

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

**Health Data Science 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. This plan is a set of predefined coursework, totaling 15 credit hours.

**Using This Certificate Planner**

UTHSC-H MSBMI Required Courses:

COURSE NUMBER	TITLE	TYPE	CREDIT HOURS	Pre-Requisite	Expected Term Completed	Grade Earned
BMI 5300	<a href="#">Introduction to Biomedical Informatics</a>	Basic	3	N/A		
BMI 5007	<a href="#">Methods in Health Data Science</a>	Basic	3	Prerequisite quiz and consent of instructor.		
BMI 6340	<a href="#">Health Information Visualization &amp; Visual Analytics</a>	Research	3	N/A		
<b>Choose 2 courses from the Health Data Science curriculum listed below:</b>						
BMI 5304	<a href="#">Advanced Database Concepts in Biomedical Informatics</a>	Research	3	BMI 5007		
BMI 5353	<a href="#">Biomedical Informatics Data Analysis</a>	Research	3	BMI 5007 or consent of instructor.		
BMI 5351	<a href="#">Research Design and Evaluation in Biomedical Informatics</a>	Research	3	BMI 5300		
BMI 6306	<a href="#">Information and Knowledge Representation in Biomedical Informatics</a>	Advanced	3	BMI 5304		
BMI 6318	<a href="#">Big Data in Biomedical Informatics</a>	Advanced	3	BMI 5007 or consent of instructor		
BMI 6323	<a href="#">Machine Learning in Biomedical Informatics</a>	Advanced	3	N/A		
BMI 6331	<a href="#">Medical Imaging and Signal Pattern Recognition</a>	Advanced	3	BMI 5007		
BMI 6334	<a href="#">Deep Learning in Biomedical Informatics</a>	Advanced	3	BMI 5007 and BMI 5353 or Instructor Consent		

**Signatures**

This Certificate of Health Data Science Plan must be completed in collaboration with and signed by the academic advisor. Changes to planned coursework may be made and submitted to an Associate Dean for review and approval.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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