Master of Professional Science in Biomedical and Health Informatics

Plan of Study Form: Public Health Informatics Track

Students and MPS in BMHI advisors may use this form as a working template for completion of program requirements. A final copy with signatures attesting to the fulfillment of all requirements should be submitted to the CHIP program coordinator by the advisor.

Name: ___________________________       Student ID: ___________________________

CHIP Advisor: ________________________       Practicum Mentor: ________________________

Initial Semester: ________________________       *denotes required course

**General Informatics Core (12 credits):**

*INLS 523
   (Database Systems I: Intro to Databases, Fall/Spring, 3)

*INLS 582
   (Systems Analysis, Fall/Spring, 3)

Elective (3): ___________________________        __________  __________

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Pre-Approved Electives: INLS 541 (Information Visualization, Spring), INLS 560 (Programming for Information Professionals, Fall/Spring), INLS 566 (Information Assurance, Fall), INLS 572 (Web Development, Spring), INLS 623 (Database Systems II, Fall/Spring), INLS 718 (User Interface Design, Spring), INLS 723 (Database Systems III, annually), INLS 760 (Web Databases, Spring)

**Business Skills Courses (6 credits):**

GRAD 725 (Seminar, Fall/Spring, 1 credit, repeatable for credit), GRAD 710 (Professional Communication: Writing, Fall, 1.5 credits), GRAD 711 (Professional Communication: Presenting, Fall, 1.5 credits), GRAD 712 (Leadership in Science Based Organizations, Spring, 1 credit), GRAD 713 (Applied Project Management, Spring, 1.5 credit), GRAD 714 (Intro to Financial Accounting, Spring, 1.5 credit), GRAD 715 (Building Your Leadership Practice, Fall, .5 credits), GRAD 720 (Team-based Consulting for Technology Commercialization, Fall, 3 credits)

Course: ___________________________        __________  __________

Course: ___________________________        __________  __________

Course: ___________________________        __________  __________

Course: ___________________________        __________  __________

Course: ___________________________        __________  __________
### BMHI Foundations (6 credits):

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester taken</th>
<th>Credits/Grade</th>
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<tbody>
<tr>
<td>*HPM 600</td>
<td></td>
<td></td>
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<tr>
<td>(Introduction to Health Policy and Management, Fall/Spring, 3)</td>
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<tr>
<td>*INLS 725</td>
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<tr>
<td>(Electronic Health Records, Spring, Summer, 3)</td>
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### Public Health Informatics Track (8 credits):

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<thead>
<tr>
<th>Course</th>
<th>Semester taken</th>
<th>Credits/Grade</th>
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<tbody>
<tr>
<td>*EPID 795</td>
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<tr>
<td>(Intro to Public Health Informatics, Fall, 1)</td>
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<tr>
<td>*INLS 770</td>
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<tr>
<td>(Health Informatics Seminar, Fall/Spring, 1)</td>
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<tr>
<td>*HPM 620</td>
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<tr>
<td>(Implementing Health Informatics Initiatives, Spring, 3)</td>
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**Elective (3):**

*Pre-Approved Electives:*
- EPID 766 (Epidemiologic Research with Healthcare Databases, Spring)
- EPID 750 (Fundamentals of Public Health Surveillance, Fall)
- HPM 625 (Applied Public Health Informatics, Spring)
- HPM 760 (Healthcare Quality and Information Management, Spring)
- ENVR 468 (Advanced Functions of Temporal GIS, Fall)
- BIOS 613 (Data Management in Clinical and Public Health Research, Spring)
- BIOS 511 (Intro to Statistical Computing and Data Management, Fall)

### Public Health Informatics Practicum (3 credits):

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester taken</th>
<th>Credits/Grade</th>
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<tbody>
<tr>
<td>*GRAD 989 (3)</td>
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</table>

**Practicum info and title:**

**Presentation date:**

**Project submitted:**

### Total Credits (35 required):

**Total Credits:** _____

**Note:** Students who earn an “F” at any point in this program become academically ineligible. Students who earn “L” grades in a total of 9 credits in this program also become academically ineligible. Academically ineligible students will have to be readmitted and reinstated to the Graduate School. Please contact the Program Coordinator (Larisa Rodgers- larisar@unc.edu) directly if this situation occurs.

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**Student Signature**

**CHIP Advisor Signature**

**Completion Date**

**CHIP Advisor Title**