2020 Institution Data

Institution Data

Fees / Accreditation

Financial

Offerings



Website / Uploads



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.
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

<u> </u>	creditation nstructions for #11 - #14 (Toggle)
	nstitution current with all assessments to Tuition Recovery Fund? *
Yes	O No
11b. Is this i	nstitution current on Annual Fees? *
Yes	. O No
-	nstitution accredited by an accrediting agency/agencies by the United States Department of Education? *
O Yes	No
recognized	stitution has specialized accreditation from a Inited States Department of Education approved programmatic accreditor, list the accreditation below.
-	accreditation agency taken any final
	action against this institution in the

2020 Institution Data

Institutio	n Data F	ees	/ Accreditation	Financial	Offerings
Website	/ Uploads		\$\$\\\\$\\\\$\\\\$\\\\$\\\\$\\\\$\\\\$\\\\$\\\\$	•	1 Carry Name of the Control of the C
	20 BPPE ancial	Α	nnual Repo	rt - Instit	ution -
rece	ived by the governr	he i	institution fro	m the fed	se any funds eral and/or to the general
☐ Di	splay Instru	ıctio	ns for #15 - #26	(Toggle)	
aid pr	ograms und ation Act? (der 1	tion participate in Fitle IV of the Fe includes federa	deral Higher	
O Y	'es	(a)	No		
	•		tion participate i on programs? *	n veterans'	
О у	'es	(a)	No		
17. Do	-	stitu	tion participate i	n the Cal Gra	ant
О у	'es	(No		
18. ls (ETPl		ıtion	on California`s	Eligible Trair	ning Provider List
Y	'es	0	No		

	ls your institution					
(a)	Yes	0	No			
WIC	. What is the OA funds rec tution in this	eive	d by y	our	*	
\$	11,243.0	0				
in, c gov	Does your I or offer, any ernment fina , vocational	othe ancia	r state I aid p	or fede program	eral	
(3)	Yes	0	No			
plea	. You indica ase provide ncial aid pro	the n	ame d	of the	*A5~ ~	
W	ork Comp	ala sur	Normal militains to the Collection of the State of the St	erys, ydd 14 add milwyd ddiadaidd add mil		
othe	. What is the er state or fe our institution?	dera	l fund	s receiv	•	
\$	3,445.00			en en et er		
insti Rep fund	Provide the itutional inco porting Year ding. *	ome (deriv	during ed fro	this	c	

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

J	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".
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	POSE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	l D	1		
2020 BPPE A Offerings	ınnual Repo	rt - Instit	tution -	
Onemgs		# Control of the Cont		
☐ Display Instruction	ons for #27 - #37	' (Toggle)		
27. Total number of reporting year. Indicentrolled in all prograstudents in the repoperiod) January 1st If none, indicate "0".	ate the number on the state of	of students a tution (minus ancelled duri	ttending and/o the number o	f
551				
28. Number of Doctor Indicate the number institution offered for Programs not Stude If none, indicate "0"	of Doctorate de r the reporting yents) *	gree Prograr	ns the	

0

If none, indicate "0".

period. *

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

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".

O

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".

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".



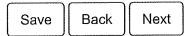
36. Number of Diploma or Certificate Programs
Offered? Indicate the number of Diploma or Certificate
Programs offered for the reporting year. (Number of
Programs not Students) *
If none, indicate "0".



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



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...

Back Submit Save

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 School Perfor... × File(s) uploaded succe

39. Upload Catalog * Required file format = PDF

Select files...

✓ Done



College Catalo... File(s) uploaded succe

40. Upload Enrollment Agreement * Required file format = PDF

Select files...

✓ Done



Enrollment Agr... File(s) uploaded succe

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...

Submit Save Back

Institution Information

Program Name



Financial and Graduation

Placement Data

Allied Health

Exam Passage Rate

Salary Data



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

Institution Information Program Name
Financial and Graduation Placement Data Allied Health
Exam Passage Rate Salary Data
Section of the sectio
2020 RDDE Appual Papart Program -
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".
Trione, maledee or
40
9. Total Charges for this Program *
\$ 2,775.00
Ψ 2,773.00
10. The management of appelled
10. The percentage of enrolled students in the reporting year
receiving federal student loans to
pay for this program *
0
Special and process and the second se
11. The percentage of graduates in
the reporting year who took out
federal student loans to pay for this
program *

the F	Number or Program ine, indica	*) Began	
41					
for G	Number of Graduation ne, indica	n *		ilable	
41					
	Number o			uates *	
40	and the second about mount in				
This	Completic is a calcu and #13.	lated fi		d on	
97	.56098				
16. 1	50% Gra	aduates	3 ?		
alla de dessar moder	1985 (dans 1825) makka dansa (Manas Barand a 1985 (1984 1845) 1977	who he was SET 6 hoods is allowed	Maserinas e sessoriados de 16 Poss Pertor to	And the NAME AND A Planting shall and	
This	50% Cor is a calcu and #13.	lated fi		d on	
0					
Integ Data	s the abo grated Po System es Depart	stseco (IPEDS	ndary Ed S) of the	lucation United	
0	Yes		No		
		ſ	Save	Back	Next

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".
20. Graduates Employed in the Field
* If none, indicate "0". 5
21. Placement Rate This is a calculated field based on #17 and #18.
55.5556
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/sel If none, indicate "0		, *		
0				
23d. By the institut institution, or an er the institution * If none, indicate "0	nployer wh			
	Save	Back	Next	

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.

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.

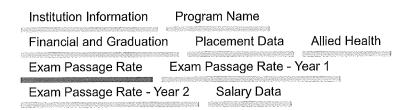
25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation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

O No

#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? *

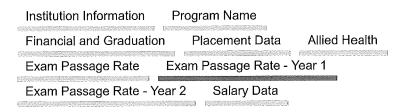
O Yes

No

Save

Back

Next





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".

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? *

O 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

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
اما	4 *							

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.

40.	Pass	sage Rate						
This	s 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

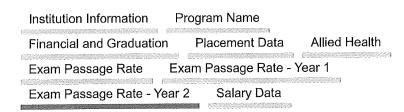
42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students *

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

Save

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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.

40.	Pa	SS	sage Rate						
This	s is	а	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 *

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

Save

Back

Next

Institution Information Program Name
Financial and Graduation Placement Data Allied Health
Exam Passage Rate
Exam Passage Rate - Year 2 Salary Data
2020 BPPE Annual Report - Program - Salary
Data
☐ Display Instructions for #43-45 (Toggle)
40. Our destate Austitable for Englishment
43. Graduates Available for Employment This field is auto-populated based on your entry in #17.
9
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 *
(managed and a construction of the constructio
0
\$10,001 - \$15,000 *
O ·

\$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 *
O
\$50,001 - \$55,000 *
0 \$55,001 - \$60,000 *
0
\$60,001 - \$65,000 *
0
\$65,001 - \$70,000 *
\$70,001 - \$75,000 *
0
\$75,001 - \$80,000 *

1 PAGE 10 10 10 10 10 10 10 10 10 10 10 10 10			
\$80,001 - \$85	5,000 *		
0			
\$85,001 - \$90	,000 *		
0			
\$90,001 - \$95	5,000 *		
0			
\$95,001 - \$10	00,000 *		
0			
Over \$100,00	0 *		
0			
- при			0

Institution Information

Program Name



Financial and Graduation

Placement Data

Allied Health

Exam Passage Rate

Salary Data



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

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

Institution Information Program Name	7
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".	
i none, marcate o .	
8	
Control of the Assessment Control of Charles	
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 *	
11. The percentage of graduates in	
the reporting year who took out federal student loans to pay for this	
program *	
IU I	

12. Number of Stu the Program * If none, indicate "		Began	
14		,	
13. Number of Stu for Graduation * If none, indicate "		able	
14			
14. Number of Or If none, indicate "		uates *	
8			
15. Completion R This is a calculated #14 and #13.		l on	
57.14286			
16. 150% Gradua	tes?	TILLY AND REPORTED ANY PROPERTY.	
"s, we give helper (higher) higher) should be severed that the trade of the "to be about the trade.	The factor is \$1000 and the state of the sta	is to specific a sufficiency and the stage.	
17. 150% Comple This is a calculated #16 and #13.	etion Rate d field based	l on	
0			
18. Is the above o Integrated Postse Data System (IPE States Departmer	condary Ed EDS) of the l	ucation Jnited	
O Yes (No	government and a factor of the second	
	Save	Back	Next

nstitution Informa	ion	Program Name	
inancial and Grad	luation	Placement Data	Allied Health
xam Passage Ra	te S	Salary Data	
2020 BPF Placemen		nnual Report - a	Program -
☐ Display Ins	truction	s for #19 - #23 (Tog	ggle)
19. Graduates Employment * If none, indicat		ole for	
20. Graduates	Employ	yed in the Field	
* If none, indicat	e "0".		
5			
21. Placement This is a calcul #17 and #18.		ld based on	
71.42857			
22. Graduates	employ	/ed in the field	
22a. 20 to 29 l	ours pe e "0".	er week *	
0			
22b. at least 3 If none, indica) hours e "0".	per week *	

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

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.

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? *

\cap	Vac
()	162

No

Save Back Next

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 *

The PATTON PATT AND PATTON AND AND AND AND AND AND AND AND AND AN
\$80,001 - \$85,000 *
0
\$85,001 - \$90,000 *
0
\$90,001 - \$95,000 *
0
\$95,001 - \$100,000 *
0
Over \$100,000 *

Save

Back

Submit

Institution Information

Program Name



Financial and Graduation

Placement Data

Allied Health

Exam Passage Rate

Salary Data



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

nstitution Information	Program Name	
Financial and Graduation	n Placement Data	Allied Health
Exam Passage Rate	Salary Data	
2020 DDDE A	manual Damart	Dragrama
Program Nam	innual Report - ie	Program -
☐ Display Instruction	ons for #4 - #7 (Toggle	e)
4. Name of Program	*	
Massage Therapy	y 	
are entering, (e.g., D	octorate, Masters, Ba Other). If you indicate	level of the program you achelor, Associate, e 'Other', please enter the
Diploma/Certificate	*	
that applies to this e	ducational program. S	I Programs (CIP) Code Select from the dropdown onds to the educational
× Massage Therap	oy/Therapeutic Massa	age.)
	gram. Select all appli	sification (SOC) Codes icable codes from the
	Save Back	Next

nstitution Information	Program Name	
Financial and Graduation	Placement Data	Allied Health
Exam Passage Rate	Salary Data	
2020 BPPE Ar	nnual Report -	Program -
Financial Data		
☐ Display Instruction	ns for #8 - #18 (Togg	ile)
8. Number of Degree Certificates Awarded If none, indicate "0".		
34		
9. Total Charges for t	his Program *	
\$ 5,050.00		
10. The percentage of students in the report receiving federal students pay for this program?	ing year lent loans to	
0		
11. The percentage of the reporting year wh federal student loans program *	o took out	
0		

12. Number of Stud the Program * If none, indicate "0		Began	
49			
13. Number of Stud for Graduation * If none, indicate "0		able	
49			
14. Number of On- If none, indicate "0"		ates *	
34			
15. Completion Rat This is a calculated #14 and #13.		on	
69.38776			
16. 150% Graduate	es?	ogogowo okonikakang	
Ny taona mandritra ny faritr'i Augustia. Ny faritr'i Augustia ao	one was a second to a few and a second to	and the second s	
17. 150% Completi This is a calculated #16 and #13.	on Rate field based	on	
0			
18. Is the above da Integrated Postsec Data System (IPED States Department	ondary Edu S) of the U	ucation Jnited	
O Yes @	No No		
	Save	Back	Next

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

С			

23. Indicate the number of graduates employed...

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



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



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



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



Save Back Next

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.

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? *

\circ	Yes

No

Save Back Next

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

O No

#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.)

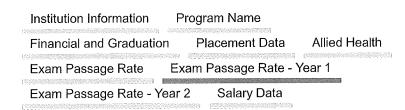
26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

O Yes

No

Save Back Next

2/2





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".

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

0

0

32.	Pa	SS	sage Rate						
This	s is	а	calculated	field	based	on	#25	and	#26.

0

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

O Yes

No

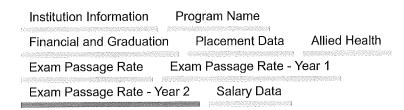
34. If the response to #33 was "No" provide a description of the process used for Attempting to Contact Students *

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

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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.

Back

Save

Next

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(I)).
- **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 * \$75,001 - \$80,000 * 0 \$80,001 - \$85,000 * 0 \$85,001 - \$90,000 * 0 \$90,001 - \$95,000 * 0 \$95,001 - \$100,000 * Over \$100,000 *

Institution Information

Program Name



Financial and Graduation

Placement Data

Allied Health

Exam Passage Rate

Salary Data



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

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

11/30/21, 8:33 AM

Institution Information P	rogram Name	
Financial and Graduation	Placement Data	Allied Health
•	ılary Data	
2020 BPPE Anr Financial Data a		
☐ Display Instructions	for #8 - #18 (Togg	le)
8. Number of Degrees, Certificates Awarded * If none, indicate "0".	Diplomas or	
9. Total Charges for this	s Program *	
\$ 2,775.00	100 miles (100 miles (
10. The percentage of e students in the reporting receiving federal studer pay for this program *	g year	
0		
11. The percentage of general student loans to program *	took out	

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	
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".	
13. Number of Students Available for Graduation * If none, indicate "0". 75 14. Number of On-time Graduates * If none, indicate "0".	
13. Number of Students Available for Graduation * If none, indicate "0". 75 14. Number of On-time Graduates * If none, indicate "0".	
for Graduation * If none, indicate "0". 75 14. Number of On-time Graduates * If none, indicate "0". 60	
14. Number of On-time Graduates * If none, indicate "0". 60	
If none, indicate "0".	
Programme to the second of the	
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? *	
O Yes No	
Save Back Next	

Institution Information	Program Name		
Financial and Graduation	Placement Data	Allied Health	
Exam Passage Rate S	Salary Data		
2020 BPPE Ar Placement Data	•	Program -	
Display Instruction	** 1.5 × ** + 1.7 × + 1.7 × + 1.0 × 1.0	ggle)	Mit I LUNG COMMISSIONE WORK
19. Graduates Availak	olo for		
Employment *	ole ioi		
If none, indicate "0".			
25			
20. Craduatas Employ	and in the Field		
20. Graduates Employ *	yed in the meld		
If none, indicate "0".			
14			
O4. Discourant Data			
21. Placement Rate This is a calculated fiel #17 and #18.	d based on		
56			
such as a major de such and a major de such as a major de such a major de su	enere transferation formale and a water contribute and a fact of the energy of the ene		
22. Graduates employ	ed in the field		
22a. 20 to 29 hours pe	er week *		
If none, indicate "0".	-,		
1			
22b. at least 30 hours	per week *		
If none, indicate "0".	•		
1			

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

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.

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? *
- YesNo
- 24a. Select the Allied Health Professions requiring clinical training.

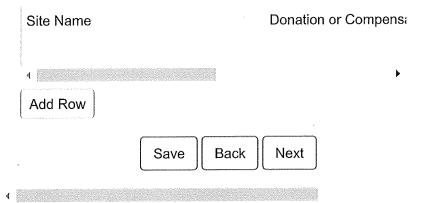
,

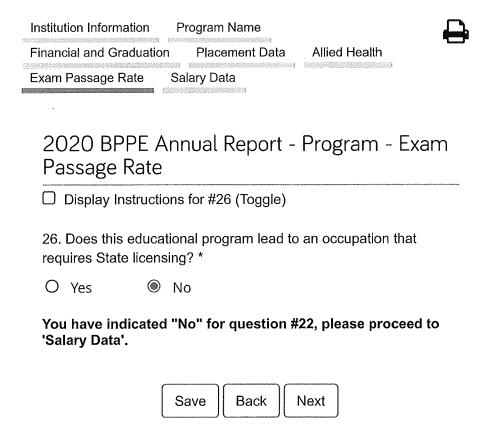
24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name	License or FIEN #	Pr
AA Foot and Ankle	1891964045	Μι
Mercy West Urgent Care	1356791099	Μŧ
Progressive Urgent Care	1164957486	Μι
Allcare Medical Group	1316023013	Μŧ
Central Valley Cardiovascula	1962750224	Me
Sonora Primary Care	1629097399	Μŧ
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	Mı
Central California Surgery	1124141163	M
4		•
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.





Institution Information

Program Name



Financial and Graduation

Placement Data

Allied Health

Exam Passage Rate

Salary Data



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

nstitution Information	Program Name	***		
inancial and Graduatio	n Placement D	ata	Allied Hea	lth
xam Passage Rate	Salary Data	Company Company (See	974-01-01-01-01-01-01-01-01-01-01-01-01-01-	
2020 BPPE A	Annual Repo	ort -	Progran	n -
Program Nam	ne	er i pop everane an alternation and a		
☐ Display Instructi	ons for #4 - #7 (1	oggle)	
4. Name of Progran	า *			
Emergency Med	ical Technician	CR1024008-2992-4-128		
	en skiemenn in 1914 i 1914 i 1917			remajera i semi rempresioni in a consecución la consecución de la consecución dela consecución dela consecución de la co
5. Program Level?				
are entering, (e.g., I Diploma/Certificate,				
Program Level in #				
Diploma/Certificate	e	₩		
Volve of colorinalities repaired environments of the first and animalized expected				
6. Select the Classi				
that applies to this elist the code that mo				
program. (Optional)				
× Emergency Me	dical Technology	Techr	nician (EMT	Paramedic).
	yn god god gon yn o'n o'n yn yn ynnwydd yn hadd yn ddiaddiadd yr yr yr yn yn diadaeth y diad yn yr yn yn yn yn	e serrence recentado.	enterante proprieta de la constitución de la consti	Thomas is the largest fallow a second control of the second contro
7. Select all Standa	rd Occupational	Classi	fication (SC	OC) Codes
that apply to this pro	ogram. Select all			
dropdown list. (Opti	onal)			The consequence of the state of
	And a first read on a control to the first time time time for the first time and a second or a second			dand a suithful who share the suit - suit - s to the suithful
	Save Back	: 1	Vext	

nstitution Information F	Program Name	
Financial and Graduation	Placement Data	Allied Health
Exam Passage Rate S	alary Data	
0000 0005 4	10.	D.
2020 BPPE An		
Financial Data a	and Graduatic	n Rates
☐ Display Instructions	s for #8 - #18 (Togg	le)
8. Number of Degrees	Diplomas or	
Certificates Awarded *	, Dipioinas oi	
If none, indicate "0".		
162		
And the first that the first that the first the second of		
9. Total Charges for th	is Program *	
Seminary definitions only with minimal material and analysis and only on a seminary arising	TOTAL POLICE CONTROL OF THE PROPERTY OF THE PR	
\$ 1,475.00	Outrook and the control of the contr	
Annal Same Same Same Same (* 1755) and a compared of the found fundamental account (for excise the foundation of the first seed for the first seed fo		
10. The percentage of	enrolled	
students in the reportir		
receiving federal stude pay for this program *	ent loans to	
COMMON TO THE COLOR A PRINT BUILD AUTOMOTOR		
0		
offers on I would a black of the formal beautiful to t		
11. The percentage of	graduates in	
the reporting year who		
federal student loans t program *	o pay for tries	
And the second s		
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?	
1997 in the processor of the section of the contract of the co	
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

Institution Information Program Nam	ne
Financial and Graduation Placement	nt Data Allied Health
Exam Passage Rate Salary Data	(pydogloploploploploploploploploploploploplopl
2020 BPPE Annual Rep Placement Data	oort - Program -
☐ Display Instructions for #19 - #	[!] 23 (Toggle)
19. Graduates Available for Employment * If none, indicate "0".	
17	
20. Graduates Employed in the Fig.	eld
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 fiel	ıld
22a. 20 to 29 hours per week * If none, indicate "0".	
2	
22b. at least 30 hours per week * If none, indicate "0".	

The state of the s

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

Institution information	Program	IName		1	(January)
Financial and Graduatio	n Plac	ement Data	Allie	d Health	<u> </u>
Exam Passage Rate	Salary Da	ata			
1 in the Contract of the Equipment and Associated and Associated and Associated Associat	4.53103505-000-000-000-000-000-000-000-000-00	and a state of the			
2020 BPPE A	Annual	Report	- Pros	gram - Allied	}
Health Profes	_	•	`		
				A STATE OF THE STA	.erosonore
☐ Display Instructi	ons for #2	24-25 (Tog	gle)		
24. Does this "Prog				_	
one or more of the finical training? *	following a	allied healt	h profes:	sionals that requir	es
•					
O Yes					
No					
	Save	Back	Next		
	, ,			1	

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	educati	onal	program	lead	to an	occupation	that
req	uires S	State	licensi	ng?	*				

Yes

O No

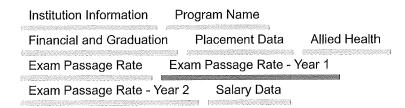
#26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate - Year 2. (Two years of data is required.)

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

O Yes

No

Save Back Next





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? *

O Yes

No

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

Student Surveys.
Student Surveys.

Save

Back

Next

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

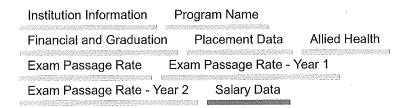
38. Number Who Passed the State Exam * If none, indicate "0".

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 administered the St		-	agency t	hat
O Yes	No			
42. If the response process used for At				•
Student Surveys		unit (237 ma Alabambanum Alabamban) (In 2527)		e general en
Transfer and an addition of the second state o	a Anni ann a' 14 fh a' 17 Mhaille an Airbheil be	manus ad hadder ethodosius historia (1994 (1997) (1997)	en a semina en	ala alamanda (1883). Ann angar a marangumpun alamanda aka alam
	Save	Back	Next	





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(I)).
- **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 *
\$60,001 - \$65,000 *
0
\$65,001 - \$70,000 *
O
\$70,001 - \$75,000 *
O
\$75,001 - \$80,000 *
\$80,001 - \$85,000 *
0 001 000 000 *
\$85,001 - \$90,000 *
\$90,001 - \$95,000 *
a Secretary charles (A. Wyster) distributional materials are a common
\$95,001 - \$100,000 *
- 40° - 40° 14° 15° 14° 14° 16° 16° 16° 16° 16° 16° 16° 16° 16° 16
Over \$100,000 *

Institution Information

Program Name



Financial and Graduation

Placement Data

Allied Health

Exam Passage Rate

Salary Data



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

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

Institution Information Program Name	
Financial and Graduation Placement Data Allied Health	-
Exam Passage Rate Salary Data	
Expensionly design of the production of the contraction of the contrac	
2020 BPPE Annual Report - Program -	
Financial Data and Graduation Rates	
☐ Display Instructions for #8 - #18 (Toggle)	
Number of Degrees, Diplomas or Certificates Awarded *	
If none, indicate "0".	
107	
Processor and the Company of the Com	
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	
, O	

the	Number of Program * one, indicat) Began	
11					
for (Number of Graduation one, indicat	*		ilable	
11	8				
	Number of one, indicat			uates *	
10	7				
This	Completion is a calcula and #13.			d on	
90	.67797				
16.	150% Grad	luates	5 ?	Construction and the second	
Secretary of the second	gggger general in 11 k salah k 3 k l Agina .	egus essencial and a compression of the	supplies and Balter of the first field.	e, danse e e dan en en en en	
This	150% Com is a calcula and #13.			d on	
0					
Inte Data	Is the abov grated Pos a System (I es Departn	tseco IPEDS	ndary Ed S) of the	ducation United	
0	Yes	(a)	No		
			Save	Back	Next

nstitution Information F	Program Name		
inancial and Graduation	Placement Data	Allied Health	Lun
Exam Passage Rate Sa	alary Data	About the first and the second of these the first of the second of the second of	
2020 BPPE An	nual Renort -	Program -	
Placement Data	•	riogram	
Display Instructions		alo)	
Display instructions	s 101 # 19 - #23 (10g	gie)	
19. Graduates Availab	le for		
Employment * If none, indicate "0".			
in none, indicate o .			
27			
The Control of the Co			
20. Graduates Employ	ed in the Field		
If none, indicate "0".			
THE PROPERTY OF THE PROPERTY O			
11			
21. Placement Rate			
This is a calculated field	d based on		
#17 and #18.			
40.74074			
			NUCLEUS PARTE
22. Graduates employ	ea in the field		
22a. 20 to 29 hours pe	r week *		
If none, indicate "0".			
3			
22b. at least 30 hours If none, indicate "0".	per week *		

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

Save Back Next

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".
20. Graduates Employed in the Field * If none, indicate "0".
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 22h 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

Save Back Next

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.

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? *

\sim	\ / -
()	Yes
\sim	10-

No

Save Back Next

Institution Inf	ormation	Program Nar	ne	
Financial and	d Graduation		nt Data	Allied Health
Exam Passa		Exam Passag	e Rate - Y	⁄ear 1
Exam Passa	ge Rate - Ye		y Data	
2020	DDDE A	ppual Da	nort	Program - Exam
	ge Rate	IIIIUal Ne	port -	T TOGITATITI - LAGITI
☐ Displa	y Instructio	ons for #26 (T	oggle)	
	this educat State licens		n lead to	an occupation that
Yes	0	No		
#26a bele Passage	ow and the	following s r 1 and Exa	creens v	#26, please complete vith the required Exam ge Rate – Year 2. (Two
		ave the optic State exam		uirement for more than
Yes	0	No		
Name of	Option/Red	juirement (1)	*	enemonia de la constitución de la constitución de deservos y
Nation	al Center	for Compete	ency Tes	sting
Name of	Option/Red	juirement (2)		
€	and the second section of the second	and the second state of the second se	remain an early raise states have demonstrately be	Annual Comment of the

Name of Option/	'Requiremen	t (3)		
Name of Option/	Requiremen	t (4)		
	Save	Back	Next	

Institution Information Program Name
Financial and Graduation Placement Data Allied Health
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

2

31. Number Who Failed the State Exam

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

Institution Information Program Name
Financial and Graduation Placement Data Allied Health
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

2

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

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

95.45455

- 33. Is this data from the State licensing agency that administered the exam? *
- O Yes
- No
- 34. If the response to #33 was "No" provide a description of the process used for Attempting to Contact Students *

	· · · · · · · · · · · · · · · · · · ·
Student Surveys	

Back

Next

Institution Information Program Name
Financial and Graduation Placement Data Allied Health
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)
Display instructions for weet 12 (Toggie)
35. Name of the State licensing entity that licenses this field *
neid "
California Department of Public Health
The state of the s
36. Name of State Exam *
National Center for Competency Testing
37. Number of Graduates Taking State Exam *
If none, indicate "0".
46
ALL THE PRODUCTS OF THE PROPERTY OF THE PROPER
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 fie	eld based	on #33	and	#34
89.13043				

41. Is this data from the State licensing agency that administered the State exam? $^{\star}\,$

0	Yes		No
\cup	res	9	IAC

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

Student Survey	5	uus anna vaa aant 1 m a 11 m a 11 m a 11 m a 1887 k	an may sample and the same states are seen	omen on the state of the state of	r inner 1919, marke keen me
er v constituit per 1998, l'i 1915, constituit per l'illiant de l'institut de l'institut de l'institut de l'in	and the second of the second o	enantes are a section to the contract of the section and	oolloods Asia South Propriess on the Control of the	a ta di manamada ana mana mana mana mana mana m	erania ara a tara ina manaka
	Save	Back	Next		

Institution Information F	Program Name	
Financial and Graduation	Placement Data	Allied Health
Exam Passage Rate Ex	xam Passage Rate - `	Year 1
Exam Passage Rate - Year	2 Salary Data	
2020 BPPE An	nual Report -	Program - Salary
Data		,
☐ Display Instructions	s for #43-45 (Toggle	e)
43. Graduates Availabl	le for Employment	
This field is auto-popula		entry in #17.
27		
44. Graduates Employe This field is auto-popula		entry in #18.
	·	
11		
45. Graduates Employ following Salary or Wa	-	orted receiving the
For graduates employe	ed in the field, indica	ate their salaries/earnings
below. If there are nor		
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\$85,001 - \$90,00	0 *		
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\$90,001 - \$95,00	0 *		
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\$95,001 - \$100,0	00 *		
0			
Over \$100,000 *			
	Save	Back	Submi