* Transforming Data to Power Human Health™*

**Certificate of Biomedical** **Informatics**

**UT Health San Antonio**

**Biomedical Informatics Certificate Plan**

**Fall 2024**

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

**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. **UT Health San Antonio** **students will be able to apply 9 of the required 15 credit hours to their UT Health San Antonio** **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 5310 | [Foundations of Biomedical Information Sciences I](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5310.htm) | Basic | 3 | N/A |  |  |
| BMI 5313 | [Foundations of Electronic Health Records and Clinical Information Systems](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5313.htm) | Basic | 3 | N/A |  |  |
| BMI 5360 | [Clinical Decision Support Systems](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5360.htm) | Basic | 3 | N/A |  |  |
| BMI 6340 | [Health Information Visualization and Visual Analytics](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-6340.htm) | Basic | 3 | N/A |  |  |

**Signatures**

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