



Department of Consumer Affairs

# BPPE Bureau for Private Postsecondary Education

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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208122116

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** CERTIFIED NURSE ASSISTANT

**Number of Degrees or Diplomas Awarded:** 6

**Total Charges for this program (Report whole dollars only):** \$ 875

**Number of Students Who Began the Program:** 8

**Students Available for Graduation:** 8

**On-time Graduates:** 6

**Completion Rate:** 75

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 6****Graduates Employed in the Field: 6****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 6****Indicate the number of graduates employed:****Single position in field: 6****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2015****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Certified Nurse Assistant****Number of Graduates Taking Exam: 6****Number Who Passed the Exam: 6****Number Who Failed the Exam: 0****Passage Rate: 100****Is this data from the licensing agency that administered the exam?: yes****Name of Agency: American Red Cross****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Certified Nurse Assistant****Number of Graduates Taking Exam: 5****Number Who Passed the Exam: 5****Number Who Failed the Exam: 0**

**Passage Rate: 100**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency: American Red Cross**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 6**

**Graduates Employed in the Field: 6**

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 3**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208123337

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** EKG INTERPRETATION

**Number of Degrees or Diplomas Awarded:** 2

**Total Charges for this program (Report whole dollars only):** \$ 225

**Number of Students Who Began the Program:** 2

**Students Available for Graduation:** 2

**On-time Graduates:** 2

**Completion Rate:** 100

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 2****Graduates Employed in the Field: 2****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 2****Indicate the number of graduates employed:****Single position in field: 2****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?: no****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 2**

**Graduates Employed in the Field: 2**

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 2**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**





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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161207115951

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** HOME HEALTH AIDE

**Number of Degrees or Diplomas Awarded:** 6

**Total Charges for this program (Report whole dollars only):** \$ 775

**Number of Students Who Began the Program:** 6

**Students Available for Graduation:** 6

**On-time Graduates:** 6

**Completion Rate:** 100

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 6****Graduates Employed in the Field: 6****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 6****Indicate the number of graduates employed:****Single position in field: 6****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2015****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Home Health Aide****Number of Graduates Taking Exam: 6****Number Who Passed the Exam: 6****Number Who Failed the Exam: 0****Passage Rate: 100****Is this data from the licensing agency that administered the exam?: yes****Name of Agency: American Red Cross****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Home Health Aide****Number of Graduates Taking Exam: 4****Number Who Passed the Exam: 4****Number Who Failed the Exam: 0**

**Passage Rate:** 100

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** American Red Cross

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 6

**Graduates Employed in the Field:** 6

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 2

**\$20,001 - \$25,000:** 0

**\$25,001 - \$30,000:** 0

**\$30,001 - \$35,000:** 0

**\$35,001 - \$40,000:** 0

**\$40,001 - \$45,000:** 0

**\$45,001 - \$50,000:** 0

**\$50,001 - \$55,000:** 0

**\$55,001 - \$60,000:** 0

**\$60,001 - \$65,000:** 0

**\$65,001 - \$70,000:** 0

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208123910

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** MESSAGE THERAPIST II

**Number of Degrees or Diplomas Awarded:** 4

**Total Charges for this program (Report whole dollars only):** \$ 3875

**Number of Students Who Began the Program:** 4

**Students Available for Graduation:** 4

**On-time Graduates:** 4

**Completion Rate:** 100

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 4****Graduates Employed in the Field: 4****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 4****Indicate the number of graduates employed:****Single position in field: 4****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?: no****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 4**

**Graduates Employed in the Field: 4**

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 2**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 2**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**





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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208124529

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** MEDICAL ASSISTANT

**Number of Degrees or Diplomas Awarded:** 3

**Total Charges for this program (Report whole dollars only):** \$ 5575

**Number of Students Who Began the Program:** 4

**Students Available for Graduation:** 4

**On-time Graduates:** 3

**Completion Rate:** 75

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 3****Graduates Employed in the Field: 3****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 3****Indicate the number of graduates employed:****Single position in field: 3****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?: no****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 3**

**Graduates Employed in the Field: 3**

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 1**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208121237

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** PHLEBOTOMY  
TECHNICIAN (ADVANCED)

**Number of Degrees or Diplomas Awarded:** 5

**Total Charges for this program (Report whole dollars only):** \$ 925

**Number of Students Who Began the Program:** 5

**Students Available for Graduation:** 5

**On-time Graduates:** 5

**Completion Rate:** 100

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 5****Graduates Employed in the Field: 5****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 5****Indicate the number of graduates employed:****Single position in field: 5****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2015****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Certified Phlebotomy Technician****Number of Graduates Taking Exam: 5****Number Who Passed the Exam: 5****Number Who Failed the Exam: 0****Passage Rate: 100****Is this data from the licensing agency that administered the exam?: yes****Name of Agency: National Healthcareer Association****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Certified Phlebotomy Technician****Number of Graduates Taking Exam: 13****Number Who Passed the Exam: 13****Number Who Failed the Exam: 0**

**Passage Rate:** 100

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** National Healthcareer Association

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 5

**Graduates Employed in the Field:** 5

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 0

**\$20,001 - \$25,000:** 2

**\$25,001 - \$30,000:** 0

**\$30,001 - \$35,000:** 0

**\$35,001 - \$40,000:** 0

**\$40,001 - \$45,000:** 0

**\$45,001 - \$50,000:** 0

**\$50,001 - \$55,000:** 0

**\$55,001 - \$60,000:** 0

**\$60,001 - \$65,000:** 0

**\$65,001 - \$70,000:** 0

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**





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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208121700

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** PHLEBOTOMY  
TECHNICIAN

**Number of Degrees or Diplomas Awarded:** 151

**Total Charges for this program (Report whole dollars only):** \$ 1675

**Number of Students Who Began the Program:** 181

**Students Available for Graduation:** 181

**On-time Graduates:** 151

**Completion Rate:** 83

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 151****Graduates Employed in the Field: 106****Placement Rate: 70****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 106****Indicate the number of graduates employed:****Single position in field: 106****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2015****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Certified Phlebotomy Technician****Number of Graduates Taking Exam: 151****Number Who Passed the Exam: 151****Number Who Failed the Exam: 0****Passage Rate: 100****Is this data from the licensing agency that administered the exam?: yes****Name of Agency: National Healthcareer Association****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: California Department of Public Health****Name of Exam: Certified Phlebotomy Technician****Number of Graduates Taking Exam: 117****Number Who Passed the Exam: 117****Number Who Failed the Exam: 0**

**Passage Rate: 100**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency: National Healthcareer Association**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 151**

**Graduates Employed in the Field: 106**

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 21**

**\$25,001 - \$30,000: 15**

**\$30,001 - \$35,000: 9**

**\$35,001 - \$40,000: 61**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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## BPPE Annual Report for 2015 – Programs

**Tracking Number:** 20161208125040

**Report for Year:** 2015

**Institution Code:** 1939591

### INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** PHYSICAL THERAPY AIDE

**Number of Degrees or Diplomas Awarded:** 4

**Total Charges for this program (Report whole dollars only):** \$ 2675

**Number of Students Who Began the Program:** 5

**Students Available for Graduation:** 5

**On-time Graduates:** 4

**Completion Rate:** 80

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 4****Graduates Employed in the Field: 4****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 4****Indicate the number of graduates employed:****Single position in field: 4****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?: no****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?: no**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 4**

**Graduates Employed in the Field: 4**

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 1**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**