UAB

The University of Alabama at Birmingham®

School of Nursing

MSN Pathway

Fall 2026 Cohort

UAB School of Nursing (SON)
Masters of Science in Nursing (MSN) Admissions Checklist

Steps 1 – 7 must be complete prior to registering for courses.

☐ 1. Your Admission Offer, Acceptance Form, FERPA Form, and Post Licensure Core Performance Standards will be delivered via Adobe Sign to your admission application email address. Sign and return required documents via Adobe Sign. (a copy will be emailed to you upon completion)

Note: Confirm the Specialty track is acceptable, and the current state of residence address is correct. The offer is only for the specialty listed. If you do not wish to accept this specialty, you may request a change of term form (if this is your first term applying) or submit a new application to the program.

☐ 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. Additionally, review instructions for returning your program of study and request to transfer or waive courses, if applicable. **(Attachment A)**

☐ 3. Review information regarding your Blazer ID. The University will create your ID for you. Go to Blazer Central to register (activate) your BlazerID. You will need your student ID (B#) located on your Program of Study. https://idm.uab.edu/bid/reg

☐ 4. Begin taking steps to gain medical clearance. Please review (**Attachments B**) and visit the UAB Student Health webpage at: *https://www.uab.edu/students/health/*

☐ 5. Attend a **mandatory on campus Orientation** on **July 17-18, 2026. Agenda will come by email at a later date.**

☐ 6. Background Check and Drug Screen Completion (**Attachment C**)
   Step 1: Check email for background check notification from DISA Global Solutions (UABSchoolofNursingMSN@screening.services), and complete within 10 business days of email arrival (July, 2026)
   Step 2: Check your email for drug screen notification from LabCorp (OTSWEBAPP@labcorps.com)and complete within ten days of email arrival (July, 2026)

☐ 7. Complete: *(courses are available the semester prior to starting the program)*
   - HIPAA training course – Instructions Attached (**Attachment D**) (Once for the duration of your program)
   - OSHA training course – Instructions Attached (**Attachment E**) (Annual requirement)

☐ 8. Register for classes as listed on Program of Study using the Registration Instructions once all holds are cleared. (steps 2 through 7 must be complete to register) (**Attachment F**).

☐ 9. Review insurance requirements at: *https://www.uab.edu/students/health/insurance-waivers.*

☐ 10. Check the Academic Calendar for important dates (**Attachment G**).
   (https://www.uab.edu/students/academics/academic-calendar)

☐ 11. (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

☐ 12. Contact List (**Attachment H**)

☐ 13. UAB One Card (Must be completed two weeks prior to Orientation) (**Attachment I**)

☐ 13. **Log** on to Canvas - First Day of Class – August 24, 2026!

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School of Nursing

Program of Study

<u>INSTRUCTIONS FOR PREVIOUS GRADUATE NURSING CREDIT REVIEW</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 coursework, you **_MUST_** **gain approval.** The initial POS approval will be issued through the Office of Student Success in your initial offer letter packet. You can reach Mr. John Updegraff via email at jupde22@uab.edu with questions.

Please complete the following steps:

1. Please sign and return the POS **via Adobe Sign**.

   Please continue below only if you have taken graduate level nursing courses before.

2. If you **HAVE** taken graduate 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:

   o Complete and submit one of the following forms located on the School of Nursing website, www.uab.edu/nursing, under "*Nursing Quicklinks*" then "*Student Resources*" and then "*Student Forms*" under the **MSN section**. (https://www.uab.edu/nursing/home/student-resources/student-forms)

      A. "Request for Approval and Transfer of Graduate Level Coursework" (one form per course and also include a course syllabi for non-UABSON courses)

         OR

      B. "Request for Non-degree Credit to be Accepted as Graduate Credit" (used for UAB graduate nursing non-degree credit courses only)

   o It can take up to 2-4 weeks for complete course requests to be considered for a transfer/waiver decision and any subsequent POS revisions to be done, if approved.

Completed course evaluation forms and syllabi should be submitted to John Updegraff via email at jupde22@uab.edu

NOTE: Your POS Hold will be lifted prior to orientation after you have a signed POS submitted back to the UAB School of Nursing.

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School of Nursing

Medical Clearance & Immunizations

> 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. Before you register in nursing courses, you must upload a number of medical records in the UAB Student Health and Wellness Patient Portal. Students can access the Patient Portal from the right side navigation on their BlazerNet homepage.

Please begin locating your medical records immediately to help determine if you need to initiate immunizations to comply with our program requirements. Some immunizations take time to complete. Any instance of an incomplete immunization prior to school starting may prohibit you from attending clinicals.

MSN students are required to satisfy **the Level 3 Immunization requirements** for clinical students.

https://www.uab.edu/students/health/immunizations/level-3

You will not have access to the patient portal until the semester prior to starting the program.

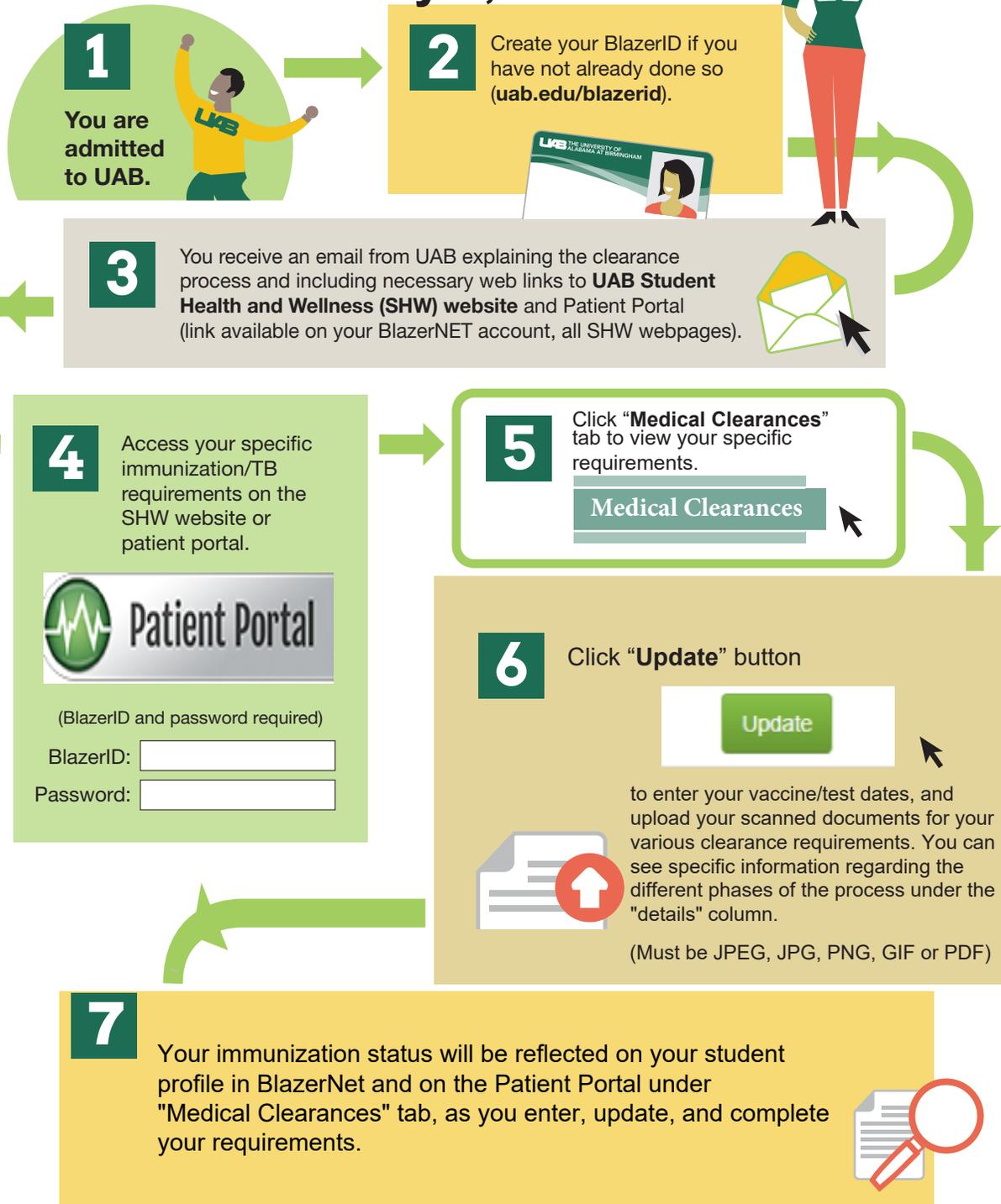**Submit Your Documentation:**

- 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).

We look forward to serving you during your time at UAB. Feel free to contact Student Health and Wellness on the Patient Portal or by phone (205.975.7753) if you have any questions or concerns.

7 steps to completing Student Immunization / TB Clearance as of January 3, 2023

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

(BlazerID and password required)

BlazerID:
Password:

5 Click "**Medical Clearances**" tab to view your specific requirements.

Medical Clearances

6 Click "**Update**" button

Update

to enter your vaccine/test dates, and upload your scanned documents for your various clearance requirements. You can see specific information regarding the different phases of the process under the "details" column.

(Must be JPEG, JPG, PNG, GIF or PDF)

7 Your immunization status will be reflected on your student profile in BlazerNet and on the Patient Portal under "Medical Clearances" tab, as you enter, 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 SH&W PHYSICAL EXAMINATION (*Please print in black ink*) To be completed and **signed** by physician or clinician. A physical examination is required for all clinical students within 1 year prior to matriculation.

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 _____/_____

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. Musculoskeletal			
7. Metabolic/Endocrine			
8. Neuropsychiatric			
9. Skin			
Other			

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   Area Code/Phone Number

UAB Student Health and Wellness
Health History Form
Learning Resource Center
1714 9th Avenue South, 3rd Floor
Birmingham, Alabama 35294-1270
(205) 934-3580

Please save this form and upload it to your patient portal for your medical clearance.

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, which country?_____

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.

Name	Description	Reaction

Family & Personal Health History (to be completed by the student)
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 clotting disorder	
		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 in chest				Arthritis	
		Shortness of breath				Concussion	
		Asthma				Frequent/severe headache	
		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 transmitted disease				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 besides glasses				LD/ADD/ADHD	
		Bone, joint, other deformity				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	

Clinical Students

NAME: _____ DATE OF BIRTH: (mm/dd/yyyy): _____

ADDRESS: _____ PHONE: _____

PROGRAM OF STUDY: _____ BLAZERID:_____@UAB.EDU

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.
FORMAT mm/dd/yyyy

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. First dose must have been received no sooner than one year after birth.

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: _____/_____/_____ Positive: _____ Negative: _____
Mumps　　　　　　　　　　　　　　 Date: _____/_____/_____ Positive: _____ Negative: _____
Rubella　　　　　　　　　　　　　　Date: _____/_____/_____ Positive: _____ Negative: _____

*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.

NAME: _____ DATE OF BIRTH: (mm/dd/yyyy): _____

4. **Varicella** (chickenpox or shingles): All students must have documentation of a positive Varicella antibody titer or two doses of Varicella vaccines given at least 28 days apart. First dose must have been received no sooner than one year after birth.

<div align="center">

EITHER

</div>

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

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

<div align="center">

OR

</div>

Varicella vaccination Dose 1: _____/_____/_____   Dose 2: _____/_____/_____

5. **Meningococcal ACWY**: All students 21 and younger are required to show documentation of a meningitis A 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. This includes a Tb Attestation Statement and Tb testing. 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.

<div align="center">

*ALL TB TESTING (skin tests or blood tests) MUST BE PERFORMED IN THE U.S.

EITHER

</div>

      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: _____

*If positive skin test result, IGRA required within 3 months prior to matriculation.

<div align="center">

OR

</div>

      a. IGRA (Tspot or Quantiferon TB Gold) blood test within 3 months prior to matriculation:

Date: _____/_____/_____ Positive: _____ Negative: _____

*If positive IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB High Risk 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-tubercular drugs? Yes: _____ No: _____ (treatment only required if chest x-ray positive)

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: _____/_____/_____

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Drug Screen & Background Check

All MSN students in the School of Nursing are required to consent to and pay for a criminal background check and urine drug screening at least once per year.

You will receive an email (**sent to your UAB.EDU email address**) requesting you to complete a background check. The email will come from UABSchoolofNursingMSN@screening.services, DISA Global Solutions Inc. The cost of the background check is currently $92 (subject to change).

Approximately 24 hours after you order and payment has been processed for your background check, you will receive an email from OTSWEBAPP@Labcorp.com. This email will contain your LabCorp registration number to complete your drug screening. To ensure sufficient time for your drug screening, it is recommended that you either call LabCorp or schedule an appointment online.

The deadline to complete both the background check and the drug screening is 10 business days from the date of the first background check email you are sent, unless you are notified of a change in the deadline. It is recommended that you order and pay for your background check within 3 days of receiving the email from UABSchoolofNursingMSN@screening.services**.**

Please remember your UAB email account is one of the official forms of communication for UAB. If your UAB email account is forwarded to another email account, please be aware that important emails may be filtered into your junk, spam, or other folder. You are responsible for checking your UAB email. Any correspondence missed because you forwarded your UAB email to a different email account (Yahoo, Gmail, etc.) will not excuse you from complying with these requirements.

During this process, either DISA or the Medical Review Officer (MRO) may attempt to reach out to you by phone. Please answer all calls until this process is complete, as the testing centers may need additional information from you and will not leave a message due to privacy concerns.

Please Note: Missing these important deadlines may jeopardize your seat in the program. The School of Nursing may rescind your admission offer for MSN Pathway if you fail to comply with these requirements. Please be diligent and complete the background check and drug screening requirements in a timely fashion.

In addition, the email with results will come from noreply@clairiti.com. Please let us know if you have any additional questions.

The hold on your account will be removed as soon as we have full clearance from DISA on both the background check and drug screening. Please know that there is a seat available for you to register for classes. We request your continued patience and understanding in this process.

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American Health Insurance Portability and Accountability Act of 1996 (HIPAA)
**HIPAA training is a one-time training
You will have access to HIPAA one semester prior to enrolling in the pathway.

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 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.

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Bloodborne Pathogens Course (OSHA)
Occupational Safety and Health Administration
Bloodborne Pathogens Course is REQUIRED ANNUALLY.
You will have access to OSHA one semester prior to enrolling in the pathway.

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/learn/course/153/bloodborne-pathogens-course?generated_by=110583&hash=359fdc15db83111dfda07741a9e0b55a2941b249

- 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 MY ACTIVITIES from the profile section -Under 'My Activities' you will choose Certification – this will take you to the 'Certification and Retraining' page
- -Click on RENEW NOW – 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.

Accessing the Renew Now Option

1   Log into the Campus Learning System.

2   Locate your profile details on the home page, then click **My Activities**.
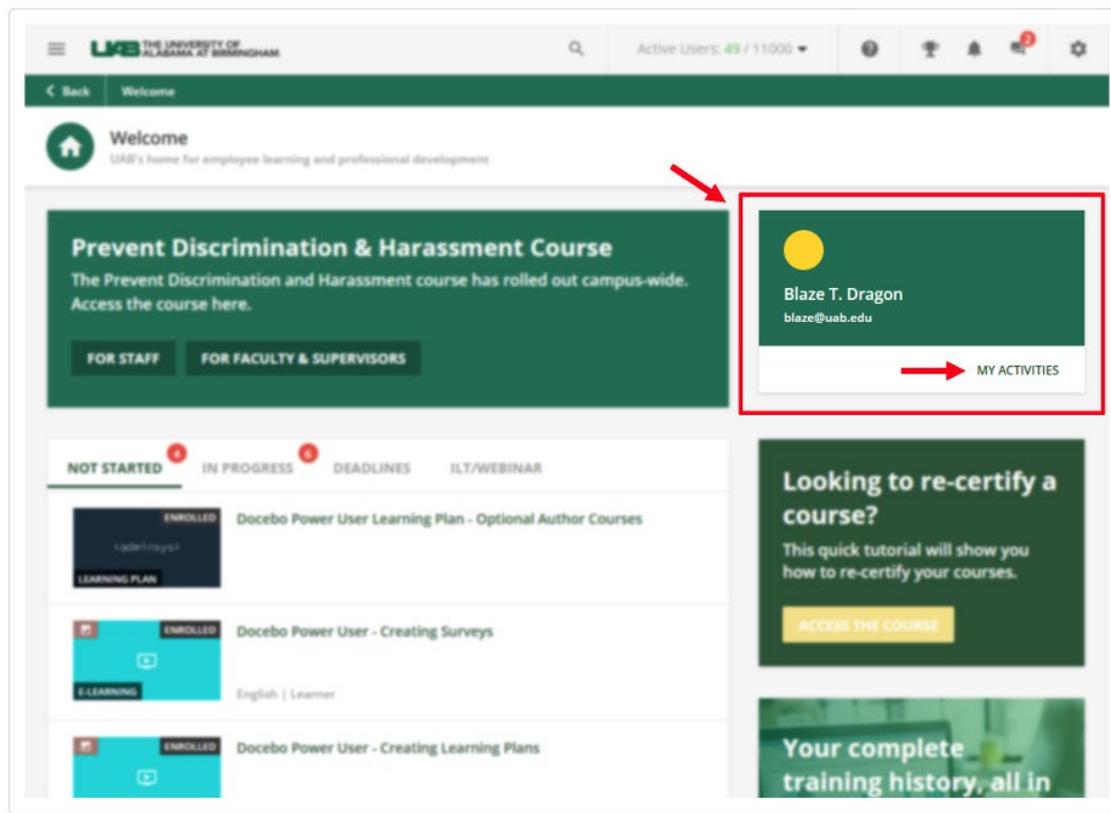
3   Click the **Certification** tab.
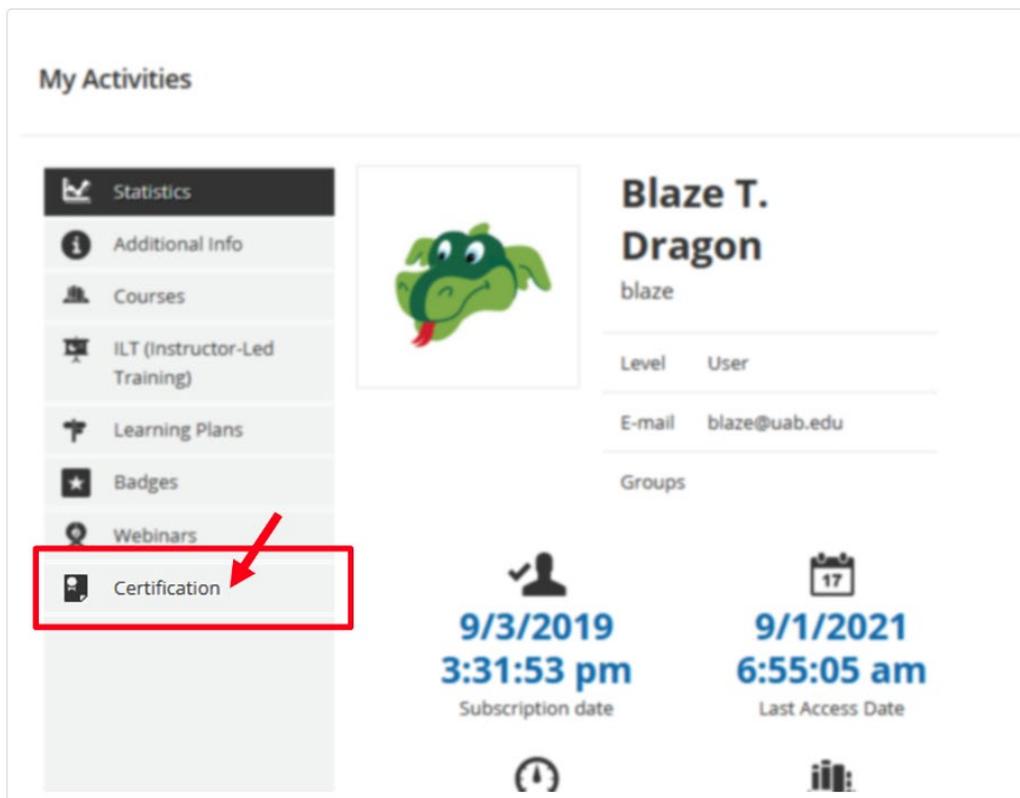
4   Click the **Renew Now** link.

My Activities

📈 Statistics	
ℹ️ Additional Info	
👥 Courses	
🖥️ ILT (Instructor-Led Training)	
🚩 Learning Plans	
⭐ Badges	
♀ Webinars	
📗 Certification	

Certifications & Retraining

☑ Also show expired certifications   [Search] × 🔍

TITLE	CODE	DESCRIPTION	ISSUED ON	EXPIRATION	TO RENEW IN
Annual Compliance - BIO500	OHS_BIO500	Annual re-certification for Bloodborne Pathogens (OSHA)	9/1/2021	Every 365 days Next exp: 9/1/2022	364 days **RENEW NOW**

Total: 1

5   Click on the appropriate **course**, then complete the course modules.

Certifications & Retraining

❗ **Your certification Annual Compliance - BIO500 is going to expire at 9/1/2022 12:00:00 am.**
Please subscribe and complete one of the following courses or learning plans in order to renew it.
Selecting an item you've already used to obtain this certification in the past, will result in a complete tracking data reset for that item!

Bloodborne Pathogens Course

Accessing Your Training Record

Your complete training history, including a completion record for the initial course and your recertification, is stored in the Learning Locker. To access your complete training history:

1   Log into the **Learning Locker** at uab.edu/learninglocker. Note: Completions may take up to 24 hours to display in the Learning Locker.

2   Completions will be displayed in the table on the home page. You may export your entire training history to Excel or view an individual course certificate in the Learning Locker.

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REGISTRATION

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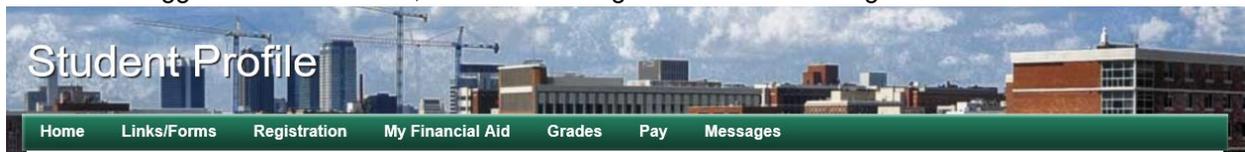Access to BlazerNET requires a BlazerID and password.

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
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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]
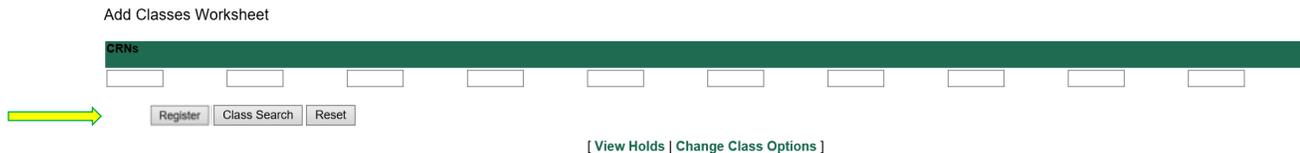
IMPORTANT NOTE:

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.

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FALL 2026 ACADEMIC CALENDAR

Fall 2026	
Assigned Time Registration	March 23 – April 3, 2026
Open Registration	April 6 – August 23, 2026
Classes Begin	August 24, 2026
Late Registration (after classes begin)	August 24 – September 1, 2026
Last Day to Drop/Add (without paying full tuition & fees)	September 1, 2026
Extended Drop Period	September 2 – October 7, 2026
Labor Day Holiday	September 7, 2026
Last Day to Withdraw from a Course	October 16, 2026
Thanksgiving Break	November 23 – November 29, 2026
Last day of Class	December 4, 2026
Final Exams	December 7 – 11, 2026
Grades Due (by midnight)	December 14, 2026
Grades Available Online	December 16, 2026

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School of Nursing

Contacts

MSN Program Manager
Ms. Charlene Bender
205-934-5491   fax 205-934-5490
cbender@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

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ONE CARD

All students need to visit the following website to submit a ONE Card photo prior to coming to campus for Orientation. To do so, please visit the following website: https://campuscard.uab.edu/bbapps/photosubmit/

You will be required to have a BlazerID to complete this process. https://idm.uab.edu/bid/reg   Make sure your full name is correct in BlazerNet so that it will show up on your ID correctly. Your ONE Card Photo needs to be submitted prior to your Orientation date.

Your OneCard will be printed and provided to you at orientation check-in. If you miss the photo submission date listed above, your badge won't be printed before orientation but can be picked up on campus at the UAB Hill Student Center OneStop.

Note: If you are a **CURRENT, ACTIVE UAB Employee - DO NOT complete this step.** Your student access will be merged with your current badge at a later date. If you complete this step your employee badge runs the risk of deactivating and interrupting your ability to work.

DO

- Submit current color photo in jpg format
- Use a White/Off-White wall as a solid background
- Center and front view of full face
- Crop just above the top of the head to the collarbone
- Wear prescription glasses if you normal do so
- Limit photo size to .75 MB or 768KB

DON'T

- Wear hats, sunglasses or other items that obscure the face
- Submit with glare on glasses or shadows
- Include visible people or objects
- Use inappropriate expressions

CORRECT SAMPLE