

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

**Pharmacy Informatics Certificate Requirements**

Each student will develop a degree plan with 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. This plan is a set of predefined coursework, totaling 15 credit hours.

**Using This Certificate Planner**

UTHSC-H SBMI Required Courses:

COURSE	TITLE	TYPE	CREDIT HOURS	Pre-Requisite	Expected Term Completion	Grade Earned
BMI 5300	<a href="#">Introduction to Biomedical Informatics</a>	Basic	3	N/A		
BMI 5390	<a href="#">Methods in Pharmacy Informatics</a>	Basic	3	N/A		
BMI 5391	<a href="#">Synthesis Project in Pharmacy Informatics</a>	Basic	3	BMI 5300, BMI 5390		
<b>Fourth and Fifth Course Selection Options: Choose 2</b>						
BMI 5328*	<a href="#">Systems Analysis and Project Management</a>	Basic	3	N/A		
BMI 6316*	<a href="#">Change Management in Health Informatics</a>	Advanced	3	N/A		
BMI 6340*	<a href="#">Health Information Visualization &amp; Visual Analytics</a>	Research	3	N/A		

\* Students, in conjunction with their Academic Advisor, will select only two of the (\*) courses as their remaining courses for this plan.

**Signatures**

This Certificate of Pharmacy 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: \_\_\_\_\_