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 Adobe Sign. The program of study form will come in a separate Adobe Sign email soon after you receive the offer email. (a copy will be emailed to you upon completion).

3. Download and read the BSN/DNP Admission Packet [Http://www.uab.edu/nursing/home/student-resources](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](https://idm.uab.edu/bid/reg) (Attachment A)

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-July, 2021)

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, 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)

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 12-13, 2021 (agenda will be emailed at a later date)

12. Check the Academic calendar for important dates ([https://www.uab.edu/students/academics/academic-calendar](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](https://www.uab.edu/nursing/home/scholarships-financial-aid)

14. Transfer/Waiver Request Form for your review. (Attachment F)
**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
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 ☐ Transgendered ☐ Transitional  
- **Date of Birth:** Month: ____________ Day: ____________ Year: ____________  
- **School:** ___________________  
- **Program or Major Code:** ___________________  
- **Current Email address:** ___________________  
- **Blazer ID:** ____________  
- **Are you an International Student or Scholar?** ☐ Yes ☐ No  
- **If Yes, which country?** ___________________  
- **Telephone number:** ___________________  
- **Local Address:** ___________________  
- **Permanent Address:** ___________________  
- **Primary emergency contact:** ___________________  
- **Telephone number:** ___________________  
- **Secondary emergency contact:** ___________________  
- **Telephone number:** ___________________  

**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>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
<td></td>
<td></td>
</tr>
</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glaucoma</td>
</tr>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td>Rheumatic fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart trouble</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td></td>
<td></td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic cough</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tumor/cancer(specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thyroid trouble</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serious skin disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hearing loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexually transmitted disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe menstrual cramps</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Irregular periods</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequent vomiting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gall bladder or gallstones</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jaundice or Hepatitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rectal disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe/recurrent abdominal pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hernia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chicken pox</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anemia/Sickle Cell Anemia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eye trouble besides glasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bone, joint, other deformity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shoulder dislocation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knee problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recurrent back pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neck injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mononucleosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hay fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Head/neck radiation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arthritis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequent/severe headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dizziness/fainting spells</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe head injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paralysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Epilepsy/seizures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood transfusion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protein in blood or urine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ulcer (duodenal/stomach)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intestinal trouble</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pilonidal cyst</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allergy injection therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Back injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Broken bones</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bladder infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney stone</td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health History

- Sleep problems
- Self-injurious Behavior
- Depression/bipolar
- Anxiety/panic
- LD/ADD/ADHD
- Eating Disorder
- Obsessive compulsive
- Self-induced vomiting

### Substance Use History

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

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Hernia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Genitourinary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Metabolic/Endocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Mammary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: __/__/____ Date: __/__/____
   Mumps Date: __/__/____ Date: __/__/____
   Rubella Date: __/__/____ 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, Diphtheria, 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 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: ___/___/_____
   
   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: ______

   OR
   
   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: ______

   OR

   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: ___/___/_____

*Please attach supporting documentation.
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
   Enroll Verification Request
   Banner Self Service Enroll 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:

   Submit Reset

   RELEASE: 8.7.1.2

3. Look Up Classes
   Subject:
   NUR, Nursing - Occupational Health
   NUR, Nursing - Pediatrics
   NUR, Psych Mental Health
   NUR, Psych Mental Health Pract.
   NUR, Psych Mental Health Research Methods
   NUR, Nursing - Teaching
   NUR, Nutrition Sciences

   MA-Mathematics

   Sections Found

   MA-Mathematics

   Select CRN Subj Cred Title Days Time Cap WL Act Rem Instructor Location Comments
   36779 MA 190 Intro to Statistics MW 08:00-09:50 am 0 21 34 10 10 TBA

   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
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.
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.doceboasaas.com/lms/index.php?r=course/deeplink&course_id=27&generated_by=151665&hash=89c0297a2b7474b2ada7e5ab7cc93766a3192250

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

**Returning/Current UAB School of Nursing Students or Previous/Current UAB Employees**

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

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

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

If you are having problems accessing Campus Learning or accessing your course/certificate please email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.
Bloodborne Pathogens Course (OSHA)
Occupational Safety and Health Administration

**Bloodborne Pathogens Course is REQUIRED ANNUALLY.**

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

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

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

**Returning & Current UAB School of Nursing Students (1 year or older)**

- Log in to Campus Learning https://uab.docebosaas.com/learn
- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- Upper left corner click on ☁
- Select Learning & Development ➔ My Activities ➔ Certifications ➔ Check “Also show expired certifications” ➔ Annual Compliance – BIO500 Certification ➔ RENEW NOW
- Subscribe to the course in order to renew it. 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.
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.