*Transforming Data to Power Human Health™*

**Certificate of Biomedical Informatics**

 **Option 1 Certificate Plan**

 **Fall 2020-2023**

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

**Biomedical 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. Option 1 of this plan is a set of predefined coursework, totaling 15 credit hours.

**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 5310 | [Foundations of Biomedical Information Sciences I](http://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-5310.htm) | Foundation | 3 | BMI 5300 or consent of instructor |   |  |
| 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 & Visual Analytics](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-6340.htm) | Research | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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