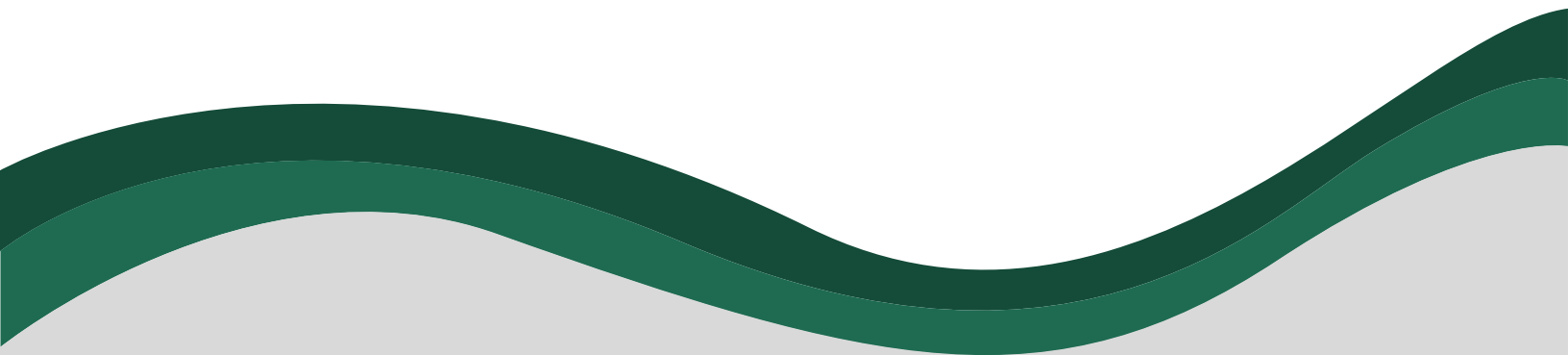# UAB

SCHOOL OF NURSING

The University of Alabama at Birmingham

BSN - DNP Nurse Anesthesia
SUMMER 2024
ADMISSION PACKET

UAB
SCHOOL OF NURSING
The University of Alabama at Birmingham

UAB School of Nursing BSN-DNP Nurse Anesthesia Checklist Summer 2024

☐ **1.** Register your Blazer ID. **Go to www.uab.edu/blazerid.** Your student ID is provided to you on your Program of Study (do not forward your UAB email to a personal email account.

☐ **2.** Attend **Mandatory** Online Orientation March 26, 2024 (agenda and link will be emailed).

☐ **3.** First day of class Monday May 6, 2024 (Online).
   ▪ Fall Semester (On-Campus courses) start date August 24, 2024

☐ **4.** All students must have updated **ACLS, BLS, PALS Certifications** and an **Alabama Compact License.** These documents must be submitted directly as **ONE PDF document** to the Nurse Anesthesia Pathway Program Manager Ms. Mina Momeni (mmomeni@uab.edu) prior to matriculation. Please denote your Name, and Cohort Year. If documents are not in PDF format and in one document they will not be accepted.

☐ **5.** Complete: (AVAILABLE February 2024)
   • HIPAA training course – Instructions Attached (**Attachment A**) (Once for the duration of your program)
   • OSHA training course – Instructions Attached (**Attachment B**) (Annual requirement)

☐ **6.** Background Check and Drug Screen Completion **(Attachment C)**
   Step 1. Check your email for background check email (April 2024), and complete within ten business days of email arrival from GHRR (**UABSchoolofNursingCRNADNA@screening.services**)
   Step 2. Check your email for drug screen notification from LabCorp (**OTSWEBAPP@Labcorps.com**) and complete within ten days of email arrival (April 2024)

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

☐ **8.** Register for classes using the Registration Quick Guide (**Attachment D**). **You will not be able to register for classes until after all holds have been cleared which include: Medical Clearance, OSHA, HIPAA, Background Check and Drug Screen.** Summer Open Registration begins April 9, 2024**.**

☐ **9.** Review insurance requirements at: **http://www.uab.edu/studenthealth/insurance-and-waivers**

☐ **10.** Complete FASFA and UAB Financial Aid Application **(Optional)**
   https://www.uab.edu/cost-aid/how-to-apply/steps-to-apply-for-aid

☐ **11.** Check the Academic calendar for important dates (registration, drop/add). The Nurse Anesthesia Program will provide a more detailed calendar at Orientation.
   https://www.uab.edu/students/academics/academic-calendar

☐ **12.** Tuition Due Date Information: **https://www.uab.edu/cost-aid/cost/payment-plan-options**

☐ **13**. (Optional) Please apply if you qualify for any of the funding opportunities listed on the following website: https://www.uab.edu/nursing/home/scholarships-financial-aid

☐ **14.** Contact List **(Attachment E)**

☐ **15.** Nurse Faculty Loan Information: https://www.uab.edu/nursing/home/scholarships-financial-aid/fellowship-traineeship-loan-programs

UAB SCHOOL OF NURSING

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=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.

UAB SCHOOL OF NURSING

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=c521d66fdfc107127e15b8255bd9640cb1465247

- 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.

UAB SCHOOL OF NURSING

Drug Screen
& Background Check

All MSN 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**) or text (mobile number on file) requesting you to complete a background check. The email will come from **UABSchoolofNursingCRNADNA@screening.services**, Global HR Research. The cost of the background check is $92.

Approximately 24 hours after you order and pay for your background check, you will receive an email from **OTSWEBAPP@Lacorps.com**, 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 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 company 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.

Please Note: Missing these important deadlines may jeopardize your seat in the program. The School of Nursing may rescind your admission offer for MSNNP 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.

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 clearance from GHRR. Please know that there is a seat available for you to register in your fall classes. We request your continued patience and understanding in this process.

8 steps to completing Student Immunization / TB Clearance

1 **You are admitted to UAB.**

2 Create your BlazerID if you have not already done so (**uab.edu/blazerid**).

3 You receive an email from UAB explaining the clearance process and including necessary web links to **UAB Student Health and Wellness (SHW) website** and Patient Portal (link available on your BlazerNET account, all SHW webpages).

4 Access your specific immunization/TB requirements on the SHW website or patient portal.

Patient Portal Online Appointments

(BlazerID and password required)

BlazerID:

Password:

5 Click "Immunizations" tab, and view your specific requirements.

Immunizations

6 Click "Add immunization Record"

Add immunization record...

and upload your scanned documents for your various clearance requirements.

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

7 You may also fax your immunization records to SHW at 205-996-SHOT (7468).

8 Your immunization status will be reflected on your student profile in BlazerNET and on the Patient Portal under "Immunizations" tab, as you update and complete your requirements.

The purpose of the medical clearance process is to ensure a safe and healthy environment on the UAB campus. Medical clearance requirements vary by school and student type. **These requirements must be met before the first day of class to avoid having a registration hold placed on your student account, registration cancelled, or being unable to begin classes.**

**UAB Student Health and Wellness
1714 9th Avenue South**

Please use the **Patient Portal** to contact Student Health and Wellness. This is the most efficient way to inquire aabout your immunizations or test results.

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.

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.

<div align="center">EITHER</div>

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

<div align="center">OR</div>

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

<div align="center">OR</div>

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.

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

<div align="center">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 and UAB TB High Risk Questionnaire within 3 months prior to matriculation:

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

    b. UAB TB Questionnaire

*If positive IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB Questionnaire required.

    a. Chest X-Ray Date: _____/_____/_____ Normal: _____ Abnormal: _____ (*Please attach results)

    b. UAB High Risk TB Questionnaire

    c. Have you been treated with anti-tubercular drugs? Yes: _____ No: _____

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

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

Verified by: _____ Title: _____

Address: _____

Phone: _____

Signature: _____ Date: _____/_____/_____

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 _____/_____

REQUIRED

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 (**Required**)   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	

UAB SCHOOL OF NURSING

REGISTRATION

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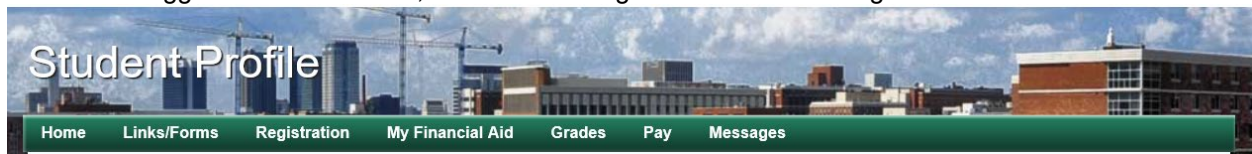Access to BlazerNET requires a BlazerID and password.

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.
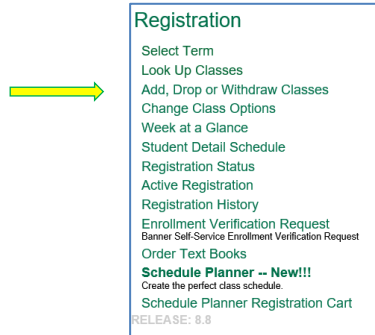
Sections Found

							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

| 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
☐	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
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

- 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]
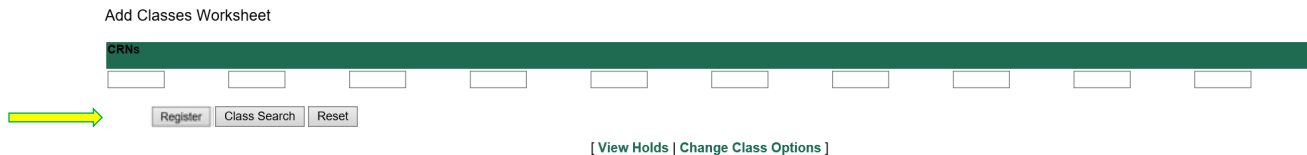
IMPORTANT NOTE:

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.

As an institution, one goal that UAB has is to ensure that students have access to the best health care available. With this in mind, there are a few updates that we have regarding Student Health Insurance at UAB.

Effective fall 2018, UAB's Student Health Insurance Plan (SHIP) is provided by United HealthCare. This product offers the best available protection at a very competitive price. The plan includes preventive services and unlimited lifetime maximums for medical and prescription coverage. This plan provides access to a national network of preferred providers in all 50 states which allows students to have the same level of protection wherever their studies or life might take them as students of UAB. Below is a summary of the product:

Annual Premium:	$3244.00
Deductible:	$500
Maximum Out of Pocket:	$6000 for individual

UAB is happy to present this new product and looks forward to this partnership with United HealthCare to provide the best possible coverage available.

Insurance Waiver

UAB has also worked to improve the Insurance Waiver process to make this easier for students. If you are an undergraduate student registered for 9+ hours, a graduate student in a program that requires insurance, enrolled in a clinical program, or an international student, you will be automatically enrolled into the SHIP. The cost of the premium for the semester will be added to your student account and you will receive information regarding your benefit.

If you have **private healthcare coverage** that meets the waiver criteria, you can submit an insurance waiver online through the UAB Patient Portal. Once waivers are received and validated, you will not be enrolled in the SHIP and the charge will not be posted or will be removed from your account. **To ensure you are not charged for the coverage if you do not need it, please submit your waiver online by the premiere submission deadline, January 1, 2024.**

Please visit the UAB Student Health and Wellness Insurance and Waivers webpage for more information on the United HealthCare product or guidance on submitting an Insurance Waiver request.

Insurance Requirements: https://www.uab.edu/students/health/insurance-requirements
Insurance Waivers: https://www.uab.edu/students/health/insurance-requirements/waivers

UAB Student Health Services
1714 9th Avenue South
Birmingham, AL 35214
205-934-3580
studenthealth@uab.edu

**Office of Student Success
Important Contacts**

BSN/DNP (NP & Nurse Anesthesia), MSN/DNP, PhD Program Manager
     Ms.Jacque Lavier
     205-934-3115   fax 205-934-5490
     jlavier@uab.edu

Director of Student Success
     Mr. John Updegraff
     205-975-3370   fax 205-934-5490
     jupde22@uab.edu

Registration Issues
     Mr. Kevin Jerrolds, Registrar
     205-934-7605   fax 205-934-5490
     sonregistrar@uab.edu

     Ms. Latasha Harris, Assistant Registrar
     205-934-6778   fax 205-934-5490
     sonregistrar@uab.edu

Drug Screen / Background Check Issues
     Ms. Pat Little
     205-996-7130   fax 205-934-5490
     sonstudaffrs@uab.edu

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

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

UAB Student Health – Medical Clearance

     Send questions through patient portal or call main number at 205-934-3580
     https://studentwellness.uab.edu/login_directory.aspx

UAB Student Health Insurance Information

     https://www.uab.edu/students/health/insurance-waivers/student-health-insurance-plan

United HealthCare Portal

United HealthCare Portal:
Mandatory Plan is Policy #2019-505-1
Optional Plan is Policy #2019-505-2

ESSENTIAL STUDENT RESOURCES

Student Counseling Services

Offers free and confidential support to achieve well-being

Location:

3rd Floor Learning Resource Ctr

1714 9th Avenue South

Birmingham, AL 35233

- Individual and group counseling
- Crisis and emergency support
- Prevention and outreach programming
- Online resources and distance counseling

To schedule an appointment, call: 205-934-5816

UAB Cares

Delivers supports for students in crisis or considering suicide

- Identify related community resources
- Connect with crisis hotlines (rape response, domestic violence, LGBT, etc.)
- Talk to a trained, live crisis counselor 24-7

To connect with a crisis counselor: Text "UAB" to 741-741

Student Assistance & Support

Assists students through life challenges to support diverse needs

- Student advocacy
- University and community connections
- Individualized support
- Resilience and accountability
- Distressed student referrals

Location: Hill Student Center

Suite 303, 1400 University Blvd
Birmingham, AL 35233

Phone: 205-975-9509

Email: studentoutreach@uab.edu

Regions Institute for Financial Education

Provides financial literacy resources and programming

- Saving goals
- One-on-one financial counseling
- America Saves Pledge
- Interest-free student microloans
- Financial literacy presentations
- Credit management
- Debt reduction
- Spending plans

Student Health Services

Offers primary and specialty care appointments for healthcare needs

Location:

1714 9th Ave South
Birmingham, AL 35233
Hours: Mon-Thurs 8-5, Fri 9-5

- Immunizations and prescriptions
- Triage nurse on call
- Telemedicine visits (AW Touchpoint)
- Student insurance and waivers

To schedule an appointment, call: 205-934-3580 or access the patient portal

Blazer Kitchen

Provides an on-campus food pantry and food insecurity referrals

1613 Location:
appointment required

1613 11th Ave. S
Birmingham, AL 35205
Phone: 205-996-2040
Hours: please check website

Hill Student Center Location:
appointment required

Suite 303, 1400 University Blvd
Birmingham, AL 35233
Phone: 205-975-9509
Hours: Mon-Fri, 8 am-5 pm

Disability Support Services

Facilitates an accessible university experience for all students

Location: Hill Student Center, Suite 409
1400 University Blvd
Birmingham, AL 35294
Phone: 205-934-4205
Hours: Mon-Fri 8 am-5 pm

- Sign language interpreters
- Books in alternative formats
- Note-taking assistance
- Testing/housing accommodations
- Assistive technology software

For questions about DSS accommodations, email: dss@uab.edu

UAB Police and Public Safety

For emergencies, please call **205-934-3535** or **911**

For non-emergency situations, please call **205-934-4434**