

Program of Study for Graduate Certificate in Health Care Management
College of Graduate Studies • Middle Tennessee State University



1. Your program of study should be submitted to the College of Graduate Studies according to your program's curricular requirements. Check with your graduate advisor for the appropriate time to file this form.
2. Please list course ID, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, Room 114, Cope Administration Bldg.

Name: _____ Student ID # _____ Date: _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip Code: _____

PROGRAM: Graduate Certificate in Health Care Management (18 Hours)

Course ID #	Course Title	Credit Hours	Grade
REQUIRED COURSES			
MGMT 6000	Management and Operations Concepts	3	
MGMT 6780	Health Care Management (Prerequisite for MGMT 6780 is MGMT 6000)	3	
SOC 5040	Health Care Delivery Issues	3	
REMAINING 9 HOURS TO BE SELECTED FROM THE FOLLOWING COURSES			
BLAW 6430	Legal Environment of Management	3	
ECON 6400	Economics of Health Care	3	
HLTH 6510	Nation's Health	3	
HLTH 6850	Methods in Epidemiology	3	
HLTH 6860	Program Planning for Health Promotion	3	
MGMT 6750	Business Ethics	3	
MKT 6900	Health Care Marketing	3	
NURS 5035	Special Topics in Nursing	3	
NURS 5055	Informatics for the Health Care Professional	3	
SOC 5020	Sociology of Aging	3	
SOC 5030	Topics in Gerontology	3	
SOC 5080	Group Work With the Elderly	3	

Candidate's Signature

Date

I certify the above program of study:

Graduate Advisor's Signature

Date

Dr. Abdul Rao, M.D., D.Phil.
Vice Provost for Research and Dean
College of Graduate Studies

Date