1. To check that the University has assigned you a Blazer ID; Go to [www.uab.edu/blazerid](http://www.uab.edu/blazerid) (do not forward your UAB email to a personal account).

2. Find your Banner ID; Go to [www.uab.edu/blazernet](http://www.uab.edu/blazernet) and login using your blazer id and password. Your Banner ID is on your "Student Profile" page.


4. Register for classes using the Registration Quick Guide (Attachment A). **You will not be able to register for classes until after all holds have been cleared which include: medical clearance, OSHA, HIPAA, FERPA, background check and drug screen.** Summer Open Registration is April 8.

5. Complete HIPAA (HIPAA Instructions; Attachment B), OSHA (Bloodborne Pathogens Course; Attachment C)

6. Check the Academic calendar for important dates (registration, drop/add). The Nurse Anesthesia program will provide a more detailed calendar at Orientation. [https://www.uab.edu/students/academics/academic-calendar/2020-2021](https://www.uab.edu/students/academics/academic-calendar/2020-2021)

7. Tuition Due Date Information: [https://www.uab.edu/cost-aid/cost/payment-plan-options](https://www.uab.edu/cost-aid/cost/payment-plan-options).

8. Attend Orientation (Mandatory).
   - Mandatory DNP Orientation is April 6, 2021 via Zoom from 8AM-12PM (agenda will be emailed).

9. First day of class Monday May 10, 2021 (Online).
   - One on-campus intensive in July 12 & 13, 2021 (in person but subject to change)
   - Fall Semester (On-campus courses) start date August 23, 2021

   **Items to be completed prior to first day of class.**

10. Students enrolled in the SON must satisfy specific medical clearance requirements based on the program in which they are enrolled. Use the instruction sheet for setting up your personal medical clearance website. (Attachment D) [http://www.uab.edu/studenthealth/medical-clearance](http://www.uab.edu/studenthealth/medical-clearance)

11. Register for student health insurance or submit an insurance waiver form. Students in the SON are required to have health insurance. Students must purchase Student Health insurance or submit an Insurance Waiver Form. This will be done yearly.[http://www.uab.edu/studenthealth/insurance-and-waivers](http://www.uab.edu/studenthealth/insurance-and-waivers)

12. Complete FERPA Release Form(your copy). Please sign and return original form via Adobe Sign. (Attachment E)

13. Complete background check and drug screen.
   - Check your UAB email for notification instructions containing a link to complete your background check from Employment Screening Services, ESS (results@es2.com). Background check needs to be ordered and paid for as soon as possible after receipt of email from ESS.***
   - Once your background check has been ordered and paid for, check your email for drug screen instructions with your Registration Number from LabCorp (OTSWEBAPP@Labcorps.com). *** Receive an email (UAB Email Address) notification sometime in **mid-late April**. You will need to complete this within 10 days of email arrival from ESS.

**Deadline for both background check and drug screen 10 days of email arrival**

14. Contact List. (Attachment F)

15. Program of Study (your copy). Please sign and return original form via Adobe Sign (Attachment G)

16. All students will need to have updated ACLS, PALS and BLS certifications by the beginning of clinicals.
To register for courses, please sign in to BlazerNET (www.uab.edu/blazernet). Access to BlazerNET requires a BlazerID and password. If you do not have a BlazerID, you may obtain one at BlazerID Central or you may view the schedule of classes.

How to Register through BlazerNET

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

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

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

1. 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.
  
  ![Registration Menu]
  
- 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.
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.
Medical Clearance/Immunization Requirements

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

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

Deadline:
- April 1, 2021

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 or send by fax. Please note, the scan and upload feature will not support PDF, so if you are using a copier/scanner you will need to go to settings and set to JPEG- most are set to default to PDF.
If you are taking a picture with your mobile device, this is not necessary.

You can access your specific immunization/TB requirements and general information at the following link: https://www.uab.edu/students/health/medical-clearance/immunizations.

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
IMMUNIZATION HISTORY MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

*Copies of your original immunization records are acceptable in place of this form. Please submit completed form or immunization records directly to your UAB SH&W Patient Portal.

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

   EITHER
   
   Two doses of MMR vaccine:
   Date: __/__/____
   Date: __/__/____

   OR

   Two doses of each vaccine component:
   Measles
   Date: __/__/____ Date: __/__/____
   Mumps
   Date: __/__/____ Date: __/__/____
   Rubella
   Date: __/__/____ Date: __/__/____

   OR

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

   *If any laboratory titers are non-immune, 2 repeat vaccines are required. Date: __/__/____ Date: __/__/____

2. **Tdap** - Tetanus, Diphtheria, Acellular Pertussis: All students must have had one dose of the adult Tdap given 2006 or later. If the last adult Tdap is greater than 10 years old, a Td booster is required.

   Tdap Date: __/__/____
   Td Date: __/__/____

3. **Hepatitis B Series** - All students must have a series of three Hepatitis B vaccinations (initial dose, dose two at 1 month, dose three at 6 months). A post-vaccine surface antibody titer (to demonstrate immunity) is required one month after 3rd vaccine dose.

   Dose 1 Date: __/__/____ Dose 2 Date: __/__/____ Dose 3 Date: __/__/____
   Hep B surface antibody titer: Reactive: _____ Non-Reactive: _____ Date: __/__/____

   *If Hep B surface antibody is non-reactive, repeat series and post-vaccine surface antibody titer are required.

   Dose 1 Date: __/__/____ Dose 2 Date: __/__/____ Dose 3 Date: __/__/____
   Hep B surface antibody titer: Reactive: _____ Non-Reactive: _____ Date: __/__/____

   *If repeat Hep B surface antibody is non-reactive, Hep B surface antigen is required to rule out acute or chronic Hep B infection.
   Hep B surface antigen titer: Positive: _____ Negative: _____ Date: __/__/____

   **If Hep B surface antigen is positive, visit with SH&W provider is required for additional testing. If negative, student will be considered a non-responder.

4. **Varicella** (chickenpox or shingles): All students must have documented history of Varicella, a positive Varicella antibody titer, or two doses of Varicella vaccines given at least 28 days apart.

   EITHER
   
   History of Varicella (chickenpox or shingles): Yes: _____ No: _____ Date: __/__/____

   OR
5. **Varicella**: If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.

   Varicella antibody titer
   Positive: _____  Negative: _____  Date: _____/_____/_____
   OR
   Varicella vaccination Dose 1: _____/_____/_____  Dose 2: _____/_____/_____  

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

   Date: _____/_____/_____  

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

   **EITHER**
   a. Tuberculin Skin Test (PPD) within 12 months prior to matriculation:
      Date Placed: _____/_____/_____  Date Read: _____/_____/_____  Result (mm): _____  Positive: _____  Negative: _____
   b. Tuberculin Skin Test (PPD) within 3 months prior to matriculation:
      Date Placed: _____/_____/_____  Date Read: _____/_____/_____  Result (mm): _____  Positive: _____  Negative: _____
   
   **OR**
   a. IGRA (Tspot or Quantiferon TB Gold) blood test and UAB TB Questionnaire within 3 months prior to matriculation:
      Date: _____/_____/_____  Positive: _____  Negative: _____
   b. UAB TB Questionnaire
   
   *If positive skin test or IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB Questionnaire required.
      a. Chest X-Ray Date: _____/_____/_____  Normal: _____  Abnormal: _____ (*) Please attach results
      b. UAB High Risk TB Questionnaire
      c. Have you been treated with anti-tuberculardrugs? Yes: _____  No: _____

   If yes, type of treatment: ____________________________  Length of Treatment: ____________________________  *Please attach supporting documentation.

---

**Verification of the above Student Immunization Record and Tuberculosis Screening by Health Care Provider:**

Verified by: ____________________________________________  Title: ____________________________

Address: ____________________________________________

Phone: ____________________________________________

Signature: ____________________________________________  Date: _____/_____/_____  

Office Stamp (if Available):
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: ____________________________  Area Code/Phone Number: ____________________________

Height: ____________  Weight: ____________  TPR: ____________ / ____________ / ____________  BP: ____________ / ____________

**REQUIRED**

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>
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<tr>
<td>2. Eyes</td>
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<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Cardiovascular</td>
<td></td>
<td></td>
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<tr>
<td>5. Gastrointestinal</td>
<td></td>
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<tr>
<td>6. Musculoskeletal</td>
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<tr>
<td>7. Metabolic/Endocrine</td>
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<td></td>
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<tr>
<td>8. Neuropsychiatric</td>
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<td></td>
<td></td>
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<tr>
<td>9. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<td></td>
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</tbody>
</table>

A. Is there loss or seriously impaired function of any organs?  ____No  ____Yes  

Explain: ____________________________

B. Recommendation for physical activity (physical education, intramurals, etc.)  ____Unlimited  ____Limited  

Explain: ____________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: ____________________________  Date: ____________________________

Print Name of Physician/Physician Assistant/Nurse Practitioner: ____________________________  Date: ____________________________

Office Address/Stamp (Required): ____________________________  Area Code/Phone Number: ____________________________
Consent to Release of Student Record Information

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

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

This Consent will become effective on____________________, 2021, and will expire at the completion of my degree in my current field of study.

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

*Student’s signature+ [Date]

______________________________ [Student’s Printed Name]

______________________________ [BLAZERID]

______________________________ [Witness]
Important Contacts

BSN/DNP(NP & CRNA), AMNP, MSN/DNP, PhD Program Manager
Ms. Jacque Lavier
205-934-3115 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
Mr. Kevin Jerrolds, Registrar
205-934-7605 fax 205-934-5490
sonregistrar@uab.edu

Ms. 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 205-934-5490
plittle2@@uab.edu

HIPAA and OSHA Issues
Ms. Mary Leopard
205-975-7529/975-7530/975-7545 fax 205-934-5490
mleopard@uab.edu

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

UAB Student Health – Medical Clearance

Send questions through patient portal or call main number at 205-934-3580

UAB Student Health Insurance Information
https://www.uab.edu/students/health/insurance-waivers/student-health-insurance-plan
# Nurse Anesthesia Program of Study – Post-BSN to DNP

## Student Name: «First» «Last»
Blazer ID: «BooNumber»

<table>
<thead>
<tr>
<th>Nurse Anesthesia Program Curriculum</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One - First Term: Summer</strong></td>
<td></td>
</tr>
<tr>
<td>NA 720Q Anesthesia Pharmacology I</td>
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</tr>
<tr>
<td>NUR 731Q Philosophical, Theoretical, and Conceptual Foundations for Advanced Practice Nursing</td>
<td>3 hours</td>
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<tr>
<td>NUR 740Q Health Policy and Politics: Implications for Health Care</td>
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<tr>
<td>NA 733Q Informatics for Nurse Anesthetists</td>
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<td><strong>Total</strong></td>
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<tr>
<td><strong>Year One – Second Term: Fall</strong></td>
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<tr>
<td>NA 702 Anatomy and Physiology for Nurse Anesthetists</td>
<td>6 hours</td>
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<tr>
<td>NA 731 Biochemistry and Physics for Nurse Anesthetists</td>
<td>4 hours</td>
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<tr>
<td>NUR 700Q Clinical Data Management and Analysis</td>
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<td>NUR 735Q Population Health in Advanced Nursing Practice</td>
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<td><strong>Total</strong></td>
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<tr>
<td><strong>Year One – Third Term: Spring</strong></td>
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<tr>
<td>NA 721 Anesthesia Pharmacology II</td>
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<tr>
<td>NA 770 Anesthesia Pathophysiology I</td>
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<tr>
<td>NA 740 Anesthesia Principles I</td>
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<tr>
<td>NUR 614Q Assessment and Diagnostic Reasoning for Advanced Nursing Practice</td>
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<tr>
<td>NA 718L Focus on Advanced Nursing Practice Specialization</td>
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<td><strong>Total</strong></td>
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<td><strong>Year Two – First Term - Summer</strong></td>
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<tr>
<td>NA 741 Anesthesia Principles II</td>
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<tr>
<td>NA 750 Regional anesthesia</td>
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<td>NA 771 Anesthesia Pathophysiology II</td>
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<tr>
<td>NUR 729Q Evidence-Based Practice Design and Translation</td>
<td>3 hours</td>
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<tr>
<td>NA 708L Anesthesia Practicum I</td>
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<td><strong>Total</strong></td>
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<td><strong>Year Two – Second Term- Fall</strong></td>
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<tr>
<td>NA 742Q Anesthesia Principles III</td>
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<tr>
<td>NA 745Q Professional Aspects</td>
<td>4 hours</td>
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<tr>
<td>NUR 743Q Evidence-Based Practice Strategies</td>
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<tr>
<td>NA 709L Anesthesia Practicum II</td>
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<td><strong>Year Two – Third Term - Spring</strong></td>
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<tr>
<td>NUR 738Q Scholarly Seminar</td>
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<td>NUR 742Q Program Evaluation Methods</td>
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<td>NA 795 Q Critical Concepts I</td>
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<td>NUR 739Q Scholarly Project</td>
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<td>NA 711L Anesthesia Specialty Immersion I</td>
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<td><strong>Total</strong></td>
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<td><strong>Year Three – Second Term – Fall</strong></td>
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<tr>
<td>NA 796Q Critical Concepts II</td>
<td>3 hours</td>
</tr>
<tr>
<td>NUR 739Q Scholarly Project</td>
<td>3 hours</td>
</tr>
<tr>
<td>NA 712L Anesthesia Specialty Immersion II</td>
<td>5 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11 hours</strong></td>
</tr>
<tr>
<td><strong>Year Three – Third Term – Spring</strong></td>
<td></td>
</tr>
<tr>
<td>NA 797 Q Critical Concepts III</td>
<td>3 hours</td>
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<tr>
<td>NUR 701Q Writing for Publication</td>
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<tr>
<td>NA 713L Anesthesia Specialty Immersion III</td>
<td>5 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11 hours</strong></td>
</tr>
</tbody>
</table>

**Overall Total** 114 hours

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Student’s Faculty Advisor’s Signature __________________________ Date: __________________________

Signature ___________________________________________________________________________