* Transforming Data to Power Human Health™*

**Certificate of Biomedical Informatics**

**OLLU Biomedical Informatics Certificate Plan**

**Major Sociology BA**

**Fall 2024**

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

**Research 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 Sociology BA will be able to apply 9 of the required 15 credit hours to their OLLU** **Sociology 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 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 5302 | [Introduction to Human Factors in Healthcare](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5302.htm) | Basic | 3 | N/A |  |  |
| BMI 6305 | [Social Dynamics and Health Information](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-6305.htm) | Basic | 3 | BMI 5300 or BMI 5310 or consent of instructor |  |  |
| 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 Research 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: \_\_\_\_\_\_\_\_\_\_\_