# 2020 Institution Data

Institution Data    Fees / Accreditation    Financial    Offerings

Website / Uploads

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

## 2020 Annual Report

## Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

2020 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 *

2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

5001211

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution
Name will auto-populate. If incorrect Institution Code is entered, you
must clear out the Code field in question #2, then enter the correct
Institution Code to re-fill the Institution Name with the correct
Institution Name.

Abrams College

4. Street Address (Physical Location) *

201 East Rumble Road, Ste E

5. City *

Modesto

6. State *

CA

7. Zip Code *

95350

8. 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 Company
    (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 branch location. If none, enter zero ("0")

0

Save    Next

# 2020 Institution Data

Institution Data    Fees / Accreditation    Financial    Offerings    🖶

Website / Uploads

## 2020 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

# 2020 Institution Data

| Institution Data | Fees / Accreditation | Financial | Offerings | 🖶 |

Website / Uploads

## 2020 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? *

$ 11,243.00

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. *

Work Comp

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

$ 3,445.00

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

1

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.

[                          ]

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

| 0 |
|---|

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. Provide the average amount of
federal student loan debt of
graduates who took out federal
student loans at this institution. *

| $ 0.00 |
|---|

[ Save ]   [ Back ]   [ Next ]

# 2020 Institution Data

Institution Data       Fees / Accreditation       Financial       Offerings       🖶

Website / Uploads

## 2020 BPPE Annual Report - Institution - Offerings

☐  Display Instructions for #27 - #37 (Toggle)

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st . *
If none, indicate "0".

> 551

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".

> 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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *
If none, indicate "0".

> 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".

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 in the reporting year as of January 1st
through December 31st, minus the number of students
who cancelled during the cancellation period. *
If none, indicate "0".

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".

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 in the reporting year as of January 1st
through December 31st, minus the number of students
who cancelled during the cancellation period. *
If none, indicate "0".

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".

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 in the reporting year 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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *
If none, indicate "0".

551

Total Program Count

6

Save     Back     Next

# 2020 Institution Data

Institution Data    Fees / Accreditation    Financial    Offerings

Website / Uploads

## 2020 BPPE Annual Report - Institution - Website and Required Uploads

**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

38. Upload School Performance
Fact Sheet *
Required file format = PDF

Select files...

39. Upload Catalog *
Required file format = PDF

Select files...

40. Upload Enrollment Agreement *
Required file format = PDF

Select files...

The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The inital 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 | Back | Submit |

◀ ▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒▒                                    ▶

# 2020 Institution Data

Institution Data     Fees / Accreditation     Financial     Offerings

Website / Uploads

## 2020 BPPE Annual Report - Institution - Website and Required Uploads

**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

www.abramscollege.com

## 38. Upload School Performance
Fact Sheet *
Required file format = PDF

Select files...

✓ **Done**

[PDF icon] School Perfor...     ✕
File(s) uploaded succe

## 39. Upload Catalog *
Required file format = PDF

Select files...

✓ **Done**

[PDF icon] College Catalo...    ✕
File(s) uploaded succe

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

Select files...

✓ **Done**

[PDF icon] Enrollment Agr...    ✕
File(s) uploaded succe

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The file upload facility below (#41) is ONLY for use when BPPE
requests additional supporting documentation. The inital
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     Back     Submit

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

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

## 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

### 2020 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

## 1. Report Year *

2020

## 2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

5001211

## 3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Abrams College

Save    Next

# 2020 Program Data

Institution Information      Program Name

Financial and Graduation      Placement Data      Allied Health

Exam Passage Rate      Salary Data

## 2020 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".

40

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".

41

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

41

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

40

### 15. Completion Rate
This is a calculated field based on #14 and #13.

97.56098

### 16. 150% Graduates?

### 17. 150% Completion Rate
This is a calculated field based on #16 and #13.

0

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

O  Yes          ◉  No

[ Save ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information          Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☑ Display Instructions for #19 - #23 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(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?** Of the Graduates Available for Employment (#19 above), provide the number of graduates employed in the field, 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?** Divide the number of graduates employed in the field (#20 above) divided by the number of graduates available for employment (#19 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".

9

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

5

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

55.55556

22. Graduates employed in the field...

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

2

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

3

23. Indicate the number of graduates employed...

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

5

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".

0

Save    Back    Next

# 2020 Program Data

Institution Information       Program Name

Financial and Graduation      Placement Data       Allied Health

Exam Passage Rate       Salary Data

## 2020 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)

*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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. 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.**
**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? *

O   Yes
◉   No

| Save | Back | Next |

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate

☑ Display Instructions for #26 (Toggle)

## Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program.  The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**26. Does this educational program lead to an occupation that requires State licensing?** If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".
**26a. Do graduates have the option or requirement for more than one type of State licensing exam?** If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

◉ Yes        ○ No

**You have indicated "Yes" for question #26, please complete**

**#26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (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 ]  [ Back ]  [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

☑ Display Instructions for #27-34 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**27. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**28. Name of Exam?** Provide the name of the State exam being reported.

**29. Number of Graduates Taking State Exam?** Enter the number of graduates taking the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**30. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**31. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).


**32.Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed it on the first attempt.

**33. Is this Data from the State Licensing Agency that Administered the Exam?** (5 CCR § 74112(j)). If yes, enter the name of the Agency.

**34. If the response to #33 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 on the institution data workflow)


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

California Board of Pharmacy

28. Name of State Exam *

None

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

0

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

0

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

0

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

0

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

○ Yes          ◉ No

34. If the response to #33 was "No" provide a description of the
process used for Attempting to Contact Students *

Pharmacy Technician graduates are required be
registered with the California Board of Pharmacy in
order to work. Exam is not required. Graduates are not
required to take an exam to register with the California
Board of Pharmacy.

Save    Back    Next

# 2020 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

🖶

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

☑ Display Instructions for #35-42 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**35. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**36. Name of Exam?** Provide the name of the State exam being reported.

**37. Number of Graduates Taking State Exam?** Enter the number of graduates who took the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**38. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**39. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).


**40.Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed on the first attempt. Divide the number of graduates who passed the first available State exam on the first attempt, by the number of graduates who took the first available State exam.

**41. Is this Data from the State Licensing Agency that Administered the first available Exam?** (5 CCR § 74112(j)). If yes, enter the name of the Agency.

**42. If the response to #41 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 in the institution workflow)

---

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

California Board of Pharmacy

36. Name of State Exam *

None

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

0

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

0

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

0

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

0

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

○  Yes          ◉  No

42. If the response to #41 was "No" provide a description of the
process used for Attempting to Contact Students *

Pharmacy Technician graduates are required to be
registered with California Board of Pharmacy. Exam is
not required.

[ Save ] [ Back ] [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

☑ Display Instructions for #35-42 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**35. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**36. Name of Exam?** Provide the name of the State exam being reported.

**37. Number of Graduates Taking State Exam?** Enter the number of graduates who took the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**38. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**39. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).


**40.Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed on the first attempt. Divide the number of graduates who passed the first available State exam on the first attempt, by the number of graduates who took the first available State exam.

**41. Is this Data from the State Licensing Agency that Administered the first available Exam?** (5 CCR § 74112(j)).  If yes, enter the name of the Agency.

**42. If the response to #41 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 in the institution workflow)

---

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

California Board of Pharmacy

36. Name of State Exam *

None

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

0

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

0

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

0

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

0

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

○  Yes          ◉  No

42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students *

Pharmacy Technician graduates are required to be registered with California Board of Pharmacy. Examination is not required.

| Save | Back | Next |

# 2020 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

## 2020 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.

9

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 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

| 0 |

$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 |

Save    Back    Submit

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

**Bureau for Private Postsecondary Education**

**BPPE** Department of Consumer Affairs

## 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

## 2020 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

## 1. Report Year *

2020

## 2. Institution Code *

Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

5001211

## 3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution
Name will auto-populate. If incorrect Institution Code is entered, you
must clear out the Code field in question #2, then enter the correct
Institution Code to re-fill the Institution Name with the correct
Institution Name.

Abrams College

Save  |  Next

◀ ░░░░░░░░░░░░░░░░░░░░░░░░░░░░░░░░  ▶

# 2020 Program Data

Institution Information          Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate          Salary Data

## 2020 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)

⨯ 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)

[ Save ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information          Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 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".

| 8 |

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".

14

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

14

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

8

## 15. Completion Rate
This is a calculated field based on #14 and #13.

57.14286

## 16. 150% Graduates?

## 17. 150% Completion Rate
This is a calculated field based on #16 and #13.

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 ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information      Program Name

Financial and Graduation      Placement Data      Allied Health

Exam Passage Rate      Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☐ Display Instructions for #19 - #23 (Toggle)

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

7

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

5

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

71.42857

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

---

23. Indicate the number of graduates employed...

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

5

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".

0

Save   Back   Next

# 2020 Program Data

Institution Information       Program Name

Financial and Graduation       Placement Data       Allied Health

Exam Passage Rate       Salary Data

## 2020 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)

*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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. 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.**
**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

[ Save ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information    Program Name

Financial and Graduation    Placement Data    Allied Health

Exam Passage Rate    Salary Data

## 2020 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.

7

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 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

```
0
```

$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 |
|---|

[ Save ]   [ Back ]   [ Submit ]

# 2020 Program Data

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

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

## 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

## 2020 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

5001211

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution
Name will auto-populate. If incorrect Institution Code is entered, you
must clear out the Code field in question #2, then enter the correct
Institution Code to re-fill the Institution Name with the correct
Institution Name.

Abrams College

Save    Next

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 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)

× 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        Back        Next

# 2020 Program Data

Institution Information      Program Name

Financial and Graduation      Placement Data      Allied Health

Exam Passage Rate      Salary Data

## 2020 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".

34

9. Total Charges for this Program *

$ 5,050.00

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".

49

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

49

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

34

15. Completion Rate
This is a calculated field based on #14 and #13.

69.38776

16. 150% Graduates?

17. 150% Completion Rate
This is a calculated field based on #16 and #13.

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     Back     Next

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☐ Display Instructions for #19 - #23 (Toggle)

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

> 0

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

> 0

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

0

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".

```
0
```

---

23. Indicate the number of graduates employed...

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

```
0
```

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".

```
0
```

| Save | Back | Next |

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 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)

*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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. 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.**
**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

[ Save ] [ Back ] [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate

☑ Display Instructions for #26 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program.  The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**26. Does this educational program lead to an occupation that requires State licensing?** If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".
**26a. Do graduates have the option or requirement for more than one type of State licensing exam?** If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

◉ Yes        ○ No

**You have indicated "Yes" for question #26, please complete**

**#26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (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 ]  [ Back ]  [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

☑ Display Instructions for #27-34 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**27. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**28. Name of Exam?** Provide the name of the State exam being reported.

**29. Number of Graduates Taking State Exam?** Enter the number of graduates taking the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**30. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**31. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).


**32.Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed it on the first attempt.

**33. Is this Data from the State Licensing Agency that Administered the Exam?** (5 CCR § 74112(j)). If yes, enter the name of the Agency.

**34. If the response to #33 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 on the institution data workflow)


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

California Massage Therapy Council


28. Name of State Exam *

None


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

0


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

0


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

0

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

   0

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

○  Yes          ◉  No

34. If the response to #33 was "No" provide a description of the
process used for Attempting to Contact Students *

Graduates are required to get licensed by the California
Massage Therapy Council. Examination is not required in
order to get licensed.

[ Save ]  [ Back ]  [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

☑ Display Instructions for #35-42 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**35. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**36. Name of Exam?** Provide the name of the State exam being reported.

**37. Number of Graduates Taking State Exam?** Enter the number of graduates who took the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**38. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**39. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).


**40.Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed on the first attempt. Divide the number of graduates who passed the first available State exam on the first attempt, by the number of graduates who took the first available State exam.

**41. Is this Data from the State Licensing Agency that Administered the first available Exam?** (5 CCR § 74112(j)). If yes, enter the name of the Agency.

**42. If the response to #41 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 in the institution workflow)

---

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

California Massage Therapy Council

36. Name of State Exam *

None

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

0

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

0

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

0

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

0

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

O  Yes          ◉  No

42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students *

Graduates are required to get licensed by the California Massage Therapy council. Examination is not required.

[ Save ]  [ Back ]  [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Salary Data

☑ Display Instructions for #43-45 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of $5,000.00 for graduates employed in the field.**

**43. Graduates Available for Employment?** Indicate number of graduates (#19 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

**44. Graduates Employed in the Field?** Indicate the number of graduates who are gainfully employed (#20 above) (CEC §94928(e), and 5 CCR §74112(l)).

**45. Graduates Employed in the Field Reported receiving the following Salary or Wage:** Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If one student reports that they are receiving $4,010 a year and a second student reports they are receiving $2,999 a year, enter the number "2" in the space next to $0 - $5,000, because there are 2 students who are receiving between $0-$5,000 a year.

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

0


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 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

0

$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

# 2020 Program Data

Institution Information      Program Name

Financial and Graduation      Placement Data      Allied Health

Exam Passage Rate      Salary Data

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

## 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

## 2020 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

## 1. Report Year *

2020

## 2. Institution Code *

Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

5001211

## 3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution
Name will auto-populate. If incorrect Institution Code is entered, you
must clear out the Code field in question #2, then enter the correct
Institution Code to re-fill the Institution Name with the correct
Institution Name.

Abrams College

Save    Next

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation    Placement Data    Allied Health

Exam Passage Rate    Salary Data

## 2020 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)

☒ 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)

Save    Back    Next

# 2020 Program Data

Institution Information      Program Name

Financial and Graduation      Placement Data      Allied Health

Exam Passage Rate      Salary Data

## 2020 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".

| 60 |

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".

75

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

75

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

60

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

80

16. 150% Graduates?

17. 150% Completion Rate
This is a calculated field based on
#16 and #13.

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 ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☐ Display Instructions for #19 - #23 (Toggle)

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

25

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

14

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

56

22. Graduates employed in the field...

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

1

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

8

---

23. Indicate the number of graduates employed...

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

14

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".

0

Save   Back   Next

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 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)

*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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. 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.**
**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 # | Pr |
| --- | --- | --- |
| AA Foot and Ankle | 1891964045 | M( |
| Mercy West Urgent Care | 1356791099 | M( |
| Progressive Urgent Care | 1164957486 | M( |
| Allcare Medical Group | 1316023013 | M( |
| Central Valley Cardiovascula r | 1962750224 | M( |
| Sonora Primary Care | 1629097399 | M( |
| Abrams Health Care | CLR-00348847 | M( |
| Dr Pazouki | 1801853353 | M( |
| Adams Medical Group | 1720557531 | M( |

| | | |
|---|---|---|
| Dr Gogna | 1558411322 | M( |
| Pacific Infectious Disease | 1568780070 | M( |
| Wahid Medical Corporation | 1710254313 | M( |
| Central California Surgery | 1124141163 | M( |

◀ ▓▓▓▓▓▓▓▓▓▓▓▓▓▓                                            ▶

[ 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 Compens: |
|---|---|

◀ ▓▓▓▓▓▓▓▓▓▓▓▓                                            ▶

[ Add Row ]

[ Save ] [ Back ] [ Next ]

◀ ▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓▓                                        ▶

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

## 2020 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 | Back | Next |

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

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

## 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

## 2020 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

### 1. Report Year *

2020

### 2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

5001211

### 3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Abrams College

Save    Next

# 2020 Program Data

Institution Information        Program Name

Financial and Graduation        Placement Data        Allied Health

Exam Passage Rate        Salary Data

## 2020 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)

✕ 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 ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

## 2020 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".

162

9. Total Charges for this Program *

$ 1,475.00

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".

198

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

198

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

162

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

81.81818

16. 150% Graduates?

17. 150% Completion Rate
This is a calculated field based on
#16 and #13.

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 ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☐ Display Instructions for #19 - #23 (Toggle)

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

17

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

13

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

76.47059

22. Graduates employed in the field...

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

2

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

4

---

23. Indicate the number of graduates employed...

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

13

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".

1

| Save | Back | Next |

# 2020 Program Data

Institution Information       Program Name

Financial and Graduation      Placement Data       Allied Health

Exam Passage Rate       Salary Data

## 2020 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 | Back | Next |

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate

☑  Display Instructions for #26 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program.  The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**26. Does this educational program lead to an occupation that requires State licensing?** If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".
**26a. Do graduates have the option or requirement for more than one type of State licensing exam?** If "Yes" provide the name(s) of the other licensing exam options or requirements.

---

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

◉  Yes          ○  No

**You have indicated "Yes" for question #26, please complete**

**#26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (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 ]  [ Back ]  [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

☑ Display Instructions for #27-34 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**27. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**28. Name of Exam?** Provide the name of the State exam being reported.

**29. Number of Graduates Taking State Exam?** Enter the number of graduates taking the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**30. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**31. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**32. Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed it on the first attempt.

**33. Is this Data from the State Licensing Agency that Administered the Exam?** (5 CCR § 74112(j)). If yes, enter the name of the Agency.

**34. If the response to #33 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 on the institution data workflow)

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

National Registry for Emergency Medical Tecl

28. Name of State Exam *

National Registry for Emergency Medical Tecl

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

61

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

33

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

28

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

54.09836

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

○  Yes            ◉  No

34. If the response to #33 was "No" provide a description of the
process used for Attempting to Contact Students *

Student Surveys.

Save    Back    Next

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

☑ Display Instructions for #35-42 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.**

**5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.**

**35. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.

**36. Name of Exam?** Provide the name of the State exam being reported.

**37. Number of Graduates Taking State Exam?** Enter the number of graduates who took the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**38. Number Who Passed the State Exam?** Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**39. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed it on

the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

**40.Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed on the first attempt. Divide the number of graduates who passed the first available State exam on the first attempt, by the number of graduates who took the first available State exam.

**41. Is this Data from the State Licensing Agency that Administered the first available Exam?** (5 CCR § 74112(j)). If yes, enter the name of the Agency.

**42. If the response to #41 is "No", provide a description of the process used for Attempting to Contact Students.** If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 in the institution workflow)

---

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

National Registry for Emergency Medical Tecl

36. Name of State Exam *

National Registry for Emergency Medical Tecl

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

51

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

37

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

14

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

72.54902

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

O   Yes            ◉   No

42. If the response to #41 was "No" provide a description of the
process used for Attempting to Contact Students *

| Student Surveys |
|-----------------|
|                 |

[ Save ]  [ Back ]  [ Next ]

# 2020 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

## 2020 BPPE Annual Report - Program - Salary Data

☑ Display Instructions for #43-45 (Toggle)

# Instructions

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

**CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of $5,000.00 for graduates employed in the field.**

**43. Graduates Available for Employment?** Indicate number of graduates (#19 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

**44. Graduates Employed in the Field?** Indicate the number of graduates who are gainfully employed (#20 above) (CEC §94928(e), and 5 CCR §74112(l)).

**45. Graduates Employed in the Field Reported receiving the following Salary or Wage:** Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If one student reports that they are receiving $4,010 a year and a second student reports they are receiving $2,999 a year, enter the number "2" in the space next to $0 - $5,000, because there are 2 students who are receiving between $0-$5,000 a year.

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

17

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

13

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 *

| 0 |

$5,001 - $10,000 *

| 0 |

$10,001 - $15,000 *

| 1 |

$15,001 - $20,000 *

| 0 |

$20,001 - $25,000 *

| 0 |

$25,001 - $30,000 *

| 0 |

$30,001 - $35,000 *

| 2 |

$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

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

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

## 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

## 2020 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

## 1. Report Year *

2020

## 2. Institution Code *

Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

5001211

## 3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution
Name will auto-populate. If incorrect Institution Code is entered, you
must clear out the Code field in question #2, then enter the correct
Institution Code to re-fill the Institution Name with the correct
Institution Name.

Abrams College

| Save | Next |

# 2020 Program Data

Institution Information          Program Name

Financial and Graduation          Placement Data          Allied Health

Exam Passage Rate          Salary Data

## 2020 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)

✕ Phlebotomy/Phlebotomist.

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

[ Save ]  [ Back ]  [ Next ]

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

## 2020 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".

107

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".

118

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

118

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

107

15. Completion Rate
This is a calculated field based on #14 and #13.

90.67797

16. 150% Graduates?

17. 150% Completion Rate
This is a calculated field based on #16 and #13.

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　Back　Next

# 2020 Program Data

Institution Information     Program Name

Financial and Graduation     Placement Data     Allied Health

Exam Passage Rate     Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☐ Display Instructions for #19 - #23 (Toggle)

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

27

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

11

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

40.74074

**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".

> 6

---

23. Indicate the number of graduates employed...

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

> 10

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

> 1

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".

> 1

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# 2020 Program Data

Institution Information      Program Name

Financial and Graduation      Placement Data      Allied Health

Exam Passage Rate      Salary Data

## 2020 BPPE Annual Report - Program - Placement Data

☐ Display Instructions for #19 - #23 (Toggle)

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

27

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

11

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

40.74074

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".

6

---

23. Indicate the number of graduates employed...

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

10

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

1

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".

1

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# 2020 Program Data

Institution Information          Program Name

Financial and Graduation          Placement Data          Allied Health

Exam Passage Rate          Salary Data

## 2020 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)

*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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. 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.**
**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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# 2020 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

## 2020 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 #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (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)

```
[                                                    ]
```

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# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

☐  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 *

National Center for Competency Testing

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

44

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

42

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

2

# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

☐  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 *

National Center for Competency Testing

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

44

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

42

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

2

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

95.45455

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

○  Yes          ◉  No

34. If the response to #33 was "No" provide a description of the
process used for Attempting to Contact Students *

Student Surveys

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# 2020 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

## 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

☐ 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 *

National Center for Competency Testing

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

46

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

41

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

5

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

89.13043

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

○  Yes              ◉  No

42. If the response to #41 was "No" provide a description of the
process used for Attempting to Contact Students *

Student Surveys

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# 2020 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

## 2020 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.

27

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

11

**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 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

1

$15,001 - $20,000 *

```
0
```

$20,001 - $25,000 *

```
0
```

$25,001 - $30,000 *

```
1
```

$30,001 - $35,000 *

```
4
```

$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

| Save | Back | Submit |