* Transforming Data to Power Human Health™*

**Certificate of Biomedical Informatics**

**OLLU Applied Informatics Certificate Plan**

**Major Biology BA/BS**

**Fall 2024**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SBMI Advisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applied Biomedical Informatics Certificate Requirements**

Each student will develop a degree plan with the written approval of their academic advisor. The student must file a signed degree plan each academic year in the Fall and Spring terms listing the required and/or elective courses as specified for their certificate program. **OLLU students with a major Biology BA/BS will be able to apply 9 of the required 15 credit hours to their OLLU** **Biology BA/BS degree.** To view more information about how credits from SBMI are transferred and applied to your program, please view the [Academic Catalog](https://sbmi.uth.edu/current-students/).

**Using This Certificate Planner**

UTHSC-H SBMI Required Courses:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COURSE NUMBER** | **COURSE TITLE** | **TYPE** | **CREDIT HOURS** | **Pre-Requisite** | **Expected Term Completed** | **Grade Earned** |
| BMI 5300 | [Introduction to Biomedical Informatics](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5300.htm) | Basic | 3 | N/A |  |  |
| BMI 5301 | [The U.S. Healthcare System](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5301.htm) | Basic | 3 | N/A |  |  |
| BMI 5313 | [Foundations of Electronic Health Records and Clinical Information Systems](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5313.htm) | Basic | 3 | N/A |  |  |
| BMI 5315 | [Quality and Outcome Improvement in Healthcare](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5315.htm) | Basic | 3 | N/A |  |  |
| BMI 6340 | [Health Information Visualization & Visual Analytics](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-6340.htm) | Research | 3 | N/A |  |  |

**Signatures**

This Certificate of Applied Biomedical Informatics Plan must be completed in collaboration with and signed by the academic advisor. Changes to planned coursework may be made and submitted to the faculty advisor for approval.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_