

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	Introduction to Biomedical Informatics	Basic	3	N/A		
BMI 5390	Methods in Pharmacy Informatics	Basic	3	N/A		
BMI 5391	Synthesis Project in Pharmacy Informatics	Basic	3	BMI 5300, BMI 5390		
Fourth and Fifth Course Selection Options: Choose 2						
BMI 5328*	Systems Analysis and Project Management	Basic	3	N/A		
BMI 6316*	Change Management in Health Informatics	Advanced	3	N/A		
BMI 6340*	Health Information Visualization & Visual Analytics	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: _____