* Transforming Data to Power Human Health™*

**Certificate of Biomedical Informatics**

**OLLU Nonprofit Informatics Certificate Plan**

**Fall 2024**

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

**Nonprofit 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 of Nonprofit Management will be able to apply 9 of the required 15 credits hours to their OLLU Nonprofit Management 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 5317 | [Applied Data Management](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5317.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 |  |  |
| NPMT 8310 | Finance Accounting for Nonprofits |  | 3 |  |  |  |
| NPMT 8315 | Nonprofit Operations & Administration |  | 3 |  |  |  |

**Signatures**

This Certificate of Nonprofit 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: \_\_\_\_\_\_\_\_\_\_\_