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

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations).

|  |  |
| --- | --- |
| **UNIVERSITY:** | DSU |
| **CURRENT PROGRAM DEGREE:** | **Certificate** |
| **CURRENT PROGRAM MAJOR/MINOR:** | **Health Information Specialist** |
| **CURRENT SPECIALIZATION** *(If applicable)***:** |  |
| **CIP CODE:** | **51.0707** |
| **UNIVERSITY DEPARTMENT:** | **Health Informatics and Information Management** |
| **BANNER DEPARTMENT CODE:** | **DHIMS** |
| **UNIVERSITY COLLEGE:** | **College of BIS** |
| **BANNER COLLEGE CODE:** | **DBIS** |

**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 |  | 10/28/2024 |
| 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*):**

|  |  |
| --- | --- |
|[x]  Total credits required within the discipline |[ ]  Total credits of supportive course work |
|  |  |  |  |
|[ ]  Total credits of elective course work |[x]  Total credits required for program |
|  |  |  |  |
|[x]  Program name |[ ]  Existing specialization |
|  |  |  |  |
|[x]  CIP Code |[ ]  Other (explain below) |
|[ ]  Modification requiring Board of Regents approval *Must have prior approval from Executive Director or designee* |

1. **Effective date of change: 5/19/2025**
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 |[x]  Specialization |[ ]  Minor |[ ]  Major |[ ]

1. **If a name change is proposed, the change will occur (*place an “X” in the appropriate box*):**

|  |
| --- |
|[ ]  On the effective date for all students |

|  |
| --- |
|[x]  On the effective date for students new to the program (enrolled students will graduate from existing program) |
|  |  |

|  |  |
| --- | --- |
| **Proposed new name:**  | **Health Informatics Certificate** |
|  | *Reminder: Name changes may require updating related articulation agreements, site approvals, etc.* |

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

|  |  |
| --- | --- |
| Yes |[ ]  No |[x]

* 1. **If yes, will the articulation agreement need to be updated with the partner institution following the approve of the program change? Please explain:**
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 | 150 | Introduction to Digital Health Informatics & Information Management | 4 |  | HIM | 150 | Introduction to Digital Health Informatics & Information Management | 3 |
| 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~~ |
|  |  |  |  |  | HIM | 225 | Digital Health Information Systems | 3 |
| HIM | 130 | Basic Medical Terminology | 2 |  | HIM | 130 OR 444 | Basic Medical Terminology ORDigital Health Technology | 3 |
| Total number of hours required for major, minor, or specialization | 12 |  | Total number of hours required for major, minor, or specialization | 9 |
| Total number of hours required for degree | 12 |  | Total number of hours required for degree | 9 |

1. **Explanation of the Change:**

Certificate program is being aligned with market trends to reduce credits and to be more palatable for high school students dual credit options and HIM 444 is being added for current healthcare majors that are already familiar with basic medical terminology and want to understand healthcare data and technology at a deeper level.

The name change is intended to better align with the naming conventions of other HI programs. Alongside this change, we are also proposing an update to the CIP code. Currently, the CIP code is Health Information/Medical Records Technology/Technician, and we suggest changing it to 51.2706, which corresponds to Medical Informatics.

**For substantial modifications requiring Board approval, complete the items below**. References to external sources should be documented with a footnote (including web addresses where applicable).

1. Date of approval from the Executive Director or designee.
2. Identify the program modification requested.
3. Provide justification for the desired modification.
4. Would the requested modification require a change to the catalog description and/or the program learning outcomes? If so, describe.
5. Indicate the number of students currently enrolled in the program.
6. Describe the real impact to students.
7. Describe the real impact to the university.
8. Describe any cost associated with the program modification.
9. Describe any risks and unintended consequences associated with the program modification.
10. Would this modification be effective for current and future students, or only students who enroll following the change?