State University of New York Downstate Medical Center
College of Health Related Professions
Master of Science in Medical Informatics
Program of Study Acknowledgment

(It is the student’s responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

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Student ID No. __________________________ Name__________________________________________ Phone __________________________

Address __________________________ City, State, ZIP Code ____________________________

Program Requirements

The 39 credits required for your degree are listed below. This Program of Study form reflects the curricular requirements listed on the College of Health Related Professions • College of Nursing website (www.downstate.edu). Students are responsible for familiarizing themselves with the website, the most recent SUNY Downstate Medical Center Student Handbook and the individual program student manual.

Transfer Courses

Please refer to the most recent Student Handbook for specific information and guidelines regarding the award of transfer credit.

Year One - Fall Semester Courses (9 credits)

Term planned | Term completed | Grade Earned | Course # | Course Title | Credits
--- | --- | --- | --- | --- | ---
 | | | | *MIMS 5001 | Computer Science for Medical Informatics | 3
 | | | | OR | | |
 | | **ADMN 5400 | Health Care Delivery in the US | 1.5
 | | | | **MIMS 5103 | Health Care Professional Seminar | 1.5
 | | | | MIMS 5100 | Introduction to Medical Informatics | 3
 | | | | MIMS 5101 | Database System Applications in Biomedicine | 3

Year One - Spring Semester Courses (10 credits)

Term planned | Term completed | Grade Earned | Course # | Course Title | Credits
--- | --- | --- | --- | --- | ---
 | | | | * MIMS 5002 | Internet Integration in Healthcare | 3
 | | **MIMS 5102 | Health Care Across the Lifespan | 3
 | | | | MIMS 5110 | Healthcare Computer Network Architecture | 4
 | | | | MIMS 5111 | Research Methods | 3

Year One - Summer Semester Courses (5 credits)

Term planned | Term completed | Grade Earned | Course # | Course Title | Credits
--- | --- | --- | --- | --- | ---
 | | | | MIMS 5201 | Topics in Medical Informatics | 2
 | | | | MIMS 5202 | User Interface in Medical Informatics | 3

Year Two - Fall Semester Courses (9-15 credits)

Term planned | Term completed | Grade Earned | Course # | Course Title | Credits
--- | --- | --- | --- | --- | ---
 | | | | MIMS 5112 | Medical Decision Support Systems | 3
 | | | | MIMS 5203 | Information Retrieval & Digital Libraries | 3
 | | | | MIMS 5204 | Medical Imaging Systems | 3
 | | | | MIMS 5206 | Independent Study (Elective) | 1-3
 | | ***MIMS 5208 | Clinical Internship in Medical Informatics I | 1.5
 | | ***MIMS 5209 | Clinical Internship in Medical Informatics II | 1.5

Year Two - Spring Semester Courses (6-9 credits)

Term planned | Term completed | Grade Earned | Course # | Course Title | Credits
--- | --- | --- | --- | --- | ---
 | | | | MIMS 5121 | Master’s Essay in Medical Informatics | 3
 | | | | MIMS 5205 | Evaluation of Healthcare Information Systems (Elective) | 3
 | | **MIMS 5208 | Clinical Internship in Medical Informatics I | 1.5
 | | ***MIMS 5209 | Clinical Internship in Medical Informatics II | 1.5

Interdisciplinary Course

Taken any semester with program approval

| | | | INDI 5014 | Brooklyn Free Clinic Experience | 1

TOTAL CREDITS REQUIRED 39

* To supplement computer background.
**To supplement health care background.
***MIMS 5208 and MIMS 5209 can be taken together or separately in the Fall or Spring semester for Year Two.

Anticipated Date of Graduation (Circle Month & Year): May August December 2016 2017 2018

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Master of Science from the State University of New York Health Science Center at Brooklyn. The academic policies regarding the other components of the degree are published in the most recent SUNY Downstate Medical Center Student Handbook, and should be reviewed to ensure my academic success.

Signature of Student __________________________ Date __________

Eff. 08/27/2014 II