

Institution Data

Fees / Accreditation

Financial

Offerings



Website / Uploads



## Bureau for Private Postsecondary Education

Department of Consumer Affairs

### 2019 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

#### 2019 BPPE Annual Report - Institution - General Info

Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

5001211

3. Institution Name (Enter Bureau approved institution name, if entering manually) \*

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Abrams College

4. Street Address (Physical Location) \*

201 E. Rumble Rd. Ste: E

5. City \*

Modesto

6. State \*

CA

7. Zip Code \*

95350

8. Check all that apply to the form of business organization of this institution: \*

- For profit corporation
- Non-profit corporation
- Partnership
- Sole Proprietor
- Limited Liability Corporation (LLC)

9. Number of Branch Locations \*

Indicate the number of branch locations associated with the main location. If none, enter zero ("0")

0

10. Number of Satellite Locations \*

Indicate the number of branch locations associated with the main location or any branch location. If none, enter zero ("0")

0

Save

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## 2019 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? \*

Yes    No

11b. Is this institution current on Annual Fees? \*

Yes    No

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? \*

Yes    No

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation below.

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. \*

Yes    No

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## 2019 BPPE Annual Report - Institution - Financial

For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

Display Instructions for #15 - #26 (Toggle)

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants) \*

Yes  No

16. Does your institution participate in veterans' financial aid education programs? \*

Yes  No

17. Does your institution participate in the Cal Grant program? \*

Yes  No

18. Is your institution on California's Eligible Training Provider List (ETPL)? \*

Yes  No

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? \*

Yes  No

19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? \*

\$ 29,050.00

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) \*

Yes       No

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. \*

Vocational Rehab

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?

\$ 29,050.00

21. Provide the percentage of institutional income during this Reporting Year that was derived from public funding. \*  
If none, indicate "0".

2

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) \*

Yes       No

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.

Amazon, International Rescu

23. The percentage of institutional income in the reporting year that was derived from any non-government financial aid. \*

3

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \*  
If Not Applicable, indicate "0".

0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. \*  
If none, indicate "0".

0

26. The average amount of federal student loan debt of graduates who took out federal student loans at this institution. \*

\$ 0.00

Save

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# 2019 Institution Data

- Institution Data
- Fees / Accreditation
- Financial
- Offerings**
- Website / Uploads



## 2019 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

27. Total number of students currently enrolled at this institution. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students who cancelled during the cancellation period) January 1st through December 31st . \*

If none, indicate "0".

28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*

If none, indicate "0".

30. Number of Master Degree Programs Offered?  
Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

32. Number of Bachelor Degree Programs Offered?  
Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

34. Number of Associate Degree Programs Offered?  
Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".



35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

0

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

6

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

561

Total Program Count

6

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# 2019 Institution Data

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## 2019 BPPE Annual Report - Institution - Website and Required Uploads

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**An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913)\*\*.**

\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

### Institution's Website

<https://abramscollege.com/>

### 38. Upload School Performance

Fact Sheet \*

Required file format = PDF

Select files...



SPFS 201...  
3.51 MB



### 39. Upload Catalog \*

Required file format = PDF

Select files...



College-C...  
6.42 MB



40. Upload Enrollment Agreement \*  
Required file format = PDF

Select files...

✓ Done



Enrollmen...  
5.16 MB



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The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

41. General File Upload (only use as directed by BPPE staff)  
Recommended file format = PDF

Select files...

Save

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Submit



# 2019 Institution Data



Thank You

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## 2019 Annual Report

Institution Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

Your request number is DCA-BPPE-003487.

### Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.

# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

4. Name of Program \*

Phlebotomy

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

× 51.1009 - Phlebotomy/Phlebotomist

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

### Instructions

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

**8. Number of Degrees, Diplomas or Certificates Awarded?** Indicate the number of students who completed the program during the reporting year.

**9. Total Charges for this program?** Indicate the total charges for a student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program. It includes books, uniforms or other charges if those charges are for costs that are required for participation in the educational program.

**10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program.** Indicate the percentage of students enrolled in this program who received federal student loans to pay for this program. Divide the total number of students enrolled in this program, who received federal student loans to pay for this program, by the total number of students enrolled in this program.

**11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program.** Indicate the percentage of graduates from this program, who received federal student loans to pay for this program. Divide the total number of reporting year graduates from this program, who took out federal student loans to pay for this program, by the total number of graduates from this program.

**12. Number of Students Who Began the Program?** Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with

**13. Students Available for Graduation?** Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

**14. On-time Graduates?** Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

**15. Completion Rate?** Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A "rate" is a percentage and should never be more than 100%** (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

**16. 150% Graduates?** Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes "On-Time Graduates" (5 CCR §74112(h)(l)).

**17. 150% Completion Rate?** If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A "rate" is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

**18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?** Indicate "yes" if the information was taken from the data that was reported to IPEDS; Indicate "no" if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.

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8. Number of Degrees, Diplomas or  
Certificates Awarded \*  
If none, indicate "0".

154

9. Total Charges for this Program \*

\$ 3,195.00



10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*  
If none, indicate "0".

181

13. Number of Students Available for Graduation \*  
If none, indicate "0".

181

14. Number of On-time Graduates \*  
If none, indicate "0".

154

15. Completion Rate  
This is a calculated field based on #12 and #13.

85.08287

16. 150% Graduates?

0

17. 150% Completion Rate

0

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? \*

Yes  No

Save

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# 2019 Program Data

<u>Institution Information</u>	<u>Program Name</u>	<u>Financial and Graduation</u>	
<u>Placement Data</u>	<u>Allied Health</u>	<u>Exam Passage Rate</u>	<u>Salary Data</u>



## 2019 BPPE Annual Report - Program - Placement Data

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Display Instructions for #19 - #23 (Toggle)

### Instructions

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

**CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.**

**19. Graduates Available for Employment?** Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

**20. Graduates Employed in the Field?** Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

**21. Placement Rate?** Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) A “rate” is a percentage and should never be more than 100% (5 CCR §74112(i)(4)).

19. Graduates Available for  
Employment \*  
If none, indicate "0".

38

20. Graduates Employed in the Field  
\*  
If none, indicate "0".

16

21. Placement Rate  
This is a calculated field based on  
#17 and #18.

42.10526

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

4

22b. at least 30 hours per week \*  
If none, indicate "0".

11

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23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*  
If none, indicate "0".

12

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

3

23c. Freelance/self-employed \*

If none, indicate "0".

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".



**Enter Total Number of students enrolled in this program.  
Enter Number of Students Proficient in languages other than  
English.**

**25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.**

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

Yes

No

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## 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



### 2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes       No

**You have indicated "Yes" for question #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2018 and 2019. (Two years of data is required.)**

26a. Do graduates have the option or requirement for more than one type of licensing State exam? \*

Yes       No

Name of Option/Requirement (1) \*

National Center for Competency Testing

Name of Option/Requirement (2)



Name of Option/Requirement (3)

Name of Option/Requirement (4)

Save	Back	Next
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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

Display Instructions for #27-34 (Toggle)

27. Name of the State licensing entity that licenses this field \*

California Department of Public Health

28. Name of State Exam \*

NCCT

29. Number of Graduates Taking State Exam \*  
If none, indicate "0".

46

30. Number Who Passed the State Exam \*  
If none, indicate "0".

41

31. Number Who Failed the State Exam  
This is a calculated field based on #25 and #26.

32. Passage Rate

This is a calculated field based on #25 and #26.

89.13043

33. Is this data from the State  
licensing agency that administered  
the exam? \*

Yes       No

34. If the response to #29 was "No" provide a description of the process used  
for Attempting to Contact Students \*

Student Surveys

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

Display Instructions for #35-42 (Toggle)

35. Name of the State licensing entity that licenses this field \*

California Department of Public Health

36. Name of State Exam \*

NCCT

37. Number of Graduates Taking State Exam \*  
If none, indicate "0".

38

38. Number Who Passed the State Exam \*  
If none, indicate "0".

31

39. Number Who Failed the State Exam  
This is a calculated field based on #33 and #34.

40. Passage Rate

This is a calculated field based on #33 and #34.

81.57895

41. Is this data from the State licensing agency that administered the State exam? \*

Yes  No

42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students \*

Student Surveys

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

43. Graduates Available for Employment  
This field is auto-populated based on your entry in #17.

38

44. Graduates Employed in the Field  
This field is auto-populated based on your entry in #18.

16

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

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 \*

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

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

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

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

1

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

0

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

1

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

0

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

0

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

0

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

1

\$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 \*

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

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

Over \$100,000 \*



**Warning!** There is another user actively working on this stage, are you sure you want to continue editing? Only changes made by the first user to submit will be saved.

## 2019 Program Data



Thank You

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### 2019 Annual Report

Program Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

**Program Name:** Phlebotomy

Your request number is DCA-BPPE-Program-019576.

#### Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.

# 2019 Program Data

<u>Institution Information</u>	<u>Program Name</u>	<u>Financial and Graduation</u>	
<u>Placement Data</u>	<u>Allied Health</u>	<u>Exam Passage Rate</u>	<u>Salary Data</u>



## **Bureau for Private Postsecondary Education** Department of Consumer Affairs

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2019 BPPE Annual Report - Program - Institution Data

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**Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.**

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

5001211

5. Institution Name? (Enter Bureau approved institution name, if entering manually) \*

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Abrams College

Save

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

4. Name of Program \*

Paralegal

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

× 22.0302 - Legal Assistant/Paralegal

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

8. Number of Degrees, Diplomas or Certificates Awarded \*  
If none, indicate "0".

9

9. Total Charges for this Program \*

\$ 3,100.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*  
If none, indicate "0".

19

13. Number of Students Available  
for Graduation \*  
If none, indicate "0".

19

14. Number of On-time Graduates \*  
If none, indicate "0".

9

15. Completion Rate  
This is a calculated field based on  
#12 and #13.

47.36842

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the  
Integrated Postsecondary Education  
Data System (IPEDS) of the United  
States Department of Education? \*

Yes  No

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Placement Data

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Display Instructions for #19 - #23 (Toggle)

19. Graduates Available for Employment \*  
If none, indicate "0".

3

20. Graduates Employed in the Field \*  
If none, indicate "0".

1

21. Placement Rate  
This is a calculated field based on #17 and #18.

33.33333

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

0

22b. at least 30 hours per week \*  
If none, indicate "0".

1

---

23a. In a single position in the field of study \*  
If none, indicate "0".

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

23c. Freelance/self-employed \*  
If none, indicate "0".

23d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".



# 2019 Program Data

Institution Information   Program Name   Financial and Graduation  
Placement Data   **Allied Health**   Exam Passage Rate   Salary Data



## 2019 BPPE Annual Report - Program - Allied Health Professionals

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Display Instructions for #24-25 (Toggle)

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

- Yes  
 No

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate

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Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes       No

**You have indicated "No" for question #22, please proceed to 'Salary Data'.**

Save

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

### 43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

3

### 44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

1

### 45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 \*

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

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

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

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

\$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 \*

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

Over \$100,000 \*

# 2019 Program Data



Thank You

---

## 2019 Annual Report

Program Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

**Program Name:** Paralegal

Your request number is DCA-BPPE-Program-019612.

### Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

---

If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.

# 2019 Program Data

<u>Institution Information</u>	<u>Program Name</u>	<u>Financial and Graduation</u>	
<u>Placement Data</u>	<u>Allied Health</u>	<u>Exam Passage Rate</u>	<u>Salary Data</u>



## **Bureau for Private Postsecondary Education** Department of Consumer Affairs

### 2019 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

#### 2019 BPPE Annual Report - Program - Institution Data

---

**Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.**

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

5001211

5. Institution Name? (Enter bureau approved institution name, if entering manually) \*

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Abrams College

Save

Next





# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

4. Name of Program \*

Massage Therapy

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

× 51.3501 - Massage Therapy/Therapeutic Massage

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

8. Number of Degrees, Diplomas or Certificates Awarded \*  
If none, indicate "0".

50

9. Total Charges for this Program \*

\$ 3,710.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*  
If none, indicate "0".

50

13. Number of Students Available  
for Graduation \*  
If none, indicate "0".

50

14. Number of On-time Graduates \*  
If none, indicate "0".

50

15. Completion Rate  
This is a calculated field based on  
#12 and #13.

100

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the  
Integrated Postsecondary Education  
Data System (IPEDS) of the United  
States Department of Education? \*

Yes       No

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

19. Graduates Available for Employment \*  
If none, indicate "0".

20. Graduates Employed in the Field \*  
If none, indicate "0".

21. Placement Rate  
This is a calculated field based on #17 and #18.

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

22b. at least 30 hours per week \*  
If none, indicate "0".

23a. In a single position in the field of study \*  
If none, indicate "0".

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

23c. Freelance/self-employed \*  
If none, indicate "0".

23d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".

# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

- Yes  
 No

Save

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# 2019 Program Data

Institution Information   Program Name   Financial and Graduation  
Placement Data   Allied Health   Exam Passage Rate   Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate

---

Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes    No

**You have indicated "No" for question #22, please proceed to 'Salary Data'.**

Save

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

### 43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

4

### 44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

0

### 45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 \*

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

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

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

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



\$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 \*

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

Over \$100,000 \*

# 2019 Program Data



Thank You

---

2019 Annual Report

Program Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

**Program Name:** Massage Therapy

Your request number is DCA-BPPE-Program-019618.

Next Steps:

1. Complete submission of Institution Data; OR
  2. Complete submission of ALL approved Program Data; OR
  3. Complete submission of Branch Location Data (if applicable); OR
  4. Complete submission of Satellite Location Data (if applicable); OR
  5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.
- 

If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.

# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

4. Name of Program \*

Emergency Medical Technician

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

× 51.0904 - Emergency Medical Technology/Technician (EMT Paramedic)

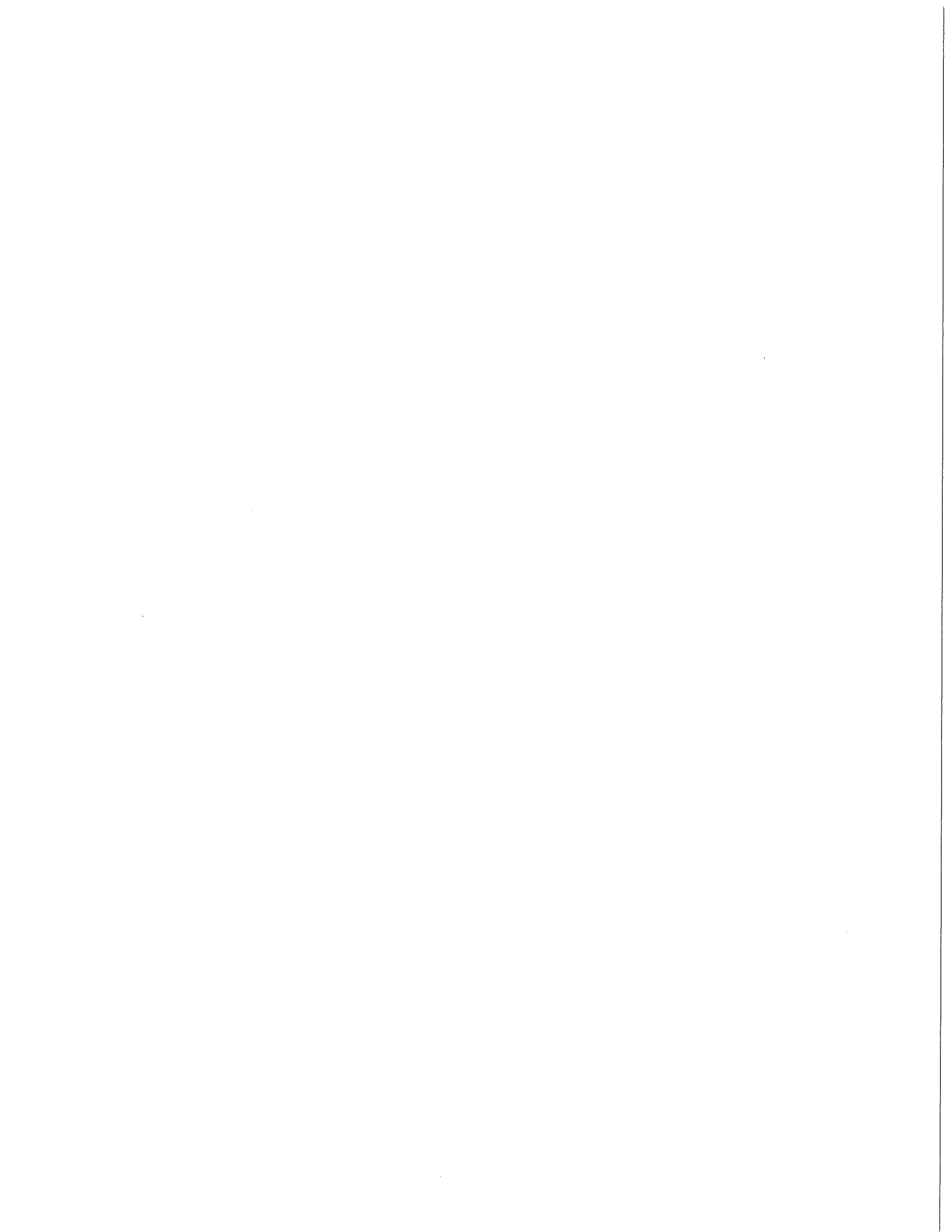
7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

8. Number of Degrees, Diplomas or Certificates Awarded \*  
If none, indicate "0".

145

9. Total Charges for this Program \*

\$ 1,150.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*  
If none, indicate "0".

184

13. Number of Students Available  
for Graduation \*  
If none, indicate "0".

184

14. Number of On-time Graduates \*  
If none, indicate "0".

145

15. Completion Rate  
This is a calculated field based on  
#12 and #13.

78.80435

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the  
Integrated Postsecondary Education  
Data System (IPEDS) of the United  
States Department of Education? \*

Yes  No

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

19. Graduates Available for Employment \*  
If none, indicate "0".

39

20. Graduates Employed in the Field \*  
If none, indicate "0".

25

21. Placement Rate  
This is a calculated field based on #17 and #18.

64.10256

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

16

22b. at least 30 hours per week \*  
If none, indicate "0".

7

---



23a. In a single position in the field of study \*  
If none, indicate "0".

20

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

0

23c. Freelance/self-employed \*  
If none, indicate "0".

0

23d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".

2

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

- Yes  
 No

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	<b>Exam Passage Rate</b>
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate

---

Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes       No

**You have indicated "Yes" for question #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2018 and 2019. (Two years of data is required.)**

26a. Do graduates have the option or requirement for more than one type of licensing State exam? \*

Yes       No

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

---

Display Instructions for #27-34 (Toggle)

27. Name of the State licensing entity that licenses this field \*

National Registry for Emergency Medical Technicians

28. Name of State Exam \*

National Registry for Emergency Medical Technicians

29. Number of Graduates Taking State Exam \*  
If none, indicate "0".

51

30. Number Who Passed the State Exam \*  
If none, indicate "0".

37

31. Number Who Failed the State Exam  
This is a calculated field based on #25 and #26.

14

32. Passage Rate

This is a calculated field based on #25 and #26.

72.54902

33. Is this data from the State  
licensing agency that administered  
the exam? \*

Yes       No

34. If the response to #29 was "No" provide a description of the process used  
for Attempting to Contact Students \*

Student Surveys

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

---

Display Instructions for #35-42 (Toggle)

35. Name of the State licensing entity that licenses this field \*

National Registry for Emergency Medical Technicians

36. Name of State Exam \*

National Registry for Emergency Medical Technicians

37. Number of Graduates Taking State Exam \*  
If none, indicate "0".

87

38. Number Who Passed the State Exam \*  
If none, indicate "0".

39

39. Number Who Failed the State Exam  
This is a calculated field based on #33 and #34.

48

40. Passage Rate

This is a calculated field based on #33 and #34.

44.82759

41. Is this data from the State licensing agency that administered the State exam? \*

Yes  No

42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students \*

Student Surveys

Save

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# 2019 Program Data

<u>Institution Information</u>	<u>Program Name</u>	<u>Financial and Graduation</u>
<u>Placement Data</u>	<u>Allied Health</u>	<u>Exam Passage Rate</u>
<u>Exam Passage Rate - Year 1</u>	<u>Exam Passage Rate - Year 2</u>	<u>Salary Data</u>



## 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

### 43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

39

### 44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

25

### 45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 \*

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

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

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

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



0

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

0

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

0

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

1

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

0

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

1

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

1

\$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 \*

Over \$100,000 \*

# 2019 Program Data



Thank You

---

2019 Annual Report

Program Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

**Program Name:** Emergency Medical Technician

Your request number is DCA-BPPE-Program-019626.

Next Steps:

1. Complete submission of Institution Data; OR
  2. Complete submission of ALL approved Program Data; OR
  3. Complete submission of Branch Location Data (if applicable); OR
  4. Complete submission of Satellite Location Data (if applicable); OR
  5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.
- 

If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.

# 2019 Program Data

<u>Institution Information</u>	<u>Program Name</u>	<u>Financial and Graduation</u>	
<u>Placement Data</u>	<u>Allied Health</u>	<u>Exam Passage Rate</u>	<u>Salary Data</u>



## **Bureau for Private Postsecondary Education** Department of Consumer Affairs

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2019 BPPE Annual Report - Program - Institution Data

---

**Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.**

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

5001211

5. Institution Name? (Enter Bureau approved institution name, if entering manually) \*

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Abrams College

Save

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# 2019 Program Data

Institution Information	Program Name	Financial and Graduation	
Placement Data	Allied Health	Exam Passage Rate	Salary Data



## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

4. Name of Program \*

Pharmacy Technician

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

× 51.0805 - Pharmacy Technician/Assistant

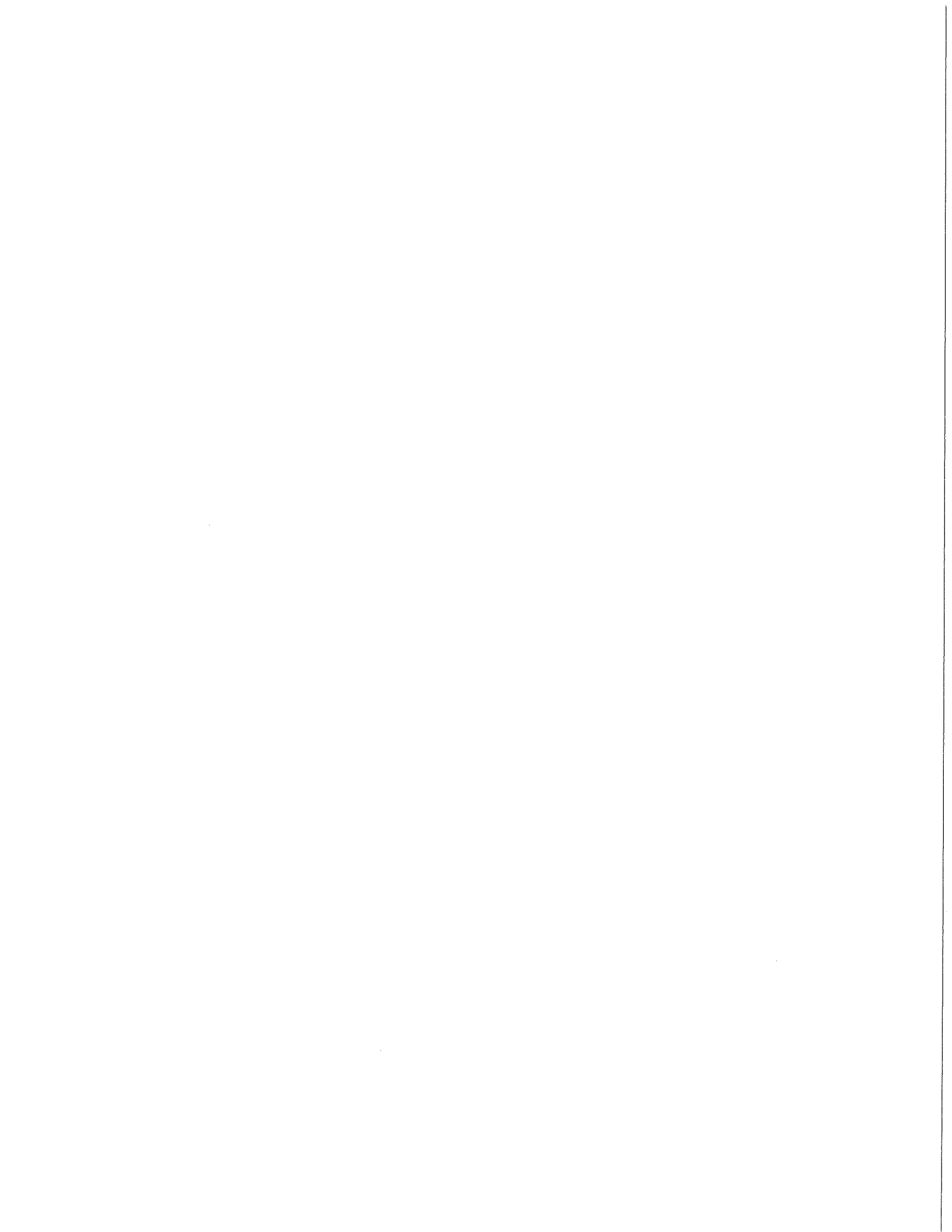
7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

8. Number of Degrees, Diplomas or Certificates Awarded \*  
If none, indicate "0".

46

9. Total Charges for this Program \*

\$ 3,045.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*  
If none, indicate "0".

48



13. Number of Students Available  
for Graduation \*  
If none, indicate "0".

48

14. Number of On-time Graduates \*  
If none, indicate "0".

46

15. Completion Rate  
This is a calculated field based on  
#12 and #13.

95.83333

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the  
Integrated Postsecondary Education  
Data System (IPEDS) of the United  
States Department of Education? \*

Yes  No

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

19. Graduates Available for Employment \*  
If none, indicate "0".

8

20. Graduates Employed in the Field \*  
If none, indicate "0".

5

21. Placement Rate  
This is a calculated field based on #17 and #18.

62.5

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

3

22b. at least 30 hours per week \*  
If none, indicate "0".

2

---

23a. In a single position in the field of study \*  
If none, indicate "0".

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

23c. Freelance/self-employed \*  
If none, indicate "0".

23d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".

# 2019 Program Data

Institution Information	Program Name	Financial and Graduation
Placement Data	Allied Health	Exam Passage Rate
Exam Passage Rate - Year 1	Exam Passage Rate - Year 2	Salary Data



## 2019 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

### Instructions

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

\*Questions #24 - #25 are specific to Allied Health Professionals requiring clinical training.  
If the institution does not offer educational programs for these specific allied health professions, requiring clinical training, skip this workflow.

**24. Does this “Program” lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?**

If “yes,” for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

**24b.**

**Enter the name(s) of clinical site(s).**  
**Enter the License Number or Employer Identification Number to the corresponding site.**  
**Enter Program Name.**  
**Enter Total Number of students enrolled in this program.**

**25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.**

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

Yes

No

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# 2019 Program Data

Institution Information   Program Name   Financial and Graduation  
Placement Data   Allied Health   **Exam Passage Rate**   Salary Data



## 2019 BPPE Annual Report - Program - Exam Passage Rate

---

Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes       No

**You have indicated "No" for question #22, please proceed to 'Salary Data'.**

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# 2019 Program Data

[Institution Information](#)   [Program Name](#)   [Financial and Graduation](#)  
[Placement Data](#)   [Allied Health](#)   [Exam Passage Rate](#)  
[Exam Passage Rate - Year 1](#)   [Exam Passage Rate - Year 2](#)   [Salary Data](#)



## 2019 BPPE Annual Report - Program - Exam Passage Rate

---

Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes    No

**You have indicated "Yes" for question #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2018 and 2019. (Two years of data is required.)**

26a. Do graduates have the option or requirement for more than one type of licensing State exam? \*

Yes    No

Save

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

### 43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

8

### 44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

5

### 45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

\$0 - \$5,000 \*

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

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

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

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



\$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 \*

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

0

Over \$100,000 \*

0

Save

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Submit

# 2019 Program Data



Thank You

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2019 Annual Report

Program Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

**Program Name:** Pharmacy Technician

Your request number is DCA-BPPE-Program-019632.

Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

---

If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.

# 2019 Program Data

<u>Institution Information</u>	<u>Program Name</u>	<u>Financial and Graduation</u>	
<u>Placement Data</u>	<u>Allied Health</u>	<u>Exam Passage Rate</u>	<u>Salary Data</u>



## **Bureau for Private Postsecondary Education** Department of Consumer Affairs

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2019 BPPE Annual Report - Program - Institution Data

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**Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.**

1. Report Year \*

2019

2. Institution Code \*

Enter institutional code (main location)

5001211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) \*  
If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Abrams College

Save

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# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

4. Name of Program \*

Medical Assistant

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

× 51.0801 - Medical/Clinical Assistant

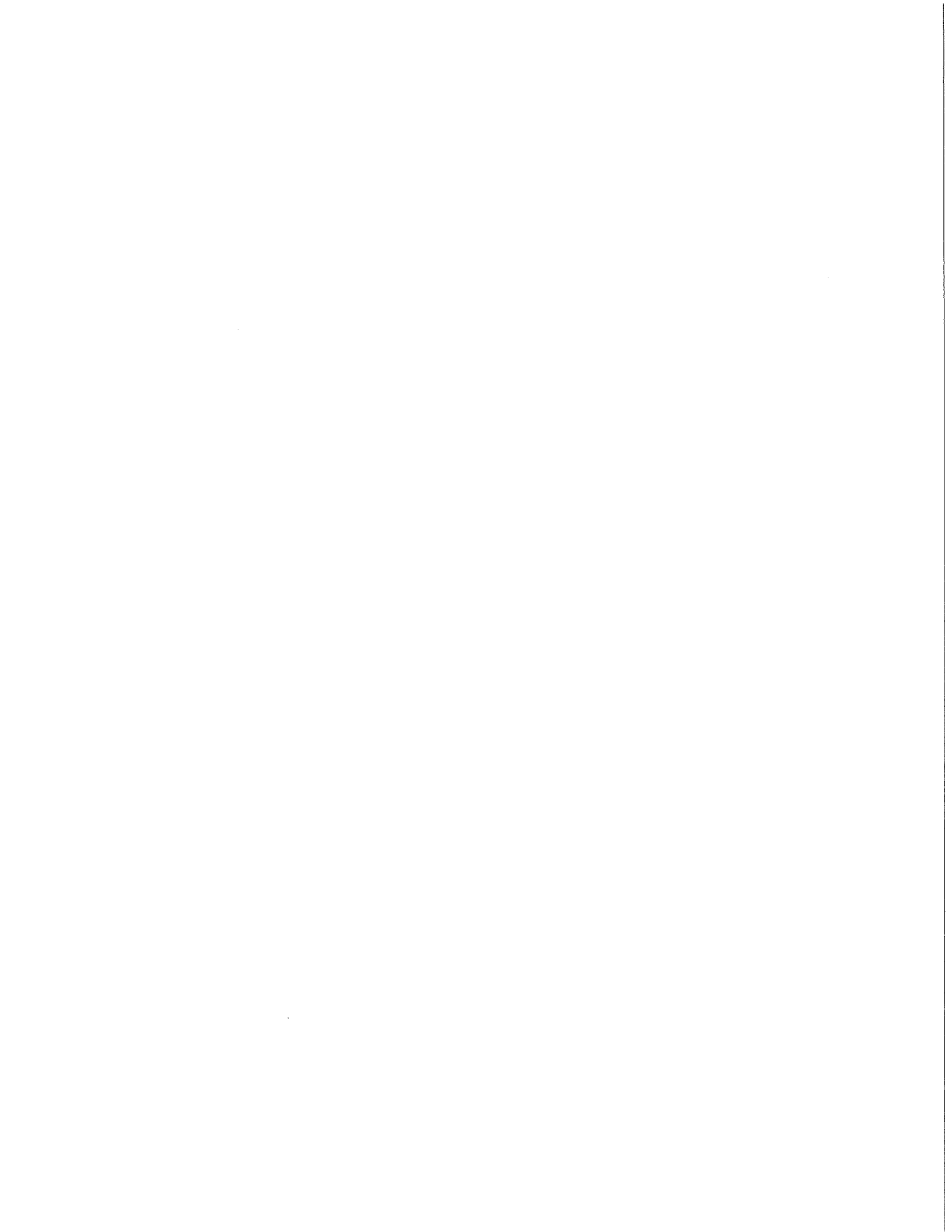
7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

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# 2019 Program Data

Institution Information   Program Name   Financial and Graduation  
Placement Data   Allied Health   Exam Passage Rate   Salary Data



## 2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

8. Number of Degrees, Diplomas or Certificates Awarded \*  
If none, indicate "0".

70

9. Total Charges for this Program \*

\$ 2,775.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

0

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

0

12. Number of Students Who Began the Program \*  
If none, indicate "0".

79



13. Number of Students Available  
for Graduation \*

If none, indicate "0".

70

14. Number of On-time Graduates \*

If none, indicate "0".

70

15. Completion Rate

This is a calculated field based on  
#12 and #13.

100

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the  
Integrated Postsecondary Education  
Data System (IPEDS) of the United  
States Department of Education? \*

Yes

No

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# 2019 Program Data

Institution Information   Program Name   Financial and Graduation  
Placement Data   Allied Health   Exam Passage Rate   Salary Data



## 2019 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

19. Graduates Available for  
Employment \*  
If none, indicate "0".

16

20. Graduates Employed in the Field  
\*  
If none, indicate "0".

6

21. Placement Rate  
This is a calculated field based on  
#17 and #18.

37.5

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

0

22b. at least 30 hours per week \*  
If none, indicate "0".

5

---

23a. In a single position in the field of study \*  
If none, indicate "0".

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

23c. Freelance/self-employed \*  
If none, indicate "0".

23d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".

# 2019 Program Data

Institution Information    Program Name    Financial and Graduation  
Placement Data    Allied Health    Exam Passage Rate    Salary Data



## 2019 BPPE Annual Report - Program - Allied Health Professionals

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Display Instructions for #24-25 (Toggle)

### Instructions

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

\*Questions #24 - #25 are specific to Allied Health Professionals requiring clinical training.

If the institution does not offer educational programs for these specific allied health professions, requiring clinical training, skip this workflow.

**24. Does this “Program” lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training?**

If “yes,” for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

**24b.**

**Enter the name(s) of clinical site(s).**

**Enter the License Number or Employer Identification Number to the corresponding site.**

**Enter Program Name.**

**Enter Number of Students Proficient in languages other than English.**

**25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.**

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? \*

- Yes
- No

24a. Select the Allied Health Professions requiring clinical training.

× Medical Assistant

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name	License or FIEN #	Program Name
AA Foot and Ankle	1891964045	Medical As:
Aspen Medical Group	330586598	Medical As:
Mercy West Urgent Care	1356791099	Medical As:
Sonora Primary Care	1629097399	Medical As:
Central Valley Cardiovascular	1962750224	Medical As:
Turlock Pediatric Medical Group	1649201823	Medical As:
Merced Ambulatory Endoscopy Center	1497895361	Medical As:
Sonora Regional	1780673376	Medical As:
Family Health Care Network Hanford CA	1467504530	Medical As:
Infectious Disease	1568780070	Medical As:
Dr Malik	1366827479	Medical As:
Dr. Gogna	1558411322	Medical as:

valley nephrology	1801507500	Medical As:
Community Medical Center	1972625846	Medical As:
Family Practice Health and Wellness	1457552960	Medical As:
Dr. Pazouki	1801853353	Medical As:
All for kids	1851532071	Medical As:

4 [redacted] ▶

Add Row

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name Donation or Compensation Amc

1 [redacted] ▶

Add Row

Save Back Next

1 [redacted] ▶

# 2019 Program Data

<a href="#">Institution Information</a>	<a href="#">Program Name</a>	<a href="#">Financial and Graduation</a>	
<a href="#">Placement Data</a>	<a href="#">Allied Health</a>	<a href="#">Exam Passage Rate</a>	<a href="#">Salary Data</a>



## 2019 BPPE Annual Report - Program - Exam Passage Rate

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Display Instructions for #26 (Toggle)

26. Does this educational program lead to an occupation that requires State licensing? \*

Yes  No

**You have indicated "No" for question #22, please proceed to 'Salary Data'.**

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# 2019 Program Data

Institution Information   Program Name   Financial and Graduation  
Placement Data   Allied Health   Exam Passage Rate   Salary Data



## 2019 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

### 43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

16

### 44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

6

### 45. Graduates Employed in the Field Reported receiving the following Salary or Wage:

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

---

\$0 - \$5,000 \*

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Over \$100,000 \*

# 2019 Program Data



Thank You

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2019 Annual Report

Program Data Submission:

**Institution Name:** Abrams College

**Institution Code:** 5001211

**Program Name:** Medical Assistant

Your request number is DCA-BPPE-Program-019839.

Next Steps:

1. Complete submission of Institution Data; OR
  2. Complete submission of ALL approved Program Data; OR
  3. Complete submission of Branch Location Data (if applicable); OR
  4. Complete submission of Satellite Location Data (if applicable); OR
  5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.
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