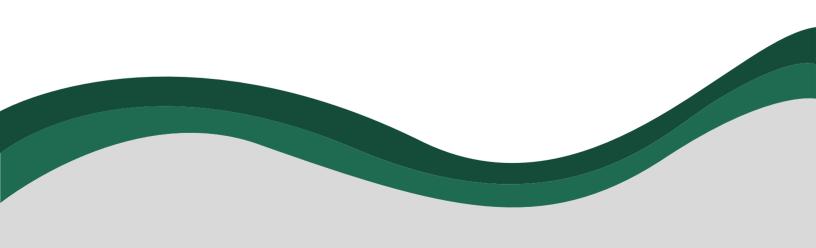


# The University of Alabama at Birmingham

# **BSN - DNP NP FALL 2025 ADMISSION PACKET**





# UAB School of Nursing (SON) BSN to DNP NP Pathway (DNP) Admissions Process Checklist

# <u>Deadline</u> for item 1 is April 1, 2025 <u>Steps 1 – 7 must be complete prior to registering for courses.</u>

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 our student ID (B#) located on your Program of Study. <a href="https://idm.uab.edu/bid/reg">https://idm.uab.edu/bid/reg</a>
4. Begin taking steps to meet medical clearance. Please review and visit the UAB Student Health and Wellness webpage: (www.uab.edu/studenthealth) (Attachment B)
5. Attend a <u>mandatory on campus</u> Orientation. The on-campus orientation session date is scheduled for <b>June 27-28. 2025</b> . Agenda will come by email at later date.
6. Background Check and Drug Screen Completion (Attachment C) Step 1: Check email for background check notification from DISA Global Solutions <u>UABSchoolofNursingDNP@screening.services</u> , and complete within 10 business days of email arrival (early July 2025)  Step 2: Check your email for drug screen notification from LabCorp (OTSWEBAPP@labcorps.com) and complete within ten days of email arrival (early July 2025)
<ul> <li>Complete (courses are available the semester prior to starting the program)</li> <li>HIPPA training course – Instructions Attached (Attachment D) (Once for the duration of your program)</li> <li>OSHA training course – Instructions Attached (Attachment E) (Annual requirement)</li> </ul>
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) ( <b>Attachment F</b> ).
9. (Optional) Please apply if you qualify for any of the funding opportunities listed on the following website: <a href="https://www.uab.edu/nursing/home/scholarships-financial-aid">https://www.uab.edu/nursing/home/scholarships-financial-aid</a> 10. Review insurance requirements at: <a href="https://www.uab.edu/students/health/insurance-waivers.">https://www.uab.edu/students/health/insurance-waivers.</a>
11. Check the Academic calendar for important dates (Attachment G) (https://www.uab.edu/students/academics/academic-calendar)
12. Contact List (Attachment H)
13. Log on to Canvas – First Day of Class – August 25, 2025!



# **Program of Study**

# INSTRUCTIONS FOR RETURNING THE PROGRAM OF STUDY

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 <u>MUST gain approval</u>. The initial POS approval will be issued through the Office of Student Success in your initial offer letter packet. You can reach Ms. Jacque Lavier via email at <u>ilavier@uab.edu</u> or via telephone at 205.975.3115 with questions.

## Please complete the following steps:

Please sign and return the POS via Adobe Sign.

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

# FOR MSN/DNP APPLICANTS:

- If you HAVE taken doctoral level nursing courses and wish to have them considered for transfer (up to 12 hours of <u>equivalent</u> UAB School of Nursing coursework may transfer that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
  - Complete and submit one of the following forms located on the School of Nursing website, <u>www.uab.edu/nursing</u>, under "Nursing Quicklinks" then "Student Resources" and then "Student Forms" under the **DNP section.**

(https://www.uab.edu/nursing/home/student-resources/student-forms)

 "Request for Approval and Transfer of Graduate Level Coursework" (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:

- ❖ If you HAVE taken graduate or doctoral level nursing courses and wish to have them considered for transfer (up to 12 hours of <u>equivalent</u> UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
  - Complete and submit one of the following forms located on the School of Nursing website, <u>www.uab.edu/nursing</u>, under "Nursing Quicklinks" then "Student Resources" and then "Student Forms" under the **DNP section.**

(https://www.uab.edu/nursing/home/student-resources/student-forms)

 "Request for Approval and Transfer of Graduate Level Coursework" (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.

Completed course evaluation forms and syllabi should be submitted in <u>one packet</u> to Jacque Lavier via email at jlavier@uab.edu as soon as possible.

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.

NOTE: Your POS Hold will be lifted prior to orientation <u>after</u> you have a signed your updated POS and it is submitted back to UAB School of Nursing.



# **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.

BSN-DNP NP students are required to satisfy <u>the Level 3</u> Immunization requirements for clinical students.

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

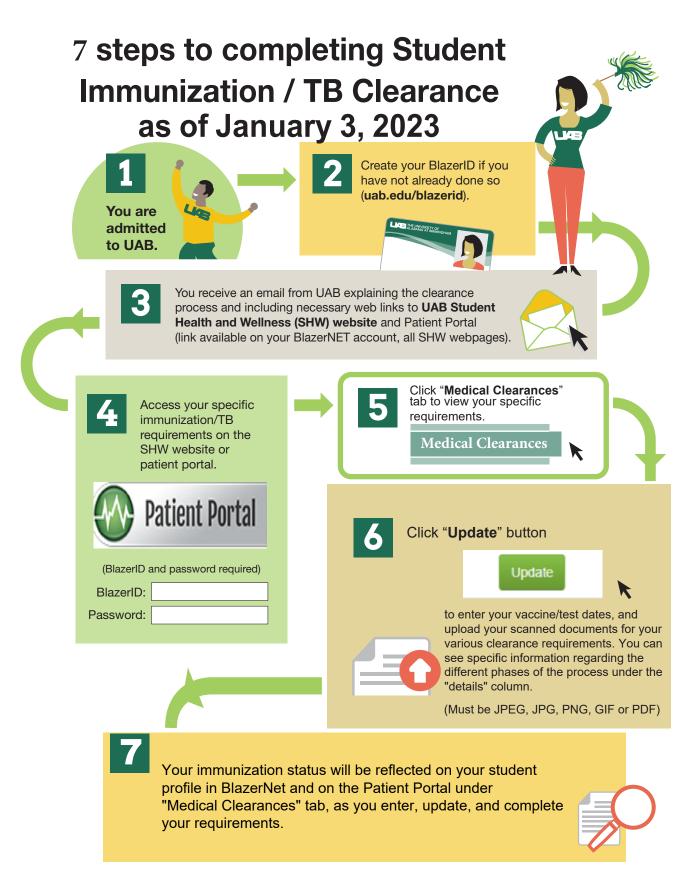
You will not have access to the patient portal until the semester prior to starting the program.

#### **Submit Your Documentation:**

- Log into BlazerNET at <u>www.uab.edu/BlazerNET</u> 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.



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	Midd	le	Date of Bi	rth (mm/dd/yyyy)	BlazerID@uab.edu
ermanent Addı	ress City	State		Zip Code	Area Code/P	hone Number
eight	Weight		TP	R/	BP	<i></i>
sion: Correcte	d Right 20/ Le	eft 20/_				
ncorrected F	Right 20/ Left 20/					
icorrected i	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
olor Vision						
re there abnorm	nalities? If so, describe full	WNL	ABN	DESCRIPTION (atta	ich additional sheets	if necessary)
	rs, Nose, Throat	1	1	(uut		
2. Eyes	, ,					
3. Respirato	ory					
4. Cardiova						
5. Gastroint						
6. Musculos						
	ic/Endocrine					
8. Neuropsy						
9. Skin	,					
Other						
	oss or seriously impaired	function	of any o	nrgans?	No	/es
Explain _	• •		. o. a, c	,, Barra ,		. 63
Exhiaiii						
	endation for physical acti	vity (phy	/sical edi	ication, intramurals	s, etc.)Unlimit	edLimited
Explain						
<u> </u>	(D) /D) A	/	5			5.
Signature	of Physician/Physician Assis	tant/Nur	ioner		Date	
Print Nam	Print Name of Physician/Physician Assistant/Nurse Practitioner					Date
i illic ivalli	This rame of thysician it has stand that the					
Office Add	Iress/Stamp				Area Coo	le/Phone Number

# UAB Student Health and Wellness Health History Form

Learning Resource Center 1714 9<sup>th</sup> Avenue South, 3<sup>rd</sup> Floor Birmingham, Alabama 35294-1270 (205) 934-3580

Entering Semester: ☐ Fall ☐ Spring ☐ Summer ◆ Year\_\_\_\_\_ ◆ UAB Student No. \_ B

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

	General Information	
Full Name:	Gender: 🔲 Male	□ Female
Last	First MI <u> </u>	red $\Box$ Transitional
Date of Birth: Month:	Day: Year:	
School:	Program or Major Code:	
		Physics, Biology, etc.
Current Email address:	Blazer ID:	
Are you an Internationa	al Student or Scholar? $\Box$ Yes $\ \Box$ No If Yes, which country?	
Telephone number:	Height:	Weight:
Local Address:	Home Cell	
Primary emergency con	ntact:Telephone number: Relat	ionship:
	contact:Telephone number:Rela	
	Personal Health History	
Please list any surge	Medical Conditions ries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.	
Name	Description	Year
	·	
	Medications	
Please list prescription	on, non-prescription, vitamins, birth control, etc.	
Name	Description	Dosage
	Food/Medicine Allergies	
-	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
		High Blood Pressure	
		Stroke	
		Cancer	
		Heart attack before age 55	
		Diabetes	
		Glaucoma	

Yes	No		Relationship
		Cholesterol or blood fat disorder	
		Blood clotting disorder	
		Psychiatric	
		Suicide	
		Alcohol/drug problems	

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
		High Blood Pressure	
		Rheumatic fever	
		Heart trouble	
		Pain/pressure in chest	
		Shortness of breath	
		Asthma	
		Pneumonia	
		Chronic cough	
		Tuberculosis	
		Tumor/cancer (specify)	
		Malaria	
		Thyroid trouble	
		Serious skin disease	
		Hearing loss	
		Sexually transmitted disease	
		Severe menstrual cramps	
		Irregular periods	
		Frequent vomiting	
		Gall bladder or gallstones	
		Jaundice or Hepatitis	
		Rectal disease	
		Severe/recurrent abdominal pain	
		Sinusitis	
		Hernia	
		Chicken pox	
		Anemia/Sickle Cell Anemia	
		Eye trouble besides glasses	
		Bone, joint, other deformity	
		Shoulder dislocation	
		Knee problems	
		Recurrent back pain	
		Neck injury	
		Diabetes	

Yes	No	Symptom	Year
		Mononucleosis	
		Hay fever	
		Head/neck radiation	
		Arthritis	
		Concussion	
		Frequent/severe headache	
		Dizziness/fainting spells	
		Severe head injury	
		Paralysis	
		Epilepsy/seizures	
		Blood transfusion	
		Protein in blood or urine	
		Ulcer (duodenal/stomach)	
		Intestinal trouble	
		Pilonidal cyst	
		Allergy injection therapy	
		Back injury	
		Broken bones	
		Kidney infection	
		Bladder infection	
		Kidney stone	
		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 Student Health & Wellness Immunization Form

# **Clinical Students**

NAME:			DATE OF B	BIRTH: (mm/dd	/уууу): _	
ADDRESS:				_ PHONE:		
PROGRAM OF STUDY:			_ BLAZERID	:		@UAB.ED
IMMUNIZATION H	HISTORY MUST BE COMPLE	TED AND SIGNI	ED BY A HEA	ALTH CARE PR	OVIDER	
*Copies of your original immu imm	unization records directly	=			: complet	ted form or
<ol> <li>MMR- Measles, Mumps, and Ru the three diseases or laboratory one year after birth.</li> </ol>		•		-		_
		EITHER				
Two doses of MMR vaccine:						
		0.0		Date:	/	/
Two doses of each vaccine co	omnonent:	OR				
Measles	omponent.	Date:	/ /	Date:	/	1
Mumps				Date: Date:		
Rubella				Date:		
		OR				
Laboratory evidence of imm	unity to all three diseases:					
Measles	·	Date:/_	/	Positive:	Negati	ve:
Mumps		Date:/_	/	Positive:	Negati	ve:
Rubella		Date:/_	/	Positive:	Negati	ve:
*If any laboratory titers are non-imm	une, 2 repeat vaccines are i	equired. Date: _		/ Date:	:/_	
2. <b>Tdap</b> - Tetanus, Diphtheria, Acellu	ılar Pertuccis: All students r	nust have had o	ne dose of	the adult Tdan	given 20	N6 or later If t
last adult Tdap is greater than 10			110 0030 01	the dudit radp	given 20	oo or later. If t
, 5	•			Tdap Date:	/	
				Td Date:		
<ol> <li>Hepatitis B Series: All students m three at 6 months). A post-vaccin dose.</li> </ol>		•				
Dose 1 Date://	Dose 2 Date:	, ,	Dose 3 Date	۰ /	/	
Hep B surface antibody titer:		/ n-Reactive:		Date:	/	
*If Hep B surface antibody is non	n-reactive reneat series and	l nost-vaccine si	ırface antih	ody titer are r	aquired	
Dose 1 Date:/						
	Reactive: Nor					
*If repeat Hep B surface antibody	v is non-reactive. Hen R sur	face antigen is r	equired to	rule out acute	or chroni	c Hen B infecti
Hep B surface antigen titer:	Positive: Neg	=	equiled to			/
	1 23.6.7 5.	· - <del>-</del>				
**If Hep B surface antigen is posiconsidered a non-responder.	itive, visit with SH&W provi	der is required f	for addition	al testing. If ne	gative, st	tudent will be

NAME:			DATE OF BIRTH: (mm/dd/	/yyyy):
4. <b>Varicella</b> (chickenpox or sh two doses of Varicella vacc	- '	8 days apart. First dose mus		e Varicella antibody titer, or poner than one year after birth
		<b>EITHER</b> Yes: No:	Date:	
History of Varicella (chicke	npox or shingles):	OR	_	
		Date://	Positiv	e: Negative:
Varicella antibody titer		OR	_	
Varicella vaccination Dose	1:/	Dose 2:/		
		— ocal, two repeat vaccination	s are required.	
		Dose 2://	· · · · · · · · · · · · · · · · · · ·	
5. <b>Meningococcal ACWY</b> : All son/after their 16 <sup>th</sup> birthday		unger are required to show ond older are exempt.		gitis A vaccine given
Statement and Tb testing. I matriculation. Skin tests m	If no history of positust be placed at least	•	e skin tests or one IGRA b	lood test are required upon
<u>*ALI</u>	<u>. TB TESTING (skin t</u>	ests or blood tests) MUST B	SE PERFORMED IN THE U.S	<u>5.</u>
		EITHER		
		nonths prior to matriculation		
Date Placed://				Negative:
b. Tuberculin Skin Te  Date Placed:// *If positive skin test result, IGRA	Date Read:		Positive:	Negative:
		OR		
a. IGRA (Tspot or Qu	antiferon TB Gold) l	olood test within 3 months p	orior to matriculation:	
Date:/ Posit	tive: Negative	2:		
b. UAB High Risk TB Qւ	//N estionnaire	ns prior to matriculation and Normal: Abnormal: ular drugs? Yes: No: _	(*Please attach results	s)
If yes, type of treatment:supporting documentation.		Length of Treatment: _		*Please attach
Verification of the above Stude	ent Immunization Re	ecord and Tuberculosis Scre	ening by Health Care Prov	vider:
Verified by:			_Title:	
Address:				
Phone:				
Signature:			Date:/	



# Drug Screen & Background Check

All BSN to DNP NP 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 <a href="https://uABSchoolofNursingDNP@screening.services"><u>UABSchoolofNursingDNP@screening.services</u></a>, DISA Global Solutions Inc.. The cost of the background check is currently \$92.

Approximately 24 hours after you order and pay for your background check, you will receive an email from <a href="https://orcommons.org/least-square-norm">OTSWEBAPP@Labcorp.com</a>, LabCorp. This email will contain your registration number to complete your drug screening.

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 UABSchoolofNursingDNP@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 LABCORP 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 BSN-DNP NP 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 <u>DISAGlobalSolutionsInc@screening.services</u>. Please let us know if you have any additional questions!

Staffing and supply shortages have increased the wait time on the return of your background check/drug screen results to UAB Nursing Student Success. 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 in your spring classes. We request your continued patience and understanding in this process.



# 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 in order to complete the requirement and receive credit.

# **New UAB School of Nursing Students**

Do not go directly into CAMPUS LEARNING, use the link provided.

# To access the HIPAA training course go to:

(clicking the link enrolls you into the course)

https://uab.docebosaas.com/lms/index.php?r=course/deeplink&course\_id=27&generated\_by=151665&hash=89c0297a2b7474 b2ada7e5ab7cc93766a3192250

- 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, <a href="https://www.uab.edu/learninglocker">https://www.uab.edu/learninglocker</a> 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 <a href="mailto:campuslearning@uab.edu">campuslearning@uab.edu</a>. 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.

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/lms/index.php?r=course/deeplink&course\_id=153&generated\_by=151665&hash=c521d66fdfc1071 27e15b8255bd9640cb1465247

- 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, <a href="https://www.uab.edu/learninglocker">https://www.uab.edu/learninglocker</a> 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

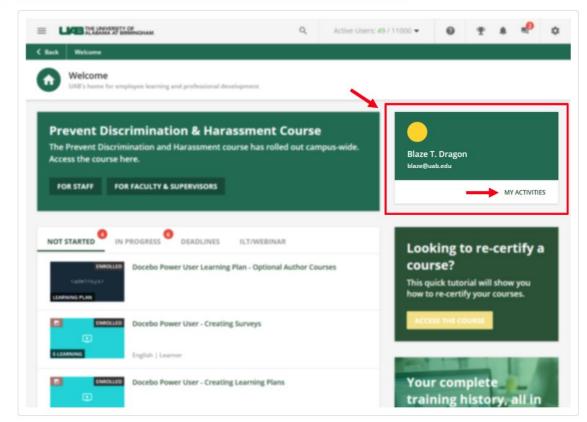
- Log in to Campus Learning https://uab.docebosaas.com/learn
- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- From the landing page-upper right side-you will choose MY ACTIVITIES from the profile section
  -Under 'My Activities' you will choose Certification this will take you to the 'Certification and
  Retraining' page
- -Click on <u>RENEW NOW</u> 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, <a href="https://www.uab.edu/learninglocker">https://www.uab.edu/learninglocker</a> 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.

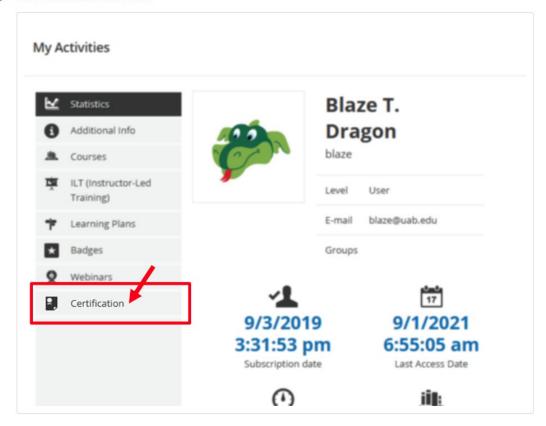
\*If you are having problems accessing Campus Learning or accessing your course/certificate, please email <a href="mailto:campuslearning@uab.edu">campuslearning@uab.edu</a>. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.

# **Accessing the Renew Now Option**

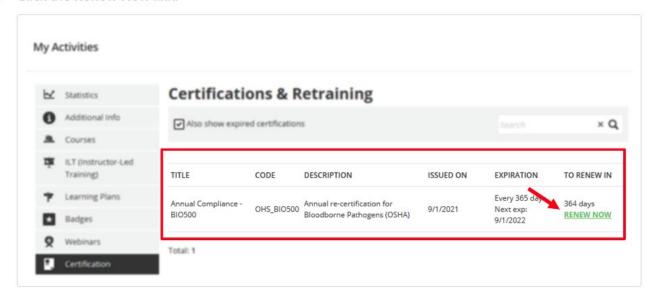
- 1 Log into the Campus Learning System.
- 2 Locate your profile details on the home page, then click My Activities.



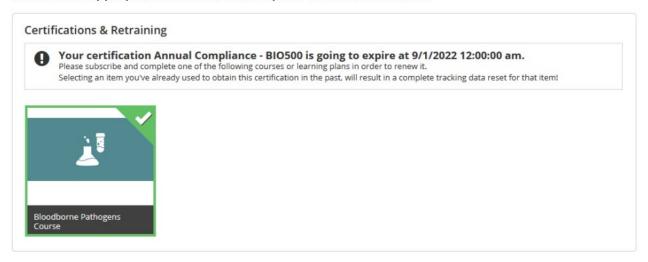
3 Click the Certification tab.



4 Click the Renew Now link.



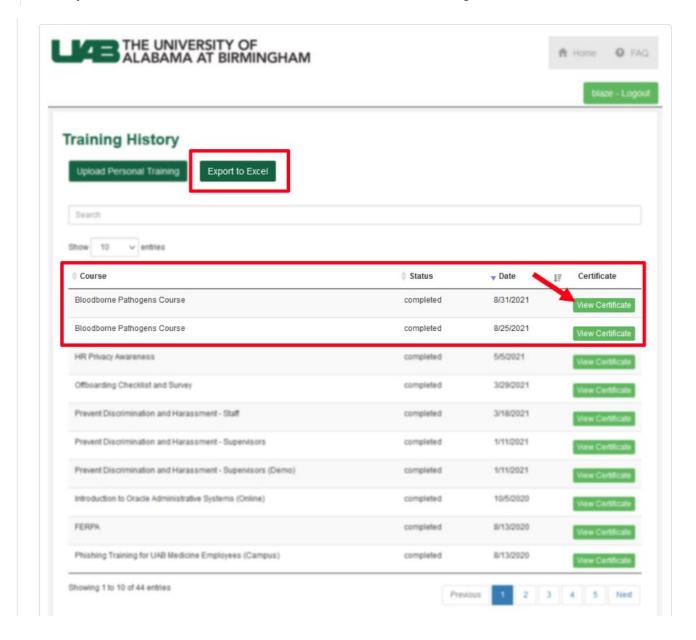
5 Click on the appropriate course, then complete the course modules.



# **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.





# REGISTRATION

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



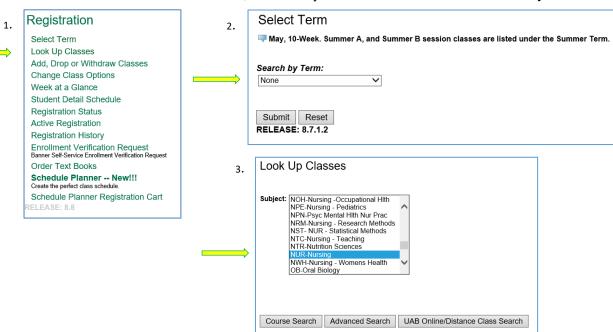
## How to Register through BlazerNET

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

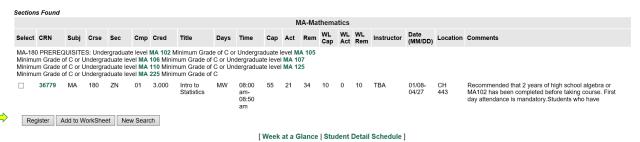


# To look up the Course Reference Number for your course(s)

 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.



• Once the classes are visible, register for the course(s) by clicking on the empty checkbox to the left of the CRN and clicking on the Register button at the bottom of the screen.



## If you already know the CRN for your course(s)

• Click on the "Add/Drop Classes" link in the "Registration Tools" channel.



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



# **IMPORTANT NOTE:**

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

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

Please see the list below of common registration errors:

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



# The University of Alabama at Birmingham

# **FALL 2025 ACADEMIC CALDENDAR**

Date	Event Description
March 24 – April 4	Assigned Time Registration
	Open Registration
Apr 7 – Aug 24	Degree-seeking graduate and undergraduate students
	Non-degree-seeking graduate students
July 28 – Aug 24	Open Registration
	Non-degree-seeking undergraduate students
	Payment Deadline:
TBA	100% balance due for Traditional Payment; 1st Payment Deadline for Blazer Flex Plan. Failure to pay the first installment of the Blazer
	Flex Plan will result in assessment of a \$50 late fee.
Aug 25	Classes Begin
Aug 25 – Sept 2	Registration after classes begin
Sept 1	Labor Day Holiday
Sept 2	Last Day to Drop/Add (Without paying full Tuition & Fees)
Sept 2	Last Day to a Submit Graduate & Undergraduate Application for Degree
Sept 9	Last day for full-term withdrawal 75% refund. (Must withdraw from all courses)
Sept 22	Last day for full-term withdrawal 50% refund. (Must withdraw from all courses)
TBA	2nd Payment Deadline for Blazer Flex Plan
IDA	Failure to meet payment deadline results in assessment of a \$50 late fee.
Oct 9	Last day for full-term withdrawal 25% refund. (Must withdraw from all courses)
Oct 17	Last Day to withdraw from a course with a Grade of "W"
	Final Payment Deadline for Blazer Flex Plan
TBA	Failure to meet payment deadline results in assessment of a \$50 late fee.
	Housing Fee - Blazer FlexPlan \$100 for students that live in residence halls.
Nov 3 – Nov 14	Assigned Time Registration for Spring 2026
Nov 24 – Nov 30	Fall/Thanksgiving Break
Dec 5	Last Day to withdraw for the term. (Must withdraw from all courses)
Dec 5	Last Day of Class
Dec 6 – 7	Undergraduate Reading Days
Dec 8 – Dec 12	Final Exams
Dec 12	Commencement – Graduate Students
Dec 13	Commencement – Undergraduate Students
Dec 15	Grades Due (by midnight)
Dec 17	Grades Available Online



# Knowledge that will change your world

## **Contacts**

# **DNP Program Manager**

Ms. Jacque Lavier

205-975-3115 fax 205-934-5490

jlavier@uab.edu

## **Director of Student Success**

Mr. John Updegraff

205-975-3370 fax 205-934-5490

jupde22@uab.edu

## Registration Issues

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

205-934-6778 fax 209 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: <a href="https://studentwellness.uab.edu/login\_directory.aspx">https://studentwellness.uab.edu/login\_directory.aspx</a>

Ms. Candace Ragsdale – Health Insurance waiver 205-996-2589 fax 205-975-6193

crags@uab.edu

## VIVA Health (health insurance)

Ms. Allisha Griffin Calhoun, Account Service

Representative <u>www.vivahealth.com</u>



# **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. 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. If you miss this date your badge 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 normally 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:**

