Institution Information

Bureau for Priva
Postsecondary E
Department of Consumer Affairs

2022 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 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 *

2022

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

Program Name

2022 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

2022 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".

25

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".

27

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

27

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

25

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

92.59259

16. 150% Graduates?

0

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

2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

13

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

8

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

61.53846

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".

7

---

23. Indicate the number of graduates employed...

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

8

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

2022 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

2022 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

2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

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. In order to be registered graduates are required to
submit required documents. Registration doesn't require taking
and/or passing an exam. 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

2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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 the state of California. In order to be registered graduates are required to submit required documents. Registration doesn't require taking and/or passing an exam. Exam is not required. Graduates are not required to take an exam to register with the California Board of Pharmacy.

Salary Data

2022 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.

13

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

8

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

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

$0 - $5,000 *

0
$5,001 - $10,000 *

0
$10,001 - $15,000 *

0
$15,001 - $20,000 *

0
$20,001 - $25,000 *

0
$25,001 - $30,000 *

2
$30,001 - $35,000 *

0
$35,001 - $40,000 *

1
$40,001 - $45,000 *

0
$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Priva

Postsecondary E

BPPE Department of Consumer Affairs

2022 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 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 *

2022

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

Program Name

2022 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

2022 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".

117

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".

131

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

131

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

117

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

89.31298

16. 150% Graduates?

0

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

2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

31

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

26

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

83.87097

22. Graduates employed in the field...

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

6

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

19

---

23. Indicate the number of graduates employed...

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

26

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

0

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

0

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

2

Allied Health

2022 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

2022 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

2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

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/ County EMS

28. Name of State Exam *

National Registry for Emergency Medical Technicians

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

36

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

21

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

15

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

58.33333

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 *

Graduate Surveys were used to collect data.

Exam Passage Rate - Year 2

2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

Display Instructions for #35-42 (Toggle)
Not Checked

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

National Registry for Emergency Medical Technicians/ County EMS

36. Name of State Exam *

National Registry for Emergency Medical Technicians

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

57

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

35

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

22

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

61.40351

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 *

Graduate surveys were used to collect data.

Salary Data

2022 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.

31

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

26

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

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

$0 - $5,000 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

0

$20,001 - $25,000 *

0

$25,001 - $30,000 *

2

$30,001 - $35,000 *

1

$35,001 - $40,000 *

4

$40,001 - $45,000 *

0

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

2

$65,001 - $70,000 *

1

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

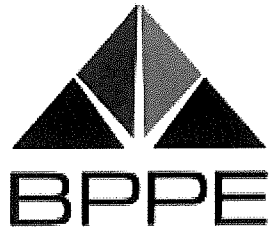$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Priva
Postsecondary E
BPPE   Department of Consumer Affairs

2022 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 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 *

2022

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

Program Name

2022 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

2022 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".

10

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

10

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

4

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

40

16. 150% Graduates?

0

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

2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

3

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

2

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

66.66667

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".

2

---

23. Indicate the number of graduates employed...

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

2

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".

1

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

2022 BPPE Annual Report - Program - Allied Health Professionals

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Display Instructions for #24-25 (Toggle)
Not Checked

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

2022 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

2022 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.

3

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

2

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

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

$0 - $5,000 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

0

$20,001 - $25,000 *

0

$25,001 - $30,000 *

0

$30,001 - $35,000 *

0

$35,001 - $40,000 *

0

$40,001 - $45,000 *

0

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *
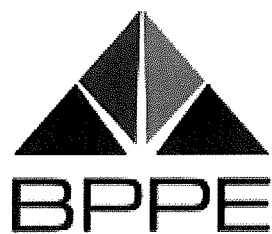
0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Priva

Postsecondary E

BPPE Department of Consumer Affairs

2022 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 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 *

2022

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

Program Name

2022 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

2022 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".

103

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".

122

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

122

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

103

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

84.42623

16. 150% Graduates?

0

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

2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

47

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

19

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

40.42553

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".

17

---

23. Indicate the number of graduates employed...

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

19

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

2022 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

2022 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

2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

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".

46

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

41

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

5

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

89.13043

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

No

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

**Surveys were used for attempting to contact students and collect
data.**

Exam Passage Rate - Year 2

2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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".

65

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

49

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

16

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

75.38462

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 *

Surveys were used for attempting to contact students and collect data.

Salary Data

2022 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.

47

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

19

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 *

1
$5,001 - $10,000 *

1
$10,001 - $15,000 *

2
$15,001 - $20,000 *

1
$20,001 - $25,000 *

2
$25,001 - $30,000 *

1
$30,001 - $35,000 *

3
$35,001 - $40,000 *

2

$40,001 - $45,000 *

1

$45,001 - $50,000 *

1

$50,001 - $55,000 *

2

$55,001 - $60,000 *

1

$60,001 - $65,000 *

1

$65,001 - $70,000 *

1

$70,001 - $75,000 *

1

$75,001 - $80,000 *

1

$80,001 - $85,000 *

1

$85,001 - $90,000 *
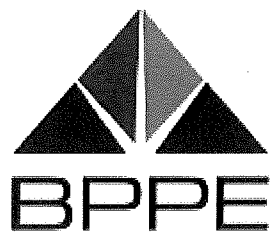
1

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Priva

Postsecondary E

BPPE Department of Consumer Affairs

2022 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 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 *

2022

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

Program Name

2022 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

2022 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".

47

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".

67

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

67

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

47

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

70.14925

16. 150% Graduates?

0

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

2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

23

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

15

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

65.21739

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".

14

---

23. Indicate the number of graduates employed...

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

15

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

0

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

0

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

2

Allied Health

2022 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
Progressive Urgent Care	1164957486	Medical Assistant	4	2
Pain Clinic of California	1861060733	Medical Assistant	8	3
Dr. Pazouki	1801853353	Medical Assistant	1	0
Foot and Ankle Clinic	1891964045	Medical Assistant	7	2
Mercy West Urgent Care	1356791099	Medical Assistant	8	4
Central Valley Cardiovascular	1962750224	Medical Assistant	6	3
Sierra OBGYN	1134327083	Medical Assistant	4	0
Orangeburg Medical Group	1467595389	Medical Assistant	1	0
Dr. Gogna	1558411322	Medical Assistant	4	2
Aspen Family Medical Group	1467533737	Medical Assistant	1	1
Dr. Puliadi	1154429108	Medical Assistant	3	1

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 Amount	Type of Consideration
Progressive Urgent Care	0	None
Pain Clinic of California	0	None
Dr. Pazuki	0	None
Foot and Ankle Clinic	0	None
Mercy West Urgent Care	0	None
Central Valley Cardiovascular	0	None
Sierra OBGYN	0	None
Orangeburg Medical Group	0	None
Dr. Gogna	0	None
Aspen Family Medical Group	0	None
Dr. Puliadi	0	None

Exam Passage Rate

2022 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

2022 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.

23

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

15

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 *

1
$25,001 - $30,000 *

2

$30,001 - $35,000 *

0

$35,001 - $40,000 *

0

$40,001 - $45,000 *

0

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

1. Report Year	2022
2. Institution Code	5001211
3. Institution Name (auto-populated)	Abrams College
4. Street Address (Physical Location)	201 East Rumble Road, Ste E
5. City	Modesto
6. State	CA
7. Zip Code	95350
8. Select the type of business organization for this institution	For profit corporation
9. Number of Branch Locations	0
10. Number of Satellite Locations	0
Upload completed Excel or CSV here	Graduate Identification Data 2022.xlsx
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.	N/A
14. Has any accreditation	No

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.

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.	0
22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans)	No
22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.	N/A
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.	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.	0
26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution.	$0.00
Display Instructions for #27 - #37 (Toggle)	Checked
27. Total number of students enrolled at this institution in the reporting year. Indicate	347

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 .

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)   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.   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)   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   0

January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

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)   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.   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)   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.   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) 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. 347

Total Program Count 5

Institution's Website www.abramscollege.com

38. Upload School Performance Fact Sheet School Performance Fact Sheet 2021-2022.pdf

39. Upload Catalog College Catalog 2022 for Annual Report.pdf

40. Upload Enrollment Agreement Enrollment Agreements 2022 for Annual Report.pdf

*** NOTES *** 0