*Transforming Data to Power Human Health™*

 **UTEP Certificate in Biomedical Informatics plan**

**Speech Language Pathology Certificate**

 **Fall 2023**

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

**Speech Language Pathology Certificate of Biomedical Informatics 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** **Speech Language Pathology students who complete the Joint Speech Language Pathology Certificate of Biomedical Informatics, 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 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 6340  | [**Health Information Visualization & Visual Analytics**](https://sbmi.uth.edu/current-students/catalog-of-courses-bmi/bmi-6340.htm) | Research | 3 | N/A |  |  |
| Designated Speech Language Pathology Core Courses |
| UTEP SPLP 5320  | Research Design in Communication Disorders |  |  |  |  |  |
| UTEP SPLP 5366 | Communication Disorders and Literacy |  |  |  |  |  |

**Signatures**

This Speech Language Pathology 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 Signed: \_\_\_\_\_\_\_\_\_\_\_\_

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