NUR - Statistical Methods
NTC-Nursing - Teaching
NTR-Nutrition Sciences
NUR-Nursing
NWH-Nursing - Womens Health
OB-Oral Biology

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.
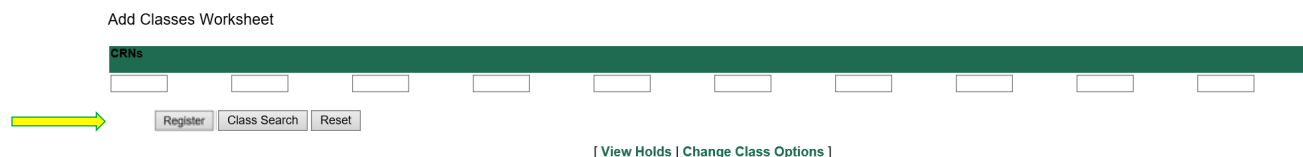
Sections Found

MA-Mathematics

Select	CRN	Subj	Crse	Sec	Cmp	Cred	Title	Days	Time	Cap	Act	Rem	WL Cap	WL Act	WL Rem	Instructor	Date (MM/DD)	Location	Comments
							MA-180 PREREQUISITES: Undergraduate level **MA 102** Minimum Grade of C or Undergraduate level **MA 105** Minimum Grade of C or Undergraduate level **MA 106** Minimum Grade of C or Undergraduate level **MA 107** Minimum Grade of C or Undergraduate level **MA 110** Minimum Grade of C or Undergraduate level **MA 125** Minimum Grade of C or Undergraduate level **MA 225** Minimum Grade of C												
☐	**36779**	MA	180	ZN	01	3.000	Intro to Statistics	MW	08:00 am-08:50 am	55	21	34	10	0	10	TBA	01/08-04/27	CH 443	Recommended that 2 years of high school algebra or MA102 has been completed before taking course. First day attendance is mandatory.Students who have

Register   Add to WorkSheet   New Search

[Week at a Glance | Student Detail Schedule]

If you already know the CRN for your course(s)
- Click on the "Add/Drop Classes" link in the "Registration Tools" channel.

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
RELEASE: 8.8

- 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.

Add Classes Worksheet

CRNs

Register   Class Search   Reset

[**View Holds** | **Change Class Options**]

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.

UAB SCHOOL OF NURSING

American Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**HIPAA training is a one-time training

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

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

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

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

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

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

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

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

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

UAB SCHOOL OF NURSING

Bloodborne Pathogens Course (OSHA)
Occupational Safety and Health Administration

Bloodborne Pathogens Course is <mark>REQUIRED ANNUALLY.</mark>

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

To access the "Bloodborne Pathogens Course" (OSHA) training go to:

(clicking the link enrolls you into the course)

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

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

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

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

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

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

UAB SCHOOL OF NURSING

Program of Study

<u>INSTRUCTIONS FOR DETERMINING YOUR PLAN FOR COURSEWORK</u>

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 U.S Mail. Please make sure that our office has your updated address on file. We will use the address listed on your application to mail your Program of Study. You can reach Ms. Jacque Lavier via email at <u>jlavier@uab.edu</u> 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:

       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 **<u>equivalent</u>** UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:

      ○ Complete and submit the "Request for Approval and Transfer of Graduate Level Coursework" form provided in the Admission Packet" <u>one form per course</u> 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 **<u>equivalent</u>** UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:

      ○ Complete and submit the "Request for Approval and Transfer of Graduate Level Coursework" form provided in the Admission Packet" <u>one form per course</u> 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 <u>take up to 4 weeks for complete course requests</u> 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 <u>jlavier@uab.edu</u> or by fax to 205-934-5490.

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

SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE STUDIES

Request for Approval and Transfer/Waiver of Graduate Level Coursework

NAME _____   DATE _____   BlazerID/B# _____

ADDRESS _____

CITY _____   STATE _____   ZIP CODE _____

CELL PHONE _____   EMAIL _____

PROGRAM / SPECIALTY TRACK (CONCENTRATION) _____

I am requesting review of _____
<div align="center">Course Number and Name</div>

taken at _____ in _____ _____ / _____
<div align="center">College or University   Term and Year   Credit Hours /   Grade</div>

I am requesting the course be considered as:
          _____ an elective

          _____ a substitute for _____
<div align="center">UAB Course Number and Name</div>

Please attach a course syllabus and return this form to the Office of Student Success by email at sonstudaffrs@uab.edu.
Note: If you have been accepted into a Nurse Practitioner track, a current resume will also be required to process this request.
DEFINITIONS OF TRANSFER:
TRANSFER FOR CREDIT: A course is being awarded for credit towards a required course on the student's program of study for their degree program and will be posted on UAB's transcript after successful completion of 12 semester credit hours with a "B" or better.

WAIVER: A course waiver does NOT result in the awarding of credit. However, a waiver means that the student does not have to take a required course in the program of study because the Program Director has determined that the student has demonstrated knowledge of required content.

FOR OFFICE USE ONLY

Approval of the request as stated above is:
_____ Denied   _____ Other _____

_____

_____ Deferred   _____ Program Director requires more in-depth description of the course

_____ Granted, the following conditions must be met:

- Satisfactory completion of 12 semester hours at the UAB School of Nursing with a grade of "B" or better.

- Receipt of an official transcript reflecting the approved course (Transcripts should be sent to the UAB School of Nursing by email at sonadmissions@uab.edu)

This course is being approved for **(___) WAIVER / (__) TRANSFER FOR CREDIT**

on the student's current program of study for_____.
<div align="center">UAB Course Number and Name</div>

_____ / _____
<div align="center">Signature, Master/Doctoral Program Director   Date</div>

1/2021

UAB
SCHOOL OF NURSING
The University of Alabama at Birmingham

FALL 2022 ACADEMIC
CALENDAR

Mar 28 - Apr 8	Assigned Time Registration
Apr 10 - Aug 21	Open Registration • Degree-seeking graduate and undergraduate students • Non-degree-seeking graduate students
Aug 1- Aug 21	Open Registration • Non-degree-seeking undergraduate students
Aug 22	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.
Aug 22	Classes Begin
Aug 22 – Aug 29	Registration After Classes Begin
Aug 29	Last Day to Drop/Add (Without paying full Tuition & Fees)
Aug 29	Last Day to Submit Undergraduate Application for Degree
Sep 5	Labor Day Holiday
Sept 6	Last Day for full-term withdrawal 75% refund. (Must withdraw from all courses)
Sept 19	Last Day for full-term withdrawal 50% refund. (Must withdraw from all courses)
Sept 20	2nd 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.
Oct 4	Last Day for full-term withdrawal 25% refund. (Must withdraw from all courses)
Oct 14	Last Day to Withdraw from a course with a grade of "W"
Oct 20	Final Payment Deadline for Blazer Flex Plan Failure to meet payment deadline results in assessment of $50 late fee.
Nov 7 – Nov 18	Assigned Time Registration for Spring 2022
Nov 21 – Nov 27	Fall/Thanksgiving Break
Dec 2	Last Day to withdraw for the term. (Must withdraw from all courses)
Dec 2	Last Day of class
Dec 3-4	Undergraduate Reading Days
Dec 5 - Dec 9	Final Exams
Dec 9	Commencement – Graduate Students
Dec 10	Commencement – Undergraduate Students
Dec 12	Grades Due (by midnight)
Dec 14	Grades Available Online

UAB SCHOOL OF NURSING

Knowledge that will change your world

Contacts

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

Director of Student Success
      Mr. John Updegraff
      205-975-3370   fax 205-934-5490
      jupde22@uab.edu

Registration Issues
      Kevin Jerrolds, Registrar
      205-934-7605   fax 205-934-5490
      sonregistrar@uab.edu

      Latasha Harris, Assistant Registrar
      205-934-6778   fax 205-934-5490
      sonregistrar@uab.edu

Drug Screen / Background Check Issues
      Ms. Pat Little
      205-996-7130   fax 205-996-7157
      plittle2@uab.edu

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

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

UAB Student Health

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

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

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