* Transforming Data to Power Human Health™*

**Certificate of Biomedical Informatics**

**OLLU Health Data Track Certificate Plan**

#  Major Data Analytics

 **Fall 2024**

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

**Health Data Track 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 in Major Data Analytics BA will be able to apply 9 of the required 15 credit hours to their OLLU Major Data Analytics BA 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** | **TITLE** | **TYPE** | **CREDIT HOURS** | **Pre-Requisite** | **Expected Term Completion** | **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 5007 | [Methods in Health Data Science](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5007.htm) | Basic | 3 | N/A |   |   |
| BMI 5304 | [Advanced Database Concepts in Biomedical Informatics](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5304.htm) | Basic | 3 | N/A |   |   |
| BMI 5328 | [System Analysis and Project Management](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5328.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 Health Data Track 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: \_\_\_\_\_\_\_\_\_\_\_