1. Program Name: Health Information Privacy and Security Certificate

2. Description: The primary source of applicants for the Health Information Privacy and Security Certificate was through a federally funded University-Based Training Program (PUREHIT grant). Students were accepted as cohorts during the fall semesters of 2010, 2011 and 2012. In total, twenty-seven grant-funded students completed the certificate program. The grant budget period ended on September 30, 2013, and student tuition is no longer covered by the grant. Therefore, enrollment has dropped to zero.

3. Program CIP Code: 51070600

4. Proposed Effective Date: Fall 2016

5. Contact Person: Provide contact information for the person who can answer specific questions about the program.
   - Name: Jackie Moczygemba
   - Title: Associate Professor and Chair of the Department of Health Information Management
   - E-mail: jm38@txstate.edu
   - Phone: 245-3503

6. Required Reviews:
   - Department Faculty
   - Department Curriculum Committee
   - Department Chair
   - College Curriculum Committee
   - College Council
   - College Dean
   - 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 currently enrolled students in the HIPS certificate.

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

No, there are no students being admitted to the program.

II. Faculty affected by the closure/deletion:

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

No faculty will be affected by this certificate deletion.

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

The HIM faculty meet every two weeks during the Fall and Spring semesters. The faculty have been aware for quite some time (since early 2014) that students were no longer applying for the certificate program. The grant which provided the funding for the certificate program ended in August 2013.

III. Staff affected by the closure/deletion:

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

No staff will be affected by this certificate deletion.

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.

No the HIM courses that were included in the HIPS Certificate will continue for the baccalaureate degree program in Health Information Management. The CIS course in
the HIPS Certificate is an elective in the Computer Information Systems baccalaureate degree program.

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.

Not applicable.
Texas State University
Delete the Undergraduate Certificate in Health Information Privacy and Security
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 Commission on Colleges.

________________________________________________________________________
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 deletion.

________________________________________________________________________
Board of Regents (or Designee) Date