

MyCAA Education & Training Plan (ETP)

Texas A&M University Texarkana (TAMUT)
Extended Education and Community Development
7101 University Ave | Texarkana, TX 75503
<http://www.tamut.edu/EECD/>

Student Information:

Student Name: _____

School Issued Student ID: N/A

Program Name: Electronic Health Records Management (EHRM) Certificate Program
with Clinical Externship

Program Type: Certificate

Program Duration: 4 Months

Scheduled Start Date: _____

Estimated Completion Date: _____

Course Delivery Format Online

Program Overview:

This program prepares students to understand and use electronic records in a medical practice. Course reviews the implementation and management of electronic health information using common electronic data interchange systems and maintaining the medical, legal, accreditation and regulatory requirements of the electronic health record. This Electronic Health Record (EHR) Management program prepares students to understand and use electronic records in a medical practice. Course reviews the implementation and management of electronic health information using common electronic data interchange systems and maintaining the medical, legal, accreditation and regulatory requirements of the electronic health record.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED. There are no state approval and/or state requirements associated with this program.

Students who complete this course are prepared for national certification:

- o National Healthcareer Association (NHA) Certified Electronic Health Record Specialist (CEHRS) exam can be proctored at a local testing facility and is available to all students who complete this program.

Tuition Cost:

\$3,000

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
TAMUT-EH 06	Electronic Health Records Management (EHRM) Certificate Program with Clinical Externship	375 Contact Hours/ 37.5 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number