

## Institution Data



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2021 Annual Report

## Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2021 BPPE Annual Report - Institution - General Information

---

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

1. Report Year *	2. Institution Code *
2021	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.	
AbramsCollege	
4. Street Address (Physical Location) *	
201 East Rumble Road, Ste E	
5. City *	6. State *
Modesto	CA
7. Zip Code *	8. Select the type of business organization for this institution
95350	For profit corporation
9. Number of Branch Locations *	10. Number of Satellite Locations *
Indicate the number of branch locations associated with the main location. If none, enter zero ("0")	Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")
0	0

# Graduate Identification Data

## 2021 BPPE Annual Report - Institution - Graduate Identification Data

---

New Reporting Requirement: California Education Code section 94892.6 requires that institutions approved to operate by the Bureau collect, retain, and report specified information about each graduate completing a program on or after January 1, 2020. This includes identifying information for each graduate along with information about the program from which they graduated and the amount of student loan debt borrowed.

Pursuant to Title 5, California Code of Regulations section 74110, beginning in 2022 institutions will report this information to the Bureau annually through the Annual Report submission process. In the first reporting year, institutions shall provide information for each student who graduated from the institution's education program(s) between January 1, 2020 and December 31, 2021. In subsequent reporting years, institutions will report information only for students who graduated in the prior calendar year.

The AR\_LaborMarketData\_2021 reporting template linked below includes details about the data required to be reported for each student who graduated from the institution's education program(s) between January 1, 2020 and December 31, 2021. Click on the link to the template and save to your computer to fill out. After adding the required information to the "Data" tab, press the "Select files" button at the bottom of the portal Graduate Identification Data page to upload and attach your completed AR\_LaborMarketData\_2021 report to the institution's Annual Report submission. Uploaded files must be Excel or CSV formats.

Please contact Jennifer Jones ([Jennifer.jones@dca.ca.gov](mailto:Jennifer.jones@dca.ca.gov)) with questions about this requirement.

[AR\\_LaborMarketData\\_2021.xlsx](#)

Upload completed Excel or CSV  
here \*

**Graduate Identification Data for  
2021 Annual Report.xlsx**

## Fees / Accreditation

### 2021 BPPE Annual Report - Institution - Fees/Accreditation

---

Display Instructions for #11 - #14 (Toggle)

**Not Checked**

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

**Yes**

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

**Yes**

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

**No**

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

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

**No**

## Financial

### 2021 BPPE Annual Report - Institution - Financial

---

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

Display Instructions for #15 - #26 (Toggle)

**Not Checked**

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

**No**

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

**No**

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

**No**

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

**No**

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

**No**

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

**No**

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

**\$0.00**

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

**0**

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

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

**No**

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

**0**

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

**0**

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

**0**

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

**\$0.00**

## Offerings

### 2021 BPPE Annual Report - Institution - Offerings

---

Display Instructions for #27 - #37 (Toggle)

**Not Checked**

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

**441**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

0

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

5

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".

Total Program Count

441

5

## Website / Uploads

### 2021 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

**School Performance Fact Sheet for 2021 Annual Report.pdf**

39. Upload Catalog \*  
Required file format = PDF

**College Catalog for 2021 Annual Report.pdf**

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

**Enrollment Agreements for 2021 Annual Report.pdf**

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

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

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2021 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2021 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 one Program Data Workflow for the program being reported.**

1. Report Year \*

**2021**

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.

**AbramsCollege**

## Program Name

#### 2021 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Pharmacy Technician**



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

#### Diploma/Certificate

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

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

## Financial and Graduation

### 2021 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

Checked

## Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

**8. Number of Degrees, Diplomas or Certificates Awarded to graduates scheduled to complete in the reporting year?** "Number of Graduates" refers to the number of graduates in the reporting calendar year, who were scheduled to complete in said reporting calendar year. This is on-time grads, 150% grads and anyone else who was "scheduled to complete" in the calendar year.

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

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

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

**12. Number of Students Who Began the Program?** Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). Institutions with Bureau approved branches and/or satellites locations must combine the total number of students enrolled in all locations.

**13. Students Available for Graduation?** Indicate the number of students available for graduation in the reporting year for the program being reported. This number should be the

number of students who began the program (#12 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

**14. On-Time Completion?** Of the students available for graduation (#13 above), indicate the number of students who completed the program within 100% of the published length in the reporting year being reported (5 CCR §74112(d)(2)).

**15. Completion Rate?** Divide the number of On-Time Graduates (#14 above) by the number of Students Available for Graduation (#13 above).

**16. 150% Graduates?** Of the students available for graduation (#13 above), provide the number of students who completed the program within 150% of the published program length in the calendar year, this includes "On-Time Graduates" (5 CCR §74112(h)(l)).

**17. 150% Completion Rate?** If the institution tracks 150% completion rate, provide the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates (#16 above), divided by the number of students available for graduation (#13 above). **A "rate" is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

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

**36**

9. Total Charges for this Program \*

**\$3,100.00**

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

**0**

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

**0**

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

**40**

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

**40**

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

**36**

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

**90**

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? \*

**No**

## Placement Data

### 2021 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment *	20. Graduates Employed in the Field *
If none, indicate "0".	If none, indicate "0".
<b>14</b>	<b>11</b>

21. Placement Rate

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

**78.57143**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week *	22b. at least 30 hours per week *
If none, indicate "0".	If none, indicate "0".
<b>1</b>	<b>10</b>

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**11**

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**

## Allied Health

### 2021 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

**Checked**

# Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include: Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

24b.

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

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

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

No

## Exam Passage Rate

### 2021 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

**Not Checked**

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

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate - Year 2. (Two years of data is required.)

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

No

## Exam Passage Rate - Year 1

### 2021 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**California Board of Pharmacy**

28. Name of State Exam \*

**None**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**0**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**0**

31. Number Who Failed the State Exam

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

**0**

32. Passage Rate

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

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

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

## Exam Passage Rate - Year 2

### 2021 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**California Board of Pharmacy**

36. Name of State Exam \*

**None**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**0**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**0**

39. Number Who Failed the State Exam

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

**0**

40. Passage Rate

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

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

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

## Salary Data

### 2021 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

**14**

44. Graduates Employed in the Field

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

**11**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	2
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
1	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2021 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2021 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 one Program Data Workflow for the program being reported.**

1. Report Year \*

**2021**

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.

**AbramsCollege**

## Program Name

#### 2021 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

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)

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

## Financial and Graduation

### 2021 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0".

**4**

9. Total Charges for this Program \*

**\$3,100.00**

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

**0**

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

**0**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**8**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**8**

14. Number of On-time Graduates \*

If none, indicate "0".

**4**

15. Completion Rate

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

**50**

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? \*

**No**

## Placement Data

### 2021 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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

**2**

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

**1**

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

**50**

---

22. Graduates employed in the field...

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

**0**

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

**1**

---

23. Indicate the number of graduates employed...

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

**1**

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**

## Allied Health

### 2021 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

**Checked**

# Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

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

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

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include: Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

**24b.**

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

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

**Enter Program Name.**

**Enter Total Number of students enrolled in this program.**

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

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

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

No

## Exam Passage Rate

### 2021 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

## Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

**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? \*

**No**

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

## Salary Data

### 2021 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

**2**

44. Graduates Employed in the Field

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

**1**

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0

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

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

0

0

Over \$100,000 \*

0

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2021 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2021 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 one Program Data Workflow for the program being reported.**

1. Report Year \*

**2021**

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.

**AbramsCollege**

## Program Name

#### 2021 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

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)

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

## Financial and Graduation

### 2021 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0".

**44**

9. Total Charges for this Program \*

**\$3,100.00**

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

**0**

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

**0**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**62**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**62**

14. Number of On-time Graduates \*

If none, indicate "0".

**44**

15. Completion Rate

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

**70.96774**

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? \*

**No**

## Placement Data

### 2021 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**19**

20. Graduates Employed in the Field

\*

If none, indicate "0".

**12**

21. Placement Rate

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

**63.15789**

---

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".

**10**

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**12**

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*

If none, indicate "0".

**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**

## Allied Health

### 2021 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

**Checked**



# Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include: Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

24b.

- Enter the name(s) of clinical site(s).
- Enter the License Number or Employer Identification Number to the corresponding site.
- Enter Program Name.
- Enter Total Number of students enrolled in this program.
- Enter Number of Students Proficient in languages other than English.

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

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

Yes

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

**Medical Assistant**

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
Dr. Pazouki	1801853353	Medical Assistant	8	5
Progressive Urgent Care	1164957486	Medical Assistant	14	10
AA Foot and Ankle	1891964045	Medical Assistant	11	7
Sonora Primary Care	1629097399	Medical Assistant	5	1

Mercy West Urge nt Care	1356791099	Medical Assistan t	15	10
Central Valley ... rdiovascular	1962750224	Medical Assistan t	6	2
Adams Medical Group	1720557531	Medical Assistan t	3	0

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

Site Name	Donation or Compensation A mount	Type of Consideration
Dr. Pazuki	1801853353	None
Progressive Urgent Care	1164957486	None
AA Foot and Ankle	1891964045	None
Sonora Primary Care	1629097399	None
Mercy West Urgent Care	1356791099	None
Central Valley Cardiovascula r	1962750224	None
Adams Medical Group	1720557531	None

## Exam Passage Rate

### 2021 BPPE Annual Report - Program - Exam Passage Rate

---

Display Instructions for #26 (Toggle)

**Not Checked**

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

**No**

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

## Salary Data

### 2021 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

**19**

44. Graduates Employed in the Field

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

**12**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	2
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
1	1
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
1	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

---

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2021 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2021 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 one Program Data Workflow for the program being reported.**

1. Report Year \*

**2021**

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.

**AbramsCollege**

## Program Name

#### 2021 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Emergency Medical Technician**

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

**Diploma/Certificate**

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

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

## Financial and Graduation

### 2021 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0".

**126**

9. Total Charges for this Program \*

**\$1,865.00**

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

**0**

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

**0**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**166**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**166**

14. Number of On-time Graduates \*

If none, indicate "0".

**126**

15. Completion Rate

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

**75.90361**

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? \*

**No**

## Placement Data

### 2021 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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

**26**

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

**23**

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

**88.46154**

---

22. Graduates employed in the field...

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

**1**

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

**13**

---

23. Indicate the number of graduates employed...

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

**23**

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**

## Allied Health

### 2021 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

**Checked**

# Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include: Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

**24b.**

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

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

**Enter Program Name.**

**Enter Total Number of students enrolled in this program.**

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

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

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

No

## Exam Passage Rate

### 2021 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

**Not Checked**

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

Yes

**You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate - Year 2. (Two years of data is required.)**

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

No

## Exam Passage Rate - Year 1

### 2021 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**National Registry for Emergency Medical Technicians**

28. Name of State Exam \*

**National Registry for Emergency Medical Technicians**

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

**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? \*

**No**

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

**Student surveys.**

## Exam Passage Rate - Year 2

### 2021 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

---

Display Instructions for #35-42 (Toggle)

**Checked**

## Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

**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 Technicians, Mountain Valley EMS Agency**

36. Name of State Exam \*

**National Registry for Emergency Medical Technicians**

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

**36**

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

**21**

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

**15**

40. Passage Rate

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

**58.33333**

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

**No**

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

**Student Surveys.**

## Salary Data

### 2021 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

**26**

44. Graduates Employed in the Field

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

**23**

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	2
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
3	3
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
3	3
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
1	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0

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

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

0

0

Over \$100,000 \*

0

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2021 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2021 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 one Program Data Workflow for the program being reported.**

1. Report Year \*

**2021**

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.

**AbramsCollege**

## Program Name

#### 2021 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

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)

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

## Financial and Graduation

### 2021 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

**89**

9. Total Charges for this Program \*

**\$3,750.00**

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

**0**

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

**0**

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

**111**

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

**111**

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

**89**

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

**80.18018**

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? \*

**No**

## Placement Data

### 2021 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**37**

20. Graduates Employed in the Field

\*

If none, indicate "0".

**22**

21. Placement Rate

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

**59.45946**

---

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".

**16**

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**22**

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**

## Allied Health

### 2021 BPPE Annual Report - Program - Allied Health Professionals

---

Display Instructions for #24-25 (Toggle)

**Checked**

# Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include: Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

24b.

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

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

Enter Program Name.

Enter Total Number of students enrolled in this program.

Enter Number of Students Proficient in languages other than English.

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

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

No

## Exam Passage Rate

### 2021 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

**Not Checked**

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

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate - Year 2. (Two years of data is required.)

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

Yes

Name of Option/Requirement (1) \*

**National Center for Competency Testing**

Name of Option/Requirement (2)

Name of Option/Requirement (3)

Name of Option/Requirement (4)

## Exam Passage Rate - Year 1

### 2021 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**California Department of Public Health/Laboratory Field Services**

28. Name of State Exam \*

**National Center for Competency Testing**

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

**44**

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

**42**

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

**2**

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

**95.45455**

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

**No**

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

**Student Surveys**



## Exam Passage Rate - Year 2

### 2021 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**California Department of Public Health/Laboratory Field Services**

36. Name of State Exam \*

**National Center for Competency Testing**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**46**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**41**

39. Number Who Failed the State Exam

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

**5**

40. Passage Rate

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

**89.13043**

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

**No**

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

**Student Surveys**

## Salary Data

### 2021 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

## 43. Graduates Available for Employment

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

**37**

## 44. Graduates Employed in the Field

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

**22**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>0</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>2</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>3</b>	<b>1</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>0</b>	<b>0</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
<b>0</b>	<b>0</b>
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
<b>0</b>	<b>0</b>
Over \$100,000 *	
<b>0</b>	

---