UAB

The University of Alabama at Birmingham®

School of Nursing

BSN to DNP Nurse Practitioner Pathway

Fall 2026 Cohort

UAB The University of Alabama at Birmingham
School of Nursing

UAB School of Nursing (SON)

BSN to DNP NP Pathway (DNP) Admissions Process 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 our student ID (**B#**) located on your Program of Study. https://idm.uab.edu/bid/reg

- ❒ 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 **mandatory on campus** Orientation for fall 2026 cohort on **June 26 – 27, 2026.** Agenda will come by email at later date. If you have any questions regarding orientation, please contact Ms. Barnes at gmcrosby@uab.edu.

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

- ❒ 7. Complete *(courses are available the semester prior to starting the program)*
  - HIPPA 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. (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

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

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

- ❒ 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!

Attachment A

UAB The University of Alabama at Birmingham
School of Nursing

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 ***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 Ms. Jacque Lavier via email at jlavier@uab.edu 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 **equivalent** UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
  - Complete and submit 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 **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 **equivalent** UAB School of Nursing coursework may transfer – that has not been used towards an awarded degree, and you received a grade of a B or better) or waiver into the program you must:
  - Complete and submit 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 **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 one packet 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 after you have a signed your updated POS and it is submitted back to UAB School of Nursing.

UAB The University of Alabama at Birmingham
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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 **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
		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 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: _____/_____/_____

*<u>If Hep B surface antibody is non-reactive, repeat series and post-vaccine surface antibody titer are required</u>.
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 documented history of Varicella, 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.

EITHER

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

OR

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

OR

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

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

5. **Meningococcal 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.

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

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: _____

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

OR

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: _____/_____/_____

Attachment C

UAB The University of Alabama at Birmingham
School of Nursing

Drug Screen & Background Check

All BSN to DNP NA 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 UABSchoolofNursingCRNADNA@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 UABSchoolofNursingCRNADNA@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 DNP 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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Attachment D

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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Attachment E

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

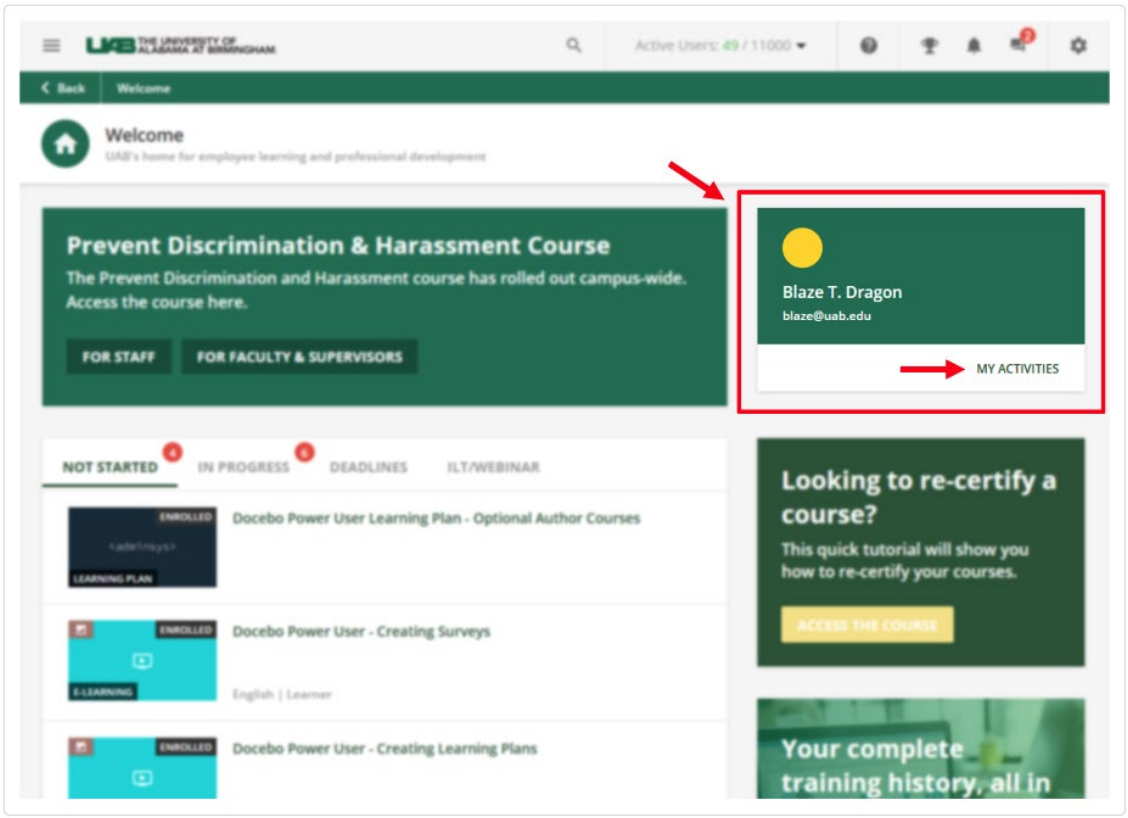
- Log in to Campus Learning https://uab.docebosaas.com/learn
- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- From the landing page-upper right side-you will choose MY ACTIVITIES from the profile section
  -Under 'My Activities' you will choose Certification – this will take 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.

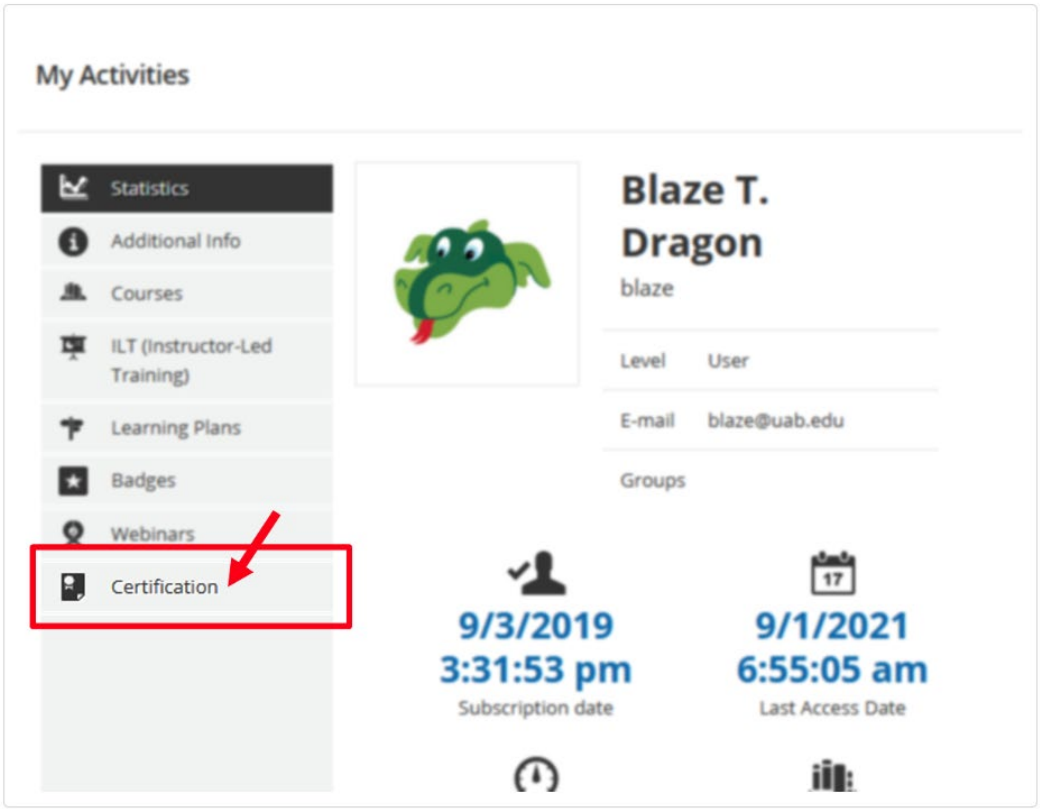
***If you are having problems accessing Campus Learning or accessing your course/certificate, please email** campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.

Accessing the Renew Now Option

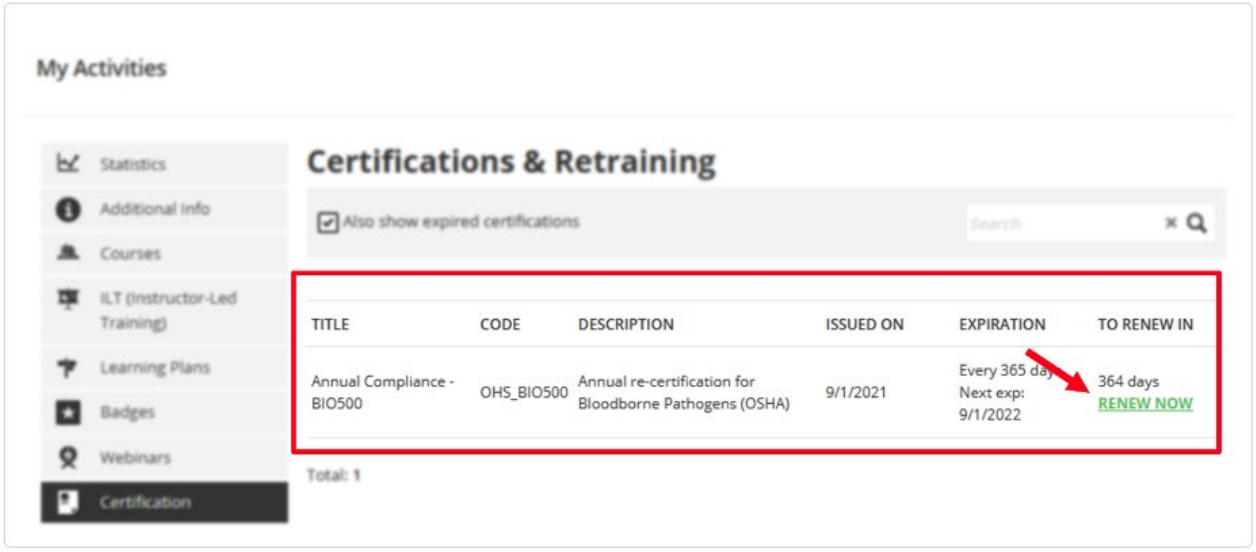
1. Log into the Campus Learning System.
2. Locate your profile details on the home page, then click **My Activities**.



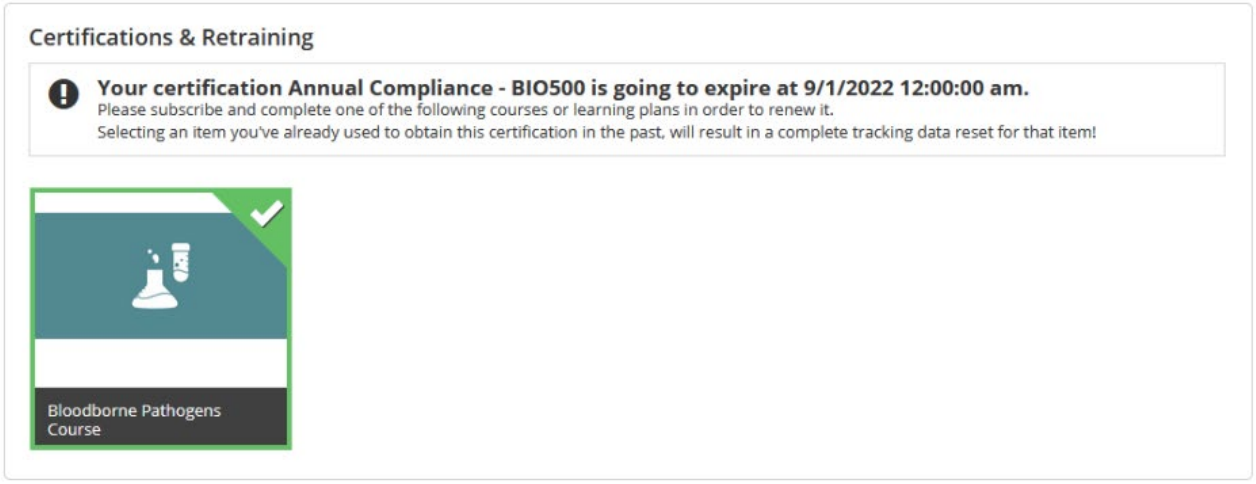
3. Click the **Certification** tab.



4 Click the **Renew Now** link.



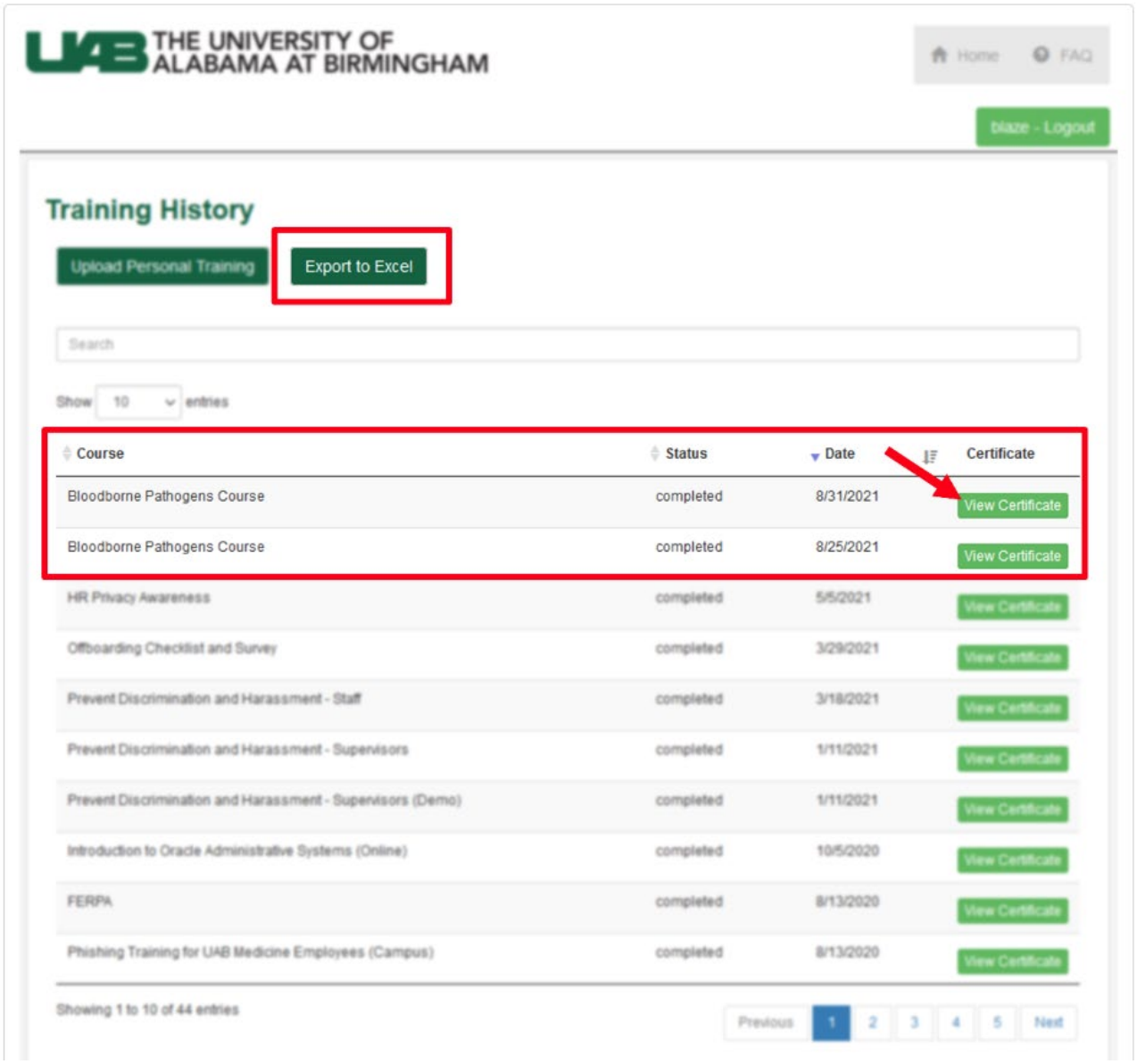
5 Click on the appropriate **course**, then complete the course modules.



Accessing Your Training Record

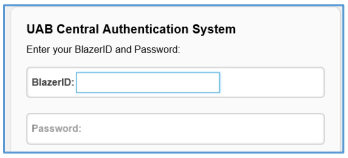
Your complete training history, including a completion record for the initial course and your recertification, is stored in the Learning Locker. To access your complete training history:

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.



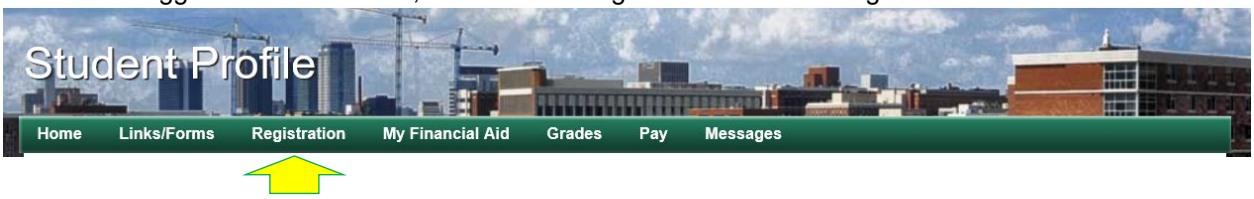
REGISTRATION

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

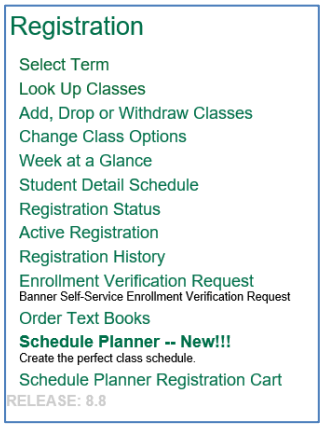
- Once logged in to BlazerNET, click on the "Registration" link on the green ribbon.



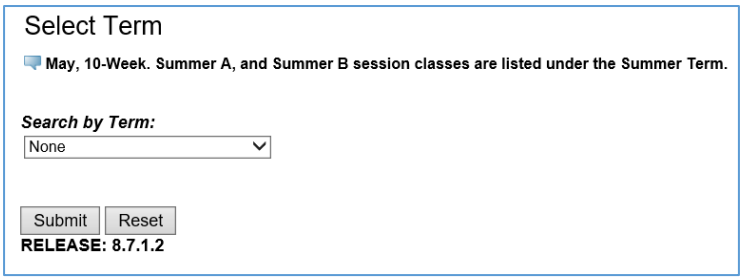
To look up the Course Reference Number for your course(s)

- 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.

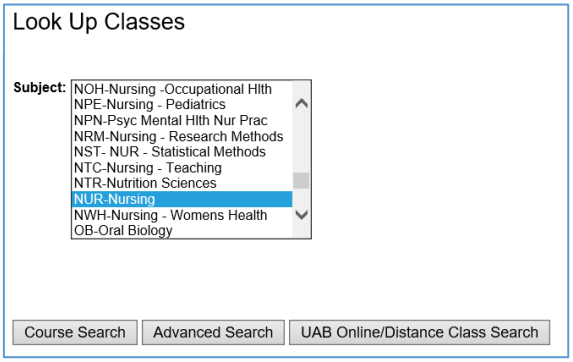
1.



2.



3.



- 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

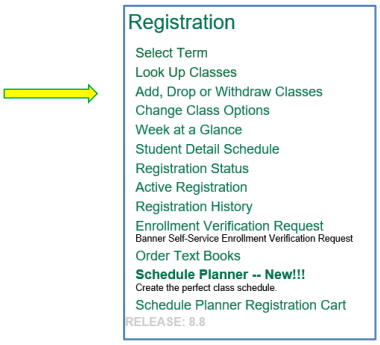
Select	CRN	Subj	Crse	Sec	Cmp	Cred	Title	Days	Time	Cap	Act	Rem	WL Cap	WL Act	WL Rem	Instructor	Date (MM/DD)	Location	Comments
MA-180 PREREQUISITES: Undergraduate level MA 102 Minimum Grade of C or Undergraduate level MA 105 Minimum Grade of C or Undergraduate level MA 106 Minimum Grade of C or Undergraduate 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

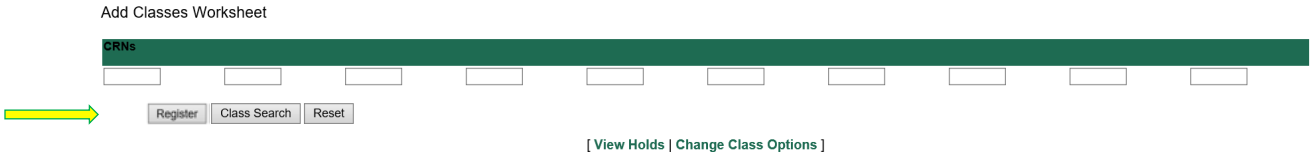
[Week at a Glance | Student Detail Schedule]

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

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



- 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.

Attachment G

ACADEMIC

CALENDAR Fall 2026

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 – Sept.1, 2026
Last Day to Drop/Add (without paying full tuition & fees)	September 1, 2026
Labor Day Holiday	September 7. 20236
Last Day to Withdraw	October 16, 2026
Thanksgiving Break	November 23 – 29, 2026
Last day of Class	December 4, 2026
Final Exams	December 7 – 11. 2026
Commencement	December 9 20246
Grades Due (by midnight)	December 14, 2026
Grades Available Online	December 16, 2026

Attachment H

UAB The University of Alabama at Birmingham

School of Nursing

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
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)
Ms. Allisha Griffin Calhoun, Account Service Representative www.vivahealth.com

UAB The University of Alabama at Birmingham
School of Nursing

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