*Transforming Data to Power Human Health™*

**UTEP Certificate in Business Informatics plan**

**Business Informatics for Healthcare Concentration**

**Fall 2023**

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

**Business Informatics for Healthcare 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. **UTEP MBA students who complete the Joint Certificate in Business Informatics for Healthcare, will be able to apply 9 of the required 15 credit hours to their UTEP master’s degree upon approval by their advisor.**

**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**](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5300.htm) | Basic | 3 | N/A |  |  |
| BMI 5301 | [**The US Healthcare System**](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5301.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) | N/A | 4 | N/A |  |  |
| Designated MBA Core Courses | | | | | | |
| UTEP QMB 5311 | Quantitative Methods in Business |  |  |  |  |  |
| UTEP FIN 5311 | Financial Management |  |  |  |  |  |

**Signatures**

This Business Informatics for Healthcare Certificate 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 Signed: \_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_

10/22/2023