TExAS sTATE UNIVERSITY
PROGRAM DELETE FORM

Administrative Information

1. **Program Name**: Graduate Certificate in Health Informatics

2. **Description**: Briefly describe the reason for the closure/deletion(s).

   The Academic Program Review conducted for the School of Health Administration in 2014 recommended the certificate be deleted due to lack of student interest. In the last ten years, there has been a total of five students enrolled in the certificate, and no one currently enrolled.

3. **Program CIP Code**: 51070100

4. **Proposed Effective Date**: Fall 2016

5. **Contact Person**: Provide contact information for the person who can answer specific questions about the program.
   - **Name**: Dr. Matthew S. Brooks
   - **Title**: Director
   - **E-mail**: mb96@txstate.edu
   - **Phone**: 512 245-2238

6. **Required Reviews**:
   - School Faculty
   - School Curriculum Committee
   - School Director
   - College Curriculum Committee
   - College Council
   - College Dean
   - Dean of The Graduate College
   - Associate Vice President for Academic Affairs
   - Provost
   - University Curriculum Committee
   - Faculty Senate
   - Council of Academic Deans
   - President
   - Texas State University System Board of Regents
   - Southern Association of Colleges and Schools
Program Information

I. Students affected by the closure/deletion:

A. Are there students currently enrolled in the program? If yes, how many? What is the expected date of completion or graduation from the program? Have those students been notified of the closure/deletion? How have they been notified and explain the options provided for those students.

There are no students currently enrolled.

B. Are students still being admitted in the program? Or when were the last students admitted in the program?

Seeing the lack of enrollments, we suspended applications to the program effective fall 2014.

II. Faculty affected by the closure/deletion:

A. Will any faculty be reassigned because of the closure/deletion?

No faculty will be reassigned as a result of this action. The one faculty member who taught HR courses for the Health Information Certificate also teaches in the Healthcare Administration program.

B. Please explain how faculty have been engaged throughout the decision to close the program?

The faculty participated in a strategic planning session where we decided to suspend applications pending results of the APR. When the APR recommended deleting the program, the faculty met on March 6, 2015 and voted to proceed.

III. Staff affected by the closure/deletion:

A. Will any staff be reassigned because of the closure/deletion?

No staff will be reassigned as a result of this action.

IV. Courses affected by the closure/deletion:

A. Will any courses need to be deleted? If yes, submit the Course Deletion Form along with the Program Delete Form. If the courses to be deleted are outside the originating department/school, a Course Deletion Form from those areas is required to be attached to the Program Delete Form.
Yes, the existing HR courses aligned with this program will be deleted, and the forms are attached to this program deletion proposal. Those HR courses to be deleted are: 5101, 5191, 5199B, 5299B, 5301, 5311, 5330, 5331, 5333, 5337, 5339, 5341, 5351, 5357, 5362, 5363, 5369, 5383, 5399A, 5399B, 5495, 5599B, 5640, 5840, and 5999B.

V. Low Productivity Report:

A. Has this program been identified on the state’s Low Productivity Report? If yes, please explain the cause(s) of low productivity and any actions that were taken to attempt to increase enrollments and graduation rates.

Certificate programs are not included in the state’s Low Productivity Report.

Texas State University
Delete the Graduate Certificate in Health Informatics
Signature Page

1. I hereby certify that the above program deletion has been approved in accordance with the procedures outlined in rules, regulations and policies at the Texas State University System Board of Regents, the Texas Higher Education Coordinating Board and the Southern Association of Colleges and Schools.

Chief Executive Officer Date

2. Board of Regents Approval – A member of the Board of Regents or designee shall sign the following statement:

On behalf of the Board of Regents, I certify that the Board of Regents has approved the above program closure(s) and deletion(s).

Board of Regents (or Designee) Date