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|  | **SOUTH DAKOTA BOARD OF REGENTS**  ACADEMIC AFFAIRS FORMS |
| Minor Program Modification |
|  |  |

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations). The university Vice President for Academic Affairs approves minor program modifications and they are included in the Annual Minor Program Modification Summary form.

|  |  |
| --- | --- |
| **UNIVERSITY:** | Choose an item. |
| **PROGRAM TITLE:** | Health Information Specialist Certificate |
| **CIP CODE:** |  |
| **UNIVERSITY DEPARTMENT:** | Health Informatics & Information Management |
| **BANNER DEPARTMENT CODE:** | DHIMS |
| **UNIVERSITY DIVISION:** | College of BIS |
| **BANNER DIVISION CODE:** | DBUS |

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.*

|  |  |  |
| --- | --- | --- |
| A picture containing text  Description automatically generated |  | 4/6/2023 |
| Vice President of Academic Affairs or President of the University |  | Date |

|  |
| --- |
|  |

1. **This modification addresses a change in (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course *deletions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |  | Course *additions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |
|  |  |  |  |
|  | Revised courses in the program. |  |  |

1. **Effective date of change: 8/1/2023**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Associate |  | Bachelor’s |  | Master’s |  | Doctoral |  |

1. **Category (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Certificate |  | Specialization |  | Minor |  | Major |  |

1. **Is the program associated with a current articulation agreement?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

* 1. **If yes, will the articulation agreement need to be updated with the partner institution as a result of this minor program modification? Why or why not?**

1. **Primary Aspects of the Modification (*add lines or adjust cell size as needed*):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Existing Curriculum* | | | | | *Proposed Curriculum (highlight changes)* | | | | |
| **Pref.** | **Num.** | **Title** | **Cr.**  **Hrs.** |  | | **Pref.** | **Num.** | **Title** | **Cr. Hrs.** |
| CSC | 105 | Introduction to Computers | 3 |  | | CSC | 105 | Introduction to Computers | 3 |
| ~~HIM~~ | ~~101~~ | ~~Health Information Management Profession~~ | ~~1~~ |  | |  |  |  |  |
| HIM | 130 | Basic Medical Terminology | 2 |  | | HIM | 130 | Basic Medical Terminology | 2 |
| HIM | 150 | Introduction to Digital Health Informatics & Information Management | 3 |  | | HIM | 150 | Introduction to Digital Health Informatics & Information Management | 4 |
| HIM | 169 | Legal Aspects of Health Information I | 1 |  | | HIM | 169 | Legal Aspects of Health Information I | 1 |
| HIM | 170 | Legal Aspects of Health Information II | 2 |  | | HIM | 170 | Legal Aspects of Health Information II | 2 |
|  |  | Total Hours Required | 12 |  | |  |  | Total Hours Required | 12 |

1. **Explanation of the Change:**

Deleting HIM 101 and moving DSU resources content to upcoming online orientation course and moving HIM career content to existing HIM 150 (3 credits to 4 credits).