

Certificate of Public Health Informatics

TAMU Sociology Major Certificate Plan

Fall 2025

Name: _____ Student ID: _____ Advisor name: _____

Public Health 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 elective courses as specified for their certificate program. **TAMU students majoring in Sociology will be able to apply 15 of the required 15 credit hours to their TAMU Sociology degree.** To view more information about how credits from SBMI are transferred and applied to your program, please view the Undergraduate Accelerated Master's (4+1) Program Course Equivalency FAQ.

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	Basic	3	N/A		
BMI 5380	Principles and Foundations of Public Health Informatics	Basic	3	N/A		
PHM 1690	Introduction to Biostatistics in Public Health	N/A	4	N/A		
PHM 2612	Epidemiology I	N/A	3	N/A		
Fifth Course Options: Choose 1						
BMI 5313*	Foundations of Electronic Health Records and Clinical Information Systems	Basic	3	N/A		
BMI 5381*	Methods in Public Health Informatics	Basic	3	N/A		
BMI 5382*	Synthesis Project of Public Health Informatics	Advanced	3	N/A		
PHM 1110*	Health Promotion and Behavioral Sciences in Public Health	N/A	3	N/A		
PHM 2110*	Public Health Ecology & the Human Environment	N/A	3	N/A		
PHM 3715*	Management and Policy Concepts in PH	N/A	3	N/A		

* Students, in conjunction with their Academic Advisor, will select only one of the (*) courses as their fifth course for enrollment.

Signatures

This Certificate of Public Health 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: _____ Advisor Signature: _____

Date: _____ Date: _____