



Name: _____

Master of Applied Health Informatics

Student ID #: _____

Degree Plan (Effective FA14), v082614

Courses	Semester/ Year	Cr.	Grade
HI 6000 Practicum in Applied Health Informatics		1	
HI 6000 Practicum in Applied Health Informatics		1	
HI 6000 Practicum in Applied Health Informatics		1	
HI 5300 Introduction to Health Informatics		3	
HI 5301 The U.S. Healthcare System		3	
HI 5305 Legal and Ethical Aspects of Health Informatics		3	
HI 5306 Security in Health Informatics		3	
HI 5313 Introduction to Electronic Health Records		3	
HI 5315 Quality and Outcome Improvement in Healthcare		3	
HI 5327 Standards and Standards Development in Applied Health Informatics		3	
HI 5328 System Analysis and Project Management		3	
HI 5329 Assessment and Evaluation		3	
HI 5360 Clinical Decision Support System		3	
HI 5371 Business and Technical Writing		3	
HI 6340 Health Information Visualization and Visual Analytics		3	
Number of Credits		39	

Approved by:

Primary Advisor (Print Name)

Signature

Date

Student Signature

[Texas Administrative Code \(TAC\) 206.73, Privacy & Security of State Websites](#)