

# BPPE Annual Report

*The BPPE Annual Report includes data reflecting enrollment activity, completion statistics, and graduate employment statistics for calendar year 2019.*

**INSTITUTE OF TECHNOLOGY**

November 30, 2020

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## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

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Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Barbering**

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)

**12.0402 - Barbering/Barber**

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

**39-5011 - Barbers, 39-5012 - Hairdressers, Hairstylists, and Cosmetologists, 39-5091 - Makeup Artists, Theatrical and Performance, 39-5093 - Shampooers, 39-5094 - Skincare Specialists**

## Financial and Graduation

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

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Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

If none, indicate "0".

**8**

9. Total Charges for this Program \*

**\$18,202.00**

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

**88**

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

**100**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**17**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**17**

14. Number of On-time Graduates \*

If none, indicate "0".

**1**

15. Completion Rate

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

**5.88235**

16. 150% Graduates?

**8**

17. 150% Completion Rate

**47**

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

**No**

## Placement Data

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

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**7**

20. Graduates Employed in the Field \*

If none, indicate "0".

**3**

21. Placement Rate

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

**42.85714**

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".

**3**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**3**

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

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

---

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

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

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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 #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (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

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

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Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**Board of Barbering and Cosmetology**

28. Name of State Exam \*

**California State or National Interstate Council  
(NIC) Written and Practical Exam**

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

**8**

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

**3**

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.

**37.5**

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

**No**

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

**Graduates are contacted by the Program Director or Career Services  
Advisor after the date of examination to determine if the graduate passed  
the state exam and results are documented.**

## Exam Passage Rate - Year 2

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

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Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**Board of Barbering and Cosmetology**

36. Name of State Exam \*

**California State or National Interstate Council  
(NIC) Written and Practical Exam**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**8**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**3**

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.

**37.5**

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

**No**

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

**Graduates are contacted by the Program Director or Career Services Advisor after the date of examination to determine if the graduate passed the state exam and results are documented.**

## Salary Data

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

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Display Instructions for #43-45 (Toggle)

**Not Checked**

**43. Graduates Available for Employment**

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

**7**

**44. Graduates Employed in the Field**

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

**3**

**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**

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

**0**

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

**1**

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

**0**

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

**0**

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

**0**



\$30,001 - \$35,000 \*  
**0**  
\$40,001 - \$45,000 \*  
**0**  
\$50,001 - \$55,000 \*  
**0**  
\$60,001 - \$65,000 \*  
**0**  
\$70,001 - \$75,000 \*  
**0**  
\$80,001 - \$85,000 \*  
**0**  
\$90,001 - \$95,000 \*  
**0**  
Over \$100,000 \*  
**0**

\$35,001 - \$40,000 \*  
**0**  
\$45,001 - \$50,000 \*  
**0**  
\$55,001 - \$60,000 \*  
**0**  
\$65,001 - \$70,000 \*  
**0**  
\$75,001 - \$80,000 \*  
**0**  
\$85,001 - \$90,000 \*  
**0**  
\$95,001 - \$100,000 \*  
**0**

## Institution Data



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2019 Annual Report

### Institution Data Workflow

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

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

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

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

**Institute of Technology**

4. Street Address (Physical Location) \*

**564 W. Herndon Ave.**

5. City \*

**Clovis**

6. State \*

**CA**

7. Zip Code \*

**93612**

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

**For profit corporation , Limited Liability Corporation (LLC)**

9. Number of Branch Locations \*

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

**2**

10. Number of Satellite Locations \*

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

**0**

## Fees / Accreditation

### 2019 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? \*

**Yes**

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

**FOR PC USERS:** While using the mouse to select items, make sure you hold down the Control (Ctrl) key.**FOR MAC USERS:** While using the mouse to select items, make sure you hold down the Command (Cmd) key.

12a. Accrediting Agency (more than one agency may be selected) \*

**Accrediting Commission of Career Schools and Colleges**

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

**American Culinary Federation's Educational Foundation (ACFEF), Commission on Accreditation in Physical Therapy Education (CAPTE)**

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

### 2019 BPPE Annual Report - Institution - Financial

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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)

**Checked**

## Instructions

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

**21. The percentage of institutional income in the Report Year that was derived from public funding.** (Add #15, #16, #17, and #19. Divide the sum by Institution's Total Revenue) All money that is generated by the government to provide services to the general public is "public funding."

**23. Provide the percentage of institutional income during this reporting year that was derived from any non-government financial aid.** All non-government financial aid divided by total revenue.

**24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.** The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

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

**Yes**

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year? \*

**\$16,589,298.79**

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

**Yes**

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year? \*

**\$865,496.78**

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

**No**

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

**Yes**

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

**Yes**

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

**\$562,288.71**

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

**Yes**

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

**EDD, REHAB, State  
Compensation Funding**

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

**\$78,327.70**

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

**70**

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

**Yes**

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

**BIA, Employee Gift of  
Knowledge, Institutional Grant,  
RIC Match, Tuition Discount**

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

**0.39**

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".

**20**

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".

**82**

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

**\$12,710.14**

# Offerings

## 2019 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

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

If none, indicate "0".

**2105**

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 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 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 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".

**6**

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

If none, indicate "0".

**285**

**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".

**11**



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

If none, indicate "0".

**1820**

Total Program Count

**17**

## Website / Uploads

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

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

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

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

Institution's Website

**<https://www.iot.edu>**

38. Upload School Performance Fact Sheet \*

Required file format = PDF

**2019 SPFS BPPE Annual Report.pdf**

39. Upload Catalog \*

Required file format = PDF

**2019 Catalog and Addenda.pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**IOT\_EA\_Blank.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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Baking and Pastry Specialist**

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)

**12.0501 - Baking and Pastry Arts/Baker/Pastry Chef**

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

**35-1011 - Chefs and Head Cooks, 35-2014 - Cooks, Restaurant, 35-2019 - Cooks, All Other, 35-2021 - Food Preparation Workers, 35-9099 - Food Preparation and Serving Related Workers, All Other, 51-3092 - Food Batchmakers, 51-3093 - Food Cooking Machine Operators and Tenders**

## Financial and Graduation

### 2019 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".

**54**

9. Total Charges for this Program \*

**\$18,680.00**

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

**74**

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

**86**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**66**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**66**

14. Number of On-time Graduates \*

If none, indicate "0".

**17**

15. Completion Rate

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

**25.75758**

16. 150% Graduates?

**34**

17. 150% Completion Rate

**52**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**34**

20. Graduates Employed in the Field \*

If none, indicate "0".

**31**

21. Placement Rate

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

**91.17647**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**10**

22b. at least 30 hours per week \*

If none, indicate "0".

**21**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**31**

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

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

---

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

### 2019 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**

## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

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**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

### 4. Name of Program \*

**Culinary Arts**

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)

**12.9999 - Personal and Culinary Services, Other**

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

**11-9051 - Food Service Managers, 35-1011 - Chefs and Head Cooks, 35-1012 - First-Line Supervisors of Food Preparation and Serving Workers, 35-2011 - Cooks, Fast Food, 35-2012 - Cooks, Institution and Cafeteria, 35-2013 - Cooks, Private Household, 35-2014 - Cooks, Restaurant, 35-2015 - Cooks, Short Order, 35-2019 - Cooks, All Other, 35-2021 - Food Preparation Workers, 35-9021 - Dishwashers, 35-9031 - Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop, 35-9099 - Food Preparation and Serving Related Workers, All Other, 51-3011 - Bakers, 51-3021 - Butchers and Meat Cutters, 51-3022 - Meat, Poultry, and Fish Cutters and Trimmers, 51-3091 - Food and Tobacco Roasting, Baking, and Drying Machine Operators and Tenders, 51-3092 - Food Batchmakers, 51-3093 - Food Cooking Machine Operators and Tenders**

## Financial and Graduation

### 2019 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".

**87**

9. Total Charges for this Program \*

**\$19,672.00**

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

**72**

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

**84**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**178**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**178**

14. Number of On-time Graduates \*

If none, indicate "0".

**34**

15. Completion Rate

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

**19.10112**

16. 150% Graduates?

**87**

17. 150% Completion Rate

**49**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**86**

20. Graduates Employed in the Field  
\*

If none, indicate "0".

**76**

21. Placement Rate

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

**88.37209**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**11**

22b. at least 30 hours per week \*

If none, indicate "0".

**65**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**74**

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

If none, indicate "0".

**2**

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

### 2019 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

### 2019 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

### 2019 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.

**86**

44. Graduates Employed in the Field

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

**76**

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 *
1	8
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
27	13
\$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	

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

## Salary Data

### 2019 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.

**34**

#### 44. Graduates Employed in the Field

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

**31**

#### 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>7</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>11</b>	<b>4</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>1</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 \*

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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

### 4. Name of Program \*

**Criminology and Emergency Response Management (AAS)**

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. \*

**Associate**

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)

**43.0107 - Criminal Justice/Police Science**

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

**13-1041 - Compliance Officers, 19-4092 - Forensic Science Technicians, 21-1092 - Probation Officers and Correctional Treatment Specialists, 23-2099 - Legal Support Workers, All Other, 25-1111 - Criminal Justice and Law Enforcement Teachers, Postsecondary, 33-1011 - First-Line Supervisors of Correctional Officers, 33-1012 - First-Line Supervisors of Police and Detectives, 33-1099 - First-Line Supervisors of Protective Service Workers, All Other, 33-2021 - Fire Inspectors and Investigators, 33-2022 - Forest Fire Inspectors and Prevention Specialists, 33-3011 - Bailiffs, 33-3012 - Correctional Officers and Jailers, 33-3021 - Detectives and Criminal Investigators, 33-3031 - Fish and Game Wardens, 33-3041 - Parking Enforcement Workers, 33-3051 - Police and Sheriff's Patrol Officers, 33-3052 - Transit and Railroad Police, 33-9011 - Animal Control Workers, 33-9031 - Gambling Surveillance Officers and Gambling Investigators, 33-9032 - Security Guards, 33-9091 - Crossing Guards and Flaggers, 33-9092 - Lifeguards, Ski Patrol, and Other Recreational Protective Service Workers, 33-9093 - Transportation Security Screeners, 33-9099 - Protective Service Workers, All Other, 39-9011 - Childcare Workers, 43-4199 - Information and Record Clerks, All Other, 43-5031 - Public Safety Telecommunicators, 43-5032 - Dispatchers, Except Police, Fire, and Ambulance, 43-9199 - Office and Administrative Support Workers, All Other, 45-2011 - Agricultural Inspectors, 53-3011 - Ambulance Drivers and Attendants, Except Emergency Medical Technicians, 53-6099 - Transportation Workers, All Other**

## Financial and Graduation

### 2019 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".

**23**

9. Total Charges for this Program \*

**\$25,345.00**

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

**91**

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

**91**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**34**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**34**

14. Number of On-time Graduates \*

If none, indicate "0".

**11**

15. Completion Rate

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

**32.35294**

16. 150% Graduates?

**23**

17. 150% Completion Rate

**68**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

**19. Graduates Available for Employment \***

If none, indicate "0".

**21****20. Graduates Employed in the Field \***

If none, indicate "0".

**13****21. Placement Rate**

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

**61.90476**

---

**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".

**12**

---

**23. Indicate the number of graduates employed...****23a. In a single position in the field of study \***

If none, indicate "0".

**13****23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) \***

If none, indicate "0".

**0****23c. Freelance/self-employed \***

If none, indicate "0".

**0****23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \***

If none, indicate "0".

**0**

## Allied Health

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

---

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

### 2019 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

### 2019 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.

**21**

44. Graduates Employed in the Field

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

**13**

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	1
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
2	4
\$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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

### 4. Name of Program \*

**Criminology and Emergency Response Management (AOS)**

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. \*

**Associate**

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)

**43.0107 - Criminal Justice/Police Science**

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

**13-1041 - Compliance Officers, 19-4092 - Forensic Science Technicians, 21-1092 - Probation Officers and Correctional Treatment Specialists, 23-2099 - Legal Support Workers, All Other, 25-1111 - Criminal Justice and Law Enforcement Teachers, Postsecondary, 33-1011 - First-Line Supervisors of Correctional Officers, 33-1012 - First-Line Supervisors of Police and Detectives, 33-1099 - First-Line Supervisors of Protective Service Workers, All Other, 33-2021 - Fire Inspectors and Investigators, 33-2022 - Forest Fire Inspectors and Prevention Specialists, 33-3011 - Bailiffs, 33-3012 - Correctional Officers and Jailers, 33-3021 - Detectives and Criminal Investigators, 33-3031 - Fish and Game Wardens, 33-3041 - Parking Enforcement Workers, 33-3052 - Transit and Railroad Police, 33-9011 - Animal Control Workers, 33-9021 - Private Detectives and Investigators, 33-9031 - Gambling Surveillance Officers and Gambling Investigators, 33-9032 - Security Guards, 33-9091 - Crossing Guards and Flaggers, 33-9092 - Lifeguards, Ski Patrol, and Other Recreational Protective Service Workers, 33-9093 - Transportation Security Screeners, 33-9099 - Protective Service Workers, All Other, 39-3099 - Entertainment Attendants and Related Workers, All Other, 39-9011 - Childcare Workers, 43-4061 - Eligibility Interviewers, Government Programs, 43-4199 - Information and Record Clerks, All Other, 43-5032 - Dispatchers, Except Police, Fire, and Ambulance, 43-9199 - Office and Administrative Support Workers, All Other, 45-2011 - Agricultural Inspectors, 53-3011 - Ambulance Drivers and Attendants, Except Emergency Medical Technicians, 53-6099 - Transportation Workers, All Other**

## Financial and Graduation

## 2019 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".

**16**

9. Total Charges for this Program \*

**\$25,401.00**

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

**67**

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

**100**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**46**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**46**

14. Number of On-time Graduates \*

If none, indicate "0".

**12**

15. Completion Rate

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

**26.08696**

16. 150% Graduates?

**16**

17. 150% Completion Rate

**35**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

**19. Graduates Available for Employment \***

If none, indicate "0".

**16****20. Graduates Employed in the Field \***

If none, indicate "0".

**13****21. Placement Rate**

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

**81.25**

---

**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".

**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".

**5****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

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

---



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

### 2019 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

### 2019 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.

**16**

44. Graduates Employed in the Field

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

**13**

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
1	5
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	5
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	2
\$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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Cosmetology**

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)

**12.0401 - Cosmetology/Cosmetologist, General**

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

**39-5011 - Barbers, 39-5012 - Hairdressers, Hairstylists, and Cosmetologists, 39-5091 - Makeup Artists, Theatrical and Performance, 39-5092 - Manicurists and Pedicurists, 39-5093 - Shampooers, 39-5094 - Skincare Specialists**

## Financial and Graduation

### 2019 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".

**6**

9. Total Charges for this Program \*

**\$18,202.00**

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

**88**

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

**100**

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".

**0**

15. Completion Rate

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

**0**

16. 150% Graduates?

**6**

17. 150% Completion Rate

**75**

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

**No**

## Placement Data

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

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**6**

20. Graduates Employed in the Field \*

If none, indicate "0".

**4**

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".

**4**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**4**

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

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

---

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

### 2019 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 #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (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

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

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**Board of Barbering and Cosmetology**

28. Name of State Exam \*

**California State or National Interstate Council  
(NIC) Written and Practical Exam**

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

**6**

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

**2**

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

**4**

**32. Passage Rate**

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

**33.33333**

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

**No**

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

**Graduates are contacted by the Program Director or Career Services  
Advisor after the date of examination to determine if the graduate passed  
the state exam and results are documented.**

## Exam Passage Rate - Year 2

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

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**Board of Barbering and Cosmetology**

36. Name of State Exam \*

**California State or National Interstate council (NIC)  
Written and Practical Exam**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**6**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**2**

39. Number Who Failed the State Exam

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

**4**



## 40. Passage Rate

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

**33.33333**

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

**No**

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

**Graduates are contacted by the Program Director or Career Services Advisor after the date of examination to determine if the graduate passed the state exam and results are documented.**

## Salary Data

### 2019 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.

**6**

## 44. Graduates Employed in the Field

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

**4**

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**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

\$30,001 - \$35,000 \*  
0  
\$40,001 - \$45,000 \*  
0  
\$50,001 - \$55,000 \*  
0  
\$60,001 - \$65,000 \*  
0  
\$70,001 - \$75,000 \*  
0  
\$80,001 - \$85,000 \*  
0  
\$90,001 - \$95,000 \*  
0  
Over \$100,000 \*  
0

\$35,001 - \$40,000 \*  
0  
\$45,001 - \$50,000 \*  
0  
\$55,001 - \$60,000 \*  
0  
\$65,001 - \$70,000 \*  
0  
\$75,001 - \$80,000 \*  
0  
\$85,001 - \$90,000 \*  
0  
\$95,001 - \$100,000 \*  
0

## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

### 4. Name of Program \*

**Human Resource Administrator**

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. \*

**Associate**

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)

**52.1001 - Human Resources Management/Personnel Administration, General**

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

**11-2011 - Advertising and Promotions Managers, 11-3012 - Administrative Services Managers, 11-3061 - Purchasing Managers, 11-3111 - Compensation and Benefits Managers, 11-3121 - Human Resources Managers, 11-3131 - Training and Development Managers, 11-9199 - Managers, All Other, 11-1021 - General and Operations Managers, 13-1071 - Human Resources Specialists, 13-1111 - Management Analysts, 13-1141 - Compensation, Benefits, and Job Analysis Specialists, 13-1151 - Training and Development Specialists, 25-1011 - Business Teachers, Postsecondary, 41-1011 - First-Line Supervisors of Retail Sales Workers, 41-1012 - First-Line Supervisors of Non-Retail Sales Workers, 41-2022 - Parts Salespersons, 41-2031 - Retail Salespersons, 43-3011 - Bill and Account Collectors, 43-3051 - Payroll and Timekeeping Clerks, 43-4061 - Eligibility Interviewers, Government Programs, 43-4071 - File Clerks, 43-4111 - Interviewers, Except Eligibility and Loan, 43-4161 - Human Resources Assistants, Except Payroll and Timekeeping, 43-4171 - Receptionists and Information Clerks, 43-4199 - Information and Record Clerks, All Other, 43-6011 - Executive Secretaries and Executive Administrative Assistants, 43-6014 - Secretaries and Administrative Assistants, Except Legal, Medical, and Executive, 43-9022 - Word Processors and Typists, 43-9061 - Office Clerks, General, 43-9199 - Office and Administrative Support Workers, All Other**

## Financial and Graduation

2019 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".

**5**

9. Total Charges for this Program \*

**\$27,274.00**

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

**88**

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

**100**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**14**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**14**

14. Number of On-time Graduates \*

If none, indicate "0".

**4**

15. Completion Rate

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

**28.57143**

16. 150% Graduates?

**5**

17. 150% Completion Rate

**36**

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

**No**

## Placement Data

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

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

**19. Graduates Available for Employment \***

If none, indicate "0".

**4****20. Graduates Employed in the Field \***

If none, indicate "0".

**2****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".

**1****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".

**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".

**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

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

---

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

### 2019 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

### 2019 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.

**4**

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 *	\$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 *
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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

### 4. Name of Program \*

**Heating, Ventilation and Air Conditioning**

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)

**47.0201 - Heating, Air Conditioning, Ventilation and Refrigeration  
Maintenance Technology/Technician (HAC, HACR, HVAC, HVACR)**

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

**47-2152 - Plumbers, Pipefitters, and Steamfitters, 47-2211 - Sheet Metal Workers, 47-4099 - Construction and Related Workers, All Other, 49-1011 - First-Line Supervisors of Mechanics, Installers, and Repairers, 49-9021 - Heating, Air Conditioning, and Refrigeration Mechanics and Installers, 49-9031 - Home Appliance Repairers, 49-9043 - Maintenance Workers, Machinery, 49-9071 - Maintenance and Repair Workers, General, 49-9091 - Coin, Vending, and Amusement Machine Servicers and Repairers, 49-9098 - Helpers-- Installation, Maintenance, and Repair Workers, 49-9099 - Installation, Maintenance, and Repair Workers, All Other, 51-4121 - Welders, Cutters, Solderers, and Brazers**

## Financial and Graduation

### 2019 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".

**113**

9. Total Charges for this Program \*

**\$18,892.00**

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

**70**

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

**75**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**167**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**165**

14. Number of On-time Graduates \*

If none, indicate "0".

**100**

15. Completion Rate

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

**60.60606**

16. 150% Graduates?

**113**

17. 150% Completion Rate

**68**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

**19. Graduates Available for Employment \***

If none, indicate "0".

**110****20. Graduates Employed in the Field \***

If none, indicate "0".

**89****21. Placement Rate**

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

**80.90909**

---

**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".

**88**

---

**23. Indicate the number of graduates employed...****23a. In a single position in the field of study \***

If none, indicate "0".

**85****23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) \***

If none, indicate "0".

**4****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

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

---

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

### 2019 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

### 2019 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.

**110**

44. Graduates Employed in the Field

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

**89**

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	1
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
7	21
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
19	13
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
6	3
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
3	2
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	1
\$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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

### 4. Name of Program \*

**Industrial Maintenance and Automated Technology**

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. \*

**Associate**

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)

**15.0406 - Automation Engineer Technology/Technician**

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

**17-3024 - Electro-Mechanical and Mechatronics Technologists and Technicians, 17-3026 - Industrial Engineering Technologists and Technicians, 47-2111 - Electricians, 47-3013 - Helpers--Electricians, 49-2094 - Electrical and Electronics Repairers, Commercial and Industrial Equipment, 49-9012 - Control and Valve Installers and Repairers, Except Mechanical Door, 49-9021 - Heating, Air Conditioning, and Refrigeration Mechanics and Installers, 49-9043 - Maintenance Workers, Machinery, 49-9071 - Maintenance and Repair Workers, General, 49-9098 - Helpers--Installation, Maintenance, and Repair Workers, 49-9099 - Installation, Maintenance, and Repair Workers, All Other, 51-2022 - Electrical and Electronic Equipment Assemblers, 51-2023 - Electromechanical Equipment Assemblers**

## Financial and Graduation

### 2019 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".

**12**

9. Total Charges for this Program \*

**\$30,578.00**

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

**90**

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

**100**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**21**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**20**

14. Number of On-time Graduates \*

If none, indicate "0".

**8**

15. Completion Rate

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

**40**

16. 150% Graduates?

**12**

17. 150% Completion Rate

**60**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

**19. Graduates Available for Employment \***

If none, indicate "0".

**12****20. Graduates Employed in the Field \***

If none, indicate "0".

**8****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".

**8**

---

**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

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

---

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

### 2019 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

### 2019 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.

**12**

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 *	\$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	1
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
1	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
1	1
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
1	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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Medical Billing Office Administration**

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

**Diploma/Certificate**

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

**51.0706 - Health Information/Medical Records Administration/Administrator**

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

**11-9111 - Medical and Health Services Managers, 29-2072 - Medical Records Specialists, 31-9093 - Medical Equipment Preparers, 31-9094 - Medical Transcriptionists, 43-2011 - Switchboard Operators, Including Answering Service, 43-2021 - Telephone Operators, 43-3011 - Bill and Account Collectors, 43-3021 - Billing and Posting Clerks, 43-3031 - Bookkeeping, Accounting, and Auditing Clerks, 43-6013 - Medical Secretaries and Administrative Assistants, 43-9021 - Data Entry Keyers, 43-9022 - Word Processors and Typists, 43-9041 - Insurance Claims and Policy Processing Clerks**

## Financial and Graduation

### 2019 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".

**62**

9. Total Charges for this Program \*

**\$16,665.00**

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

**67**

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

**71**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**94**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**94**

14. Number of On-time Graduates \*

If none, indicate "0".

**38**

15. Completion Rate

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

**40.42553**

16. 150% Graduates?

**62**

17. 150% Completion Rate

**66**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

**19. Graduates Available for Employment \***

If none, indicate "0".

**62****20. Graduates Employed in the Field \***

If none, indicate "0".

**53****21. Placement Rate**

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

**85.48387**

---

**22. Graduates employed in the field...****22a. 20 to 29 hours per week \***

If none, indicate "0".

**3****22b. at least 30 hours per week \***

If none, indicate "0".

**50**

---

**23. Indicate the number of graduates employed...****23a. In a single position in the field of study \***

If none, indicate "0".

**53****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

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

---



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

### 2019 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

### 2019 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.

**62**

44. Graduates Employed in the Field

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

**53**

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 *
6	17
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
7	2
\$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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Nursing Assistant**

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

**Diploma/Certificate**

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

**51.3902 - Nurse/Nursing Assistant/Aide and Patient Care Assistant**

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

**31-1131 - Nursing Assistants**

## Financial and Graduation

### 2019 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".

**36**

9. Total Charges for this Program \*

**\$2,500.00**

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".

**43**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**43**

14. Number of On-time Graduates \*

If none, indicate "0".

**0**

15. Completion Rate

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

**0**

16. 150% Graduates?

**36**

17. 150% Completion Rate

**84**

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

**No**

## Placement Data

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

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**32**

20. Graduates Employed in the Field \*

If none, indicate "0".

**20**

21. Placement Rate

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

**62.5**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**20**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**20**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

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

---

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

### 2019 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 #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (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

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

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**California Department of Public Health**

28. Name of State Exam \*

**Certified Nurse Assistant**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**28**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**28**

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.

**100**

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

**No**

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

**Graduates are contacted by the Program Director or Career Services  
Advisor after the date of examination to determine if the graduate passed  
the state exam and results are documented.**

## Exam Passage Rate - Year 2

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

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**California Department of Public Health**

**36. Name of State Exam \***

**Certified Nurse Assistant**

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

**28**

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

**28**

**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.

**100**

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

**No**

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

**Graduates are contacted by the Program Director or Career Services Advisor after the date of examination to determine if the graduate passed the state exam and results are documented.**

## Salary Data

### 2019 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.

**32**

**44. Graduates Employed in the Field**

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

**20**

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**

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

**0**

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

**0**

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

**0**

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

**0**

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

**3**

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

**13**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

Over \$100,000 \*

**0**

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

**1**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Professional Medical Assistant**

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

**Diploma/Certificate**

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

**51.0801 - Medical/Clinical Assistant**

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

**11-9111 - Medical and Health Services Managers, 29-2012 - Medical and Clinical Laboratory Technicians, 29-2057 - Ophthalmic Medical Technicians, 29-2072 - Medical Records Specialists, 29-9021 - Health Information Technologists and Medical Registrars, 31-1121 - Home Health Aides, 31-1122 - Personal Care Aides, 31-9092 - Medical Assistants, 31-9093 - Medical Equipment Preparers, 31-9094 - Medical Transcriptionists, 31-9099 - Healthcare Support Workers, All Other, 43-6013 - Medical Secretaries and Administrative Assistants**

## Financial and Graduation

### 2019 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".

**160**

9. Total Charges for this Program \*

**\$16,390.00**

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

**78**

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

**89**

12. Number of Students Who Began  
the Program \*

If none, indicate "0".

**293**

13. Number of Students Available  
for Graduation \*

If none, indicate "0".

**293**

14. Number of On-time Graduates \*

If none, indicate "0".

**82**

15. Completion Rate

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

**27.98635**

16. 150% Graduates?

**160**

17. 150% Completion Rate

**55**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**158**

20. Graduates Employed in the Field  
\*

If none, indicate "0".

**118**

21. Placement Rate

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

**74.68354**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**24**

22b. at least 30 hours per week \*

If none, indicate "0".

**94**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**115**

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

If none, indicate "0".

**3**

23c. Freelance/self-employed \*

If none, indicate "0".

**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

### 2019 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, and Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

**24b.**

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

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

**Enter Program Name.**

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

**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 FI EN #	Program Name	Total Number of Students	Number of No n-English P... icient Student s
Dr. Nagata	1205064037	Professional Medical Assis tant	2	0
California Dig estive disease Center	1518054808	Professional Medical Assis tant	1	0
Everyday Hea lthcare Family Medical	1184647091	Professional Medical Assis tant	1	0
LAGS Spine a nd Sportcare	1093297954	Professional Medical Assis tant	4	0
Dr. Bautista	1134119308	Professional Medical Assis tant	2	0
Spruce Multis pecialty Grou p	1659411205	Professional Medical Assis tant	2	0
Fresno Pediat rics	1336322437	Professional Medical Assis tant	3	0
Sammarian M edical Clinic	1518103753	Professional Medical Assis tant	2	0
Dr. Vandyne	1679579460	Professional Medical Assis tant	1	0
Sergei Zakhar yan, MD	1366459075	Professional Medical Assis tant	1	0
Macias Derm atology	1871882712	Professional Medical Assis tant	1	0
Sierra Pacific Orthopedic an	1134583578	Professional Medical Assis tant	3	0



d Spine Center				
Fresno Family Medical Clinic	1144451659	Professional Medical Assistant	2	0
Central California Ear Nose Throat Medical Group (CCE NT)	1457364333	Professional Medical Assistant	1	0
Fresno Gastroenterology	1538253190	Professional Medical Assistant	1	0
West Dermatology	1932154788	Professional Medical Assistant	2	0
Myint Zaw, MD	1063527463	Professional Medical Assistant	2	0
Bowen Chiropractic	1649363391	Professional Medical Assistant	1	0
Valley Foot and Ankle Specialty Providers	1114281557	Professional Medical Assistant	3	0
Clovis Pediatric Group	1538574660	Professional Medical Assistant	1	0
Camarena Health	1891778114	Professional Medical Assistant	1	0
California Pain Consultants	1447451539	Professional Medical Assistant	2	0
Dr. Abbas Kashani	1649237884	Professional Medical Assistant	1	0
Dr. Marie Pearl Francis	1598721003	Professional Medical Assistant	1	0
Modesto Surgical Associates	1366824161	Professional Medical Assistant	4	0
Tracy Urgent	1265453872	Professional	2	0

Care		Medical Assis tant		
Modern Urgen t Care	1427441286	Professional Medical Assis 6 tant	0	
Central Valley Gastroenterol ogy	1659531317	Professional Medical Assis 3 tant	0	
Dr. Rita Gogn a	1558411322	Professional Medical Assis 7 tant	0	
Golden State Nephrology	1346341328	Professional Medical Assis 5 tant	0	
Modesto Gos pel Mission	946102833	Professional Medical Assis 1 tant	0	
Central Valley Dermatology	1093079485	Professional Medical Assis 2 tant	0	
Central Valley Cardiovascula r	1962750224	Professional Medical Assis 3 tant	0	
Valley Neph... ogy	1003948640	Professional Medical Assis 3 tant	0	
DaVita Dialysi s	1730231382	Professional Medical Assis 3 tant	0	
Dr. Krishnamo orthi	1528119435	Professional Medical Assis 5 tant	0	
Dr. Kathy Chri stopher	1487668273	Professional Medical Assis 3 tant	0	
OB/GYN Asso ciates of Turlo ck	1659472041	Professional Medical Assis 3 tant	0	
Aspen Medica l Group	1457779043	Professional Medical Assis 2 tant	0	
Mercy West U rgent Care	1356791099	Professional Medical Assis 5 tant	0	

Dr. Prithvi Sha nkar	1790772838	Professional Medical Assis tant	1	
Dr. Noel Zam alan	1225240906	Professional Medical Assis tant	2	0
Advanced Ski n Institute	1427352053	Professional Medical Assis tant	3	0
Valley Vein ... alth Center	1508877473	Professional Medical Assis tant	1	0
Adams Medic al Group	1720557531	Professional Medical Assis tant	3	0
El Portal Com prehensive C ancer Center	1013208446	Professional Medical Assis tant	2	0
Apex Medical Group	1518089507	Professional Medical Assis tant	1	0
Dr. Jackie Ch an	1396954921	Professional Medical Assis tant	3	0
California Urol ogical Associa tes	1487841094	Professional Medical Assis tant	2	0
Dr. Prabhjit P urewal	19802801012	Professional Medical Assis tant	1	0
Dr. Lenita Willi amson	1245271253	Professional Medical Assis tant	1	0
Enloe Medical Center	1417901091	Professional Medical Assis tant	1	0
Valley Diabete s	1306388087	Professional Medical Assis tant	2	0
Dr. Fatima Pa xouki	1629240544	Professional Medical Assis tant	1	0
Dr. Kumar Pul iadi	1154429108	Professional Medical Assis	1	0

		tant		
		Professional		
Dr. Cordier	1659723039	Medical Assis 1	0	
		tant		
		Professional		
Pathways Healthcare	1982797239	Medical Assis 1	0	
		tant		
		Professional		
Turlock Heart and Vascular	1518192038	Medical Assis 1	0	
		tant		
		Professional		
Dr. Mary Jacquelin Galang	1972586097	Medical Assis 1	0	
		tant		
		Professional		
Central California Bariatric	1124141163	Medical Assis 1	0	
		tant		
		Professional		
Tehama Health	230000673	Medical Assis 4	0	
		tant		
		Professional		
Dr. Khan	1649230988	Medical Assis 2	0	
		tant		
		Professional		
Frontier Village Family Health Center, Inc.	1477667384	Medical Assis 2	0	
		tant		
		Professional		
Shasta Orthopedics and Sports Medicine	1750493979	Medical Assis 2	0	
		tant		
		Professional		
Redding Rancheria	1528102282	Medical Assis 3	0	
		tant		
		Professional		
Dr. Than T. Aung	1578504841	Medical Assis 3	0	
		tant		
		Professional		
Pulse Urgent Care	1184686313	Medical Assis 5	0	
		tant		
		Professional		
Argyll Medical Group	183118078	Medical Assis 3	0	
		tant		
		Professional		
Dr. B.V. Chandramouli	1679752075	Medical Assis 1	0	
		tant		
		Professional		
Dr. George H.	1962426833	Medical Assis 1	0	

Domb		Medical Assis tant		
J.K. Lannin O ptomety	1609810928	Professional Medical Assis 1 tant	0	
Lassen Medic al Group	630017341	Professional Medical Assis 6 tant	0	
Redding Fami ly Medical Gro up	1487640868	Professional Medical Assis 1 tant	0	
Greenville Ra ncheria Tribal Health	1568455053	Professional Medical Assis 3 tant	0	
Prestige Urge nt Care	1356972194	Professional Medical Assis 2 tant	0	
Redding Der matology	1275561151	Professional Medical Assis 1 tant	0	
Dr. Peter Gra ndaw	1013900737	Professional Medical Assis 1 tant	0	
Dr. Hsiao-Pin g Hu	1245248277	Professional Medical Assis 1 tant	0	
Mission Ranc h Primary Car e	1316497910	Professional Medical Assis 1 tant	0	
Dr. James Ooi	1457349540	Professional Medical Assis 1 tant	0	
Dr. Paramvir Singh	1396111670	Professional Medical Assis 1 tant	0	
Dr. Thomas A ndrews	1245393651	Professional Medical Assis 1 tant	0	
Burney Health Center	1245301308	Professional Medical Assis 2 tant	0	
Mangrove Me dical	1326038381	Professional Medical Assis 1 tant	0	

Anderson Wal k-in Clinic	1568644755	Professional Medical Assis tant	1	0
Hill Country H ealth	1396285755	Professional Medical Assis tant	1	0
Premier Healt h	1568946564	Professional Medical Assis tant	1	0
Interventional Pain Solutions	1538487608	Professional Medical Assis tant	1	0
Anderson Me dical	1457405920	Professional Medical Assis tant	1	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 Compensat ion Amount	Type of Consideration
Dr. Nagata	0	N/A
California Digestive Dis ease Center	0	N/A
Everyday Healthcare F amily Medical	0	N/A
LAGS Spine and Sportc are	0	N/A
Dr. Bautista	0	N/A
Spruce Multispecialty G roup	0	N/A
Fresno Pediatrics	0	N/A
Sammarian Medical Cli nic	0	N/A
Dr. Vandyne	0	N/A
Sergei Zakharyan, MD	0	N/A
Macias Dermatology	0	N/A
Sierra Pacific Orthopedi c and Spine Center	0	N/A
Fresno Family Medical Clinic	0	N/A

Central California Ear N	0	N/A
ose Throat Medical Gro		
up (CCENT)		
Fresno Gastroenterolog	0	N/A
y		
West Dermatology	0	N/A
Myint Zaw, MD	0	N/A
Bowen Chiropractic	0	N/A
Valley Foot and Ankle S	0	N/A
pecialty Providers		
Clovis Pediatric Group	0	N/A
Camarena Health	0	N/A
California Pain Consult	0	N/A
ants		
Dr. Abbas Kashani	0	N/A
Dr. Marie Pearl Francis	0	N/A
cl		
Modesto Surgical Asso	0	N/A
ciates		
Tracy Urgent Care	0	N/A
Modern Urgent Care	0	N/A
Central Valley Gastroen	0	N/A
terology		
Dr. Rita Gogna	0	N/A
Golden State Nephrolo	0	N/A
gy		
Modesto Gospel Missio	0	N/A
n		
Central Valley Dermatol	0	N/A
ogy		
Central Valley Cardiova	0	N/A
scular		
Valley Nephrology	0	N/A
DaVita Dialysis	0	N/A
Dr. Krishnamoorthi	0	N/A
Dr. Kathy Christopher	0	N/A
OB/GYN Associates of	0	N/A
Turlock		
Aspen Medical Group	0	N/A

Mercy West Urgent Care	0	N/A
Dr. Prithvi Shankar	0	N/A
Dr. Noel Zamalan	0	N/A
Advanced Skin Institute	0	N/A
Valley Vein Health Center	0	N/A
Adams Medical Group	0	N/A
El Portal Comprehensive Cancer Center	0	N/A
Apex Medical Group	0	N/A
Dr. Jackie Chan	0	N/A
California Urological Associates	0	N/A
Dr. Prabhjit Purewas	0	N/A
Dr. Lenita Williamson	0	N/A
Enloe Medical Center	0	N/A
Valley Diabetes	0	N/A
Dr. Fatima Pazouki	0	N/A
Dr. Kumar Puliadi	0	N/A
Dr. Dordier	0	N/A
Pathways Healthcare	0	N/A
Turlock Heart and vascular	0	N/A
Dr. Mary Jacquelin Galang	0	N/A
Central California Bariatric	1	N/A
Tehama Health	0	N/A
Dr. Khan	0	N/A
Frontier Village Family Health Center, Inc.	0	N/A
Shasta Orthopedics and Sports Medicine	0	N/A
Redding Rancheria	0	N/A
Dr. Than T. Aung	0	N/A
Pulse Urgent Care	0	N/A



Argyll Medical Group	0	N/A
Dr. B.V. Chandramouli	0	N/A
Dr. George H. Domb	0	N/A
J.K. Lannin Optometry	0	N/A
Lassen Medical Group	0	N/A
Redding Family Medical Group	0	N/A
Greenville Rancheria Tribal Health	0	N/A
Prestige Urgent Care	0	N/A
Redding Dermatology	0	N/A
Dr. Peter Grandaw	0	N/A
Dr. Hsiao-Ping Hu	0	N/A
Mission Ranch Primary Care	0	N/A
Dr. James Ooi	0	N/A
Dr. Paramvir Singh	0	N/A
Dr. Thomas Andrews	0	N/A
Burney Health Center	0	N/A
Ampla Health	0	N/A
Mangrove Medical	0	N/A
Anderson Walk-in Clinic	0	N/A
Hill Country Health	0	N/A
Premier Health	0	N/A
Interventional Pain Solutions	0	N/A
Anderson Medical	0	N/A

## Exam Passage Rate

### 2019 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

### 2019 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.

**158**

44. Graduates Employed in the Field

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

**118**

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**

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

**4**

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

**28**

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

**18**

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

**0**

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

**0**

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

**0**

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

**0**

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

**15**

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

**27**

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

**4**

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

**0**

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

**0**

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

**0**

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0



## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 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)

**51.0805 - Pharmacy Technician/Assistant**

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

**25-1071 - Health Specialties Teachers, Postsecondary, 29-2052 - Pharmacy Technicians, 31-9095 - Pharmacy Aides**

## Financial and Graduation

### 2019 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".

**14**

9. Total Charges for this Program \*

**\$18,997.00**

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

**80**

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

**79**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**25**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**25**

14. Number of On-time Graduates \*

If none, indicate "0".

**6**

15. Completion Rate

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

**24**

16. 150% Graduates?

**14**

17. 150% Completion Rate

**56**

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

**No**

## Placement Data

### 2019 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".

**10**

21. Placement Rate

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

**76.92308**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**4**

22b. at least 30 hours per week \*

If none, indicate "0".

**6**

23. Indicate the number of graduates employed...

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

10

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

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

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

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? \*  
**Yes**

24a. Select the Allied Health Professions requiring clinical training.  
**Pharmacy Technician and Technologist**

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 FI EN #	Program Name	Total Number of Students	Number of Non-English Proficient Students
CVS (Sonora)	PHY 56969	Pharmacy Technician	1	0

Walgreens (Turlock)	PHY 52734	Pharmacy Technician	1	0
Doctor's Medical Center	HSP 45428	Pharmacy Technician	7	0
CVS/Target	PHY 54039	Pharmacy Technician	1	0
CVS (Brigsmore)	PHY 49075	Pharmacy Technician	1	0
CVS (Oakdale Road)	PHY 49572	Pharmacy Technician	1	0
CVS (McHenry)	PHY 49725	Pharmacy Technician	3	0
Owen's Long Term	680131857	Pharmacy Technician	4	0
CVS (Redding)	352243093	Pharmacy Technician	1	0
Owen's CC	680131857	Pharmacy Technician	2	0
Cottonwood Drug	PHY 57111	Pharmacy Technician	2	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 Amount	Type of Consideration
CVS (Sonora)	0	N/A
Walgreens (Turlock)	0	N/A
Doctor's Medical Center	0	N/A
CVS/Target	0	N/A
CVS (Brigsmore)	0	N/A
CVS (Oakdale Rd)	0	N/A
CVS (McHenry)	0	N/A
Owen's Long Term	0	N/A
CVS (Redding)	0	N/A
Owen's CC	0	N/A
Cottonwood Drug	0	N/A



# Exam Passage Rate

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

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

**No**

## Exam Passage Rate - Year 1

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

---

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 \*

**N/A**

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

**The Board of Pharmacy requires that graduates submit an application for  
state license. There is no examination required to apply for a state license.**

## Exam Passage Rate - Year 2

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

---

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 \***

**N/A**

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

**The Board of Pharmacy requires that graduates submit an application for state license. There is no examination required to apply for a state license.**

## Salary Data

### 2019 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.

**10**

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**

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

**0**

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

**0**

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

**4**

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

**0**

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

**1**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

Over \$100,000 \*

**0**

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

**2**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Physical Therapist 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. \*

**Associate**

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

**51.0806 - Physical Therapist Assistant**

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

**31-2021 - Physical Therapist Assistants**

## Financial and Graduation

### 2019 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".

**66**

9. Total Charges for this Program \*

**\$33,020.00**

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

**92**

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

**92**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**72**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**72**

14. Number of On-time Graduates \*

If none, indicate "0".

**62**

15. Completion Rate

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

**86.11111**

16. 150% Graduates?

**66**

17. 150% Completion Rate

**92**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**66**

20. Graduates Employed in the Field \*

If none, indicate "0".

**37**

21. Placement Rate

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

**56.06061**

---

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".

**36**

23. Indicate the number of graduates employed...

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

37

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

2019 BPPE Annual Report - Program - Allied Health Professionals

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? \*  
**Yes**

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

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

Number of No				
Site Name	License or FI EN #	Program Nam e	Total Number of Students	n-English P... icient Student s



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
-----------	---------------------------------	-----------------------

## Exam Passage Rate

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

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

**No**

## Exam Passage Rate - Year 1

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

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**Physical Therapy Board of California**

28. Name of State Exam \*

**NPTE and CAL-Law**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**63**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**28**

31. Number Who Failed the State Exam

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

**35**

32. Passage Rate

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

**44.44444**

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

**No**

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

**The program director communicates with students and checks online  
license verification system to determine whether or not a graduate has  
passed the state exam.**

## Exam Passage Rate - Year 2

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

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**Physical Therapy Board of California**

36. Name of State Exam \*

**NPTE and CAL-Law**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**63**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**28**

39. Number Who Failed the State Exam

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

**35**

40. Passage Rate

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

**44.44444**

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

**No**

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

**The program director communicates with students and checks online license verification system to determine whether or not a graduate has passed the state exam.**

## Salary Data

### 2019 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.

**66**

**44. Graduates Employed in the Field**

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

**37**

**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 *
1	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	5
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
7	2
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
3	2
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	3
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
2	2
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	1
Over \$100,000 *	
0	

## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Vocational Nursing**

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

**Diploma/Certificate**

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

**51.3999 - Practical Nursing, Vocational Nursing and Nursing Assistants, Other**

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

**29-2061 - Licensed Practical and Licensed Vocational Nurses**

## Financial and Graduation

### 2019 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".

**171**

9. Total Charges for this Program \*

**\$33,720.00**

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

**94**

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

**95**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**226**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**226**

14. Number of On-time Graduates \*

If none, indicate "0".

**154**

15. Completion Rate

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

**68.14159**

16. 150% Graduates?

**171**

17. 150% Completion Rate

**76**

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

**No**

## Placement Data

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**171**

20. Graduates Employed in the Field \*

If none, indicate "0".

**112**

21. Placement Rate

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

**65.49708**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**15**

22b. at least 30 hours per week \*

If none, indicate "0".

**97**

23. Indicate the number of graduates employed...

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

79

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

2019 BPPE Annual Report - Program - Allied Health Professionals

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? \*  
**Yes**

24a. Select the Allied Health Professions requiring clinical training.  
**Licensed Vocational Nurse**

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 FI EN #	Program Name	Total Number of Students	Number of Non-English Proficient Students
Dycora Golden Living	40000078	Vocational Nursing	30	0



Twilight Haven	40000158	Vocational Nursing	30	0
Healthcare Fresno	40000200	Vocational Nursing	30	0
Dycora Hylond	40000106	Vocational Nursing	30	0
Loretta's Little Miracles	550001075	Vocational Nursing	30	0
United Health Centers	40000313	Vocational Nursing	30	0
Windsor Redding Care Center	230000103	Vocational Nursing	12	0
Copper Ridge Care Center	230000165	Vocational Nursing	43	0
Arbor Post Acute	230000156	Vocational Nursing	39	0
Marquis Care at Shasta	230000033	Vocational Nursing	16	0
Red Bluff Health Care Center	230000051	Vocational Nursing	10	0
Riverside Convalescent Hospital	230000031	Vocational Nursing	13	0
California Park Rehabilitation	230000237	Vocational Nursing	19	0
Quartz Hill Post Acute	230000168	Vocational Nursing	21	0
Trinity Hospital	230000038	Vocational Nursing	7	0
Canyonwood	184121442	Vocational Nursing	2	0
Brandel Manor	1184021768	Vocational Nursing	52	0
Meadowood Health and Rehabilitation Center	1730269184	Vocational Nursing	51	0
Clearwater Health Care Center	1538683974	Vocational Nursing	56	0
Camarena Health	1891778114	Vocational Nursing	55	0

alth (Madera)		rsing		
Central Valley	30000464	Vocational Nu	55	0
Specialty		rsing		

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
Dycora Golden Living	0	N/A
Twilight Haven	0	N/A
Healthcare Fresno	0	N/A
Dycora Hyland	0	N/A
Loretta's Little Miracles	0	N/A
United Health Centers	0	N/A
Windsor Redding Care Center	0	N/A
Copper Ridge Care Center	0	N/A
Arbor Post Acute	0	N/A
Marquis Care at Shasta	0	N/A
Red Bluff Health Care Center	0	N/A
Riverside Convalescent Hospital	0	N/A
California Park Rehabilitation	0	N/A
Quartz Hill Post Acute	0	N/A
Trinity Hospital	0	N/A
Canyonwood	0	N/A
Brandel Manor	0	N/A
Meadowood Health and Rehabilitation Center	0	N/A
Clearwater Health Care Center	0	N/A
Camarena Health (Madera)	0	N/A
Central Valley Specialty	0	N/A

## Exam Passage Rate

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

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

**No**

## Exam Passage Rate - Year 1

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

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**Board of Vocational Nursing and Psychiatric Technicians**

28. Name of State Exam \*

**NCLEX**

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

**144**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**132**

31. Number Who Failed the State Exam

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

**12**

32. Passage Rate

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

**91.66667**

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

**No**

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

**Program Directors and Career Services communicate with graduates and  
check state licensing website to determine if exams were passed.**

## Exam Passage Rate - Year 2

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

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**Board of Vocational Nursing and Psychiatric  
Technicians**

36. Name of State Exam \*

**NCLEX**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**144**

**38. Number Who Passed the State Exam \***

If none, indicate "0".

**132****39. Number Who Failed the State Exam**

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

**12****40. Passage Rate**

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

**91.66667****41. Is this data from the State licensing agency that administered the State exam? \*****No****42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students \***

**Program Directors and Career Services communicate with graduates and check state licensing website to determine if exams were passed.**

## Salary Data

### 2019 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.

**171****44. Graduates Employed in the Field**

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

**112****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

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

0

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

0

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

1

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

6

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

22

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

4

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

3

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

32

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

8

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

1

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

0

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

0

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

0

## Institution Information



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

### 2019 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

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

\*

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

**Institute of Technology**

### Program Name

## 2019 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Welding 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)

**48.0508 - Welding Technology/Welder**

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

**47-2211 - Sheet Metal Workers, 51-4021 - Extruding and Drawing Machine Setters, Operators, and Tenders, Metal and Plastic, 51-4121 - Welders, Cutters, Solderers, and Brazers, 51-4122 - Welding, Soldering, and Brazing Machine Setters, Operators, and Tenders, 51-9199 - Production Workers, All Other**

## Financial and Graduation

### 2019 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".

**24**

9. Total Charges for this Program \*

**\$16,753.00**

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

**77**

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

**71**



12. Number of Students Who Began the Program \*

If none, indicate "0".

**39**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**39**

14. Number of On-time Graduates \*

If none, indicate "0".

**21**

15. Completion Rate

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

**53.84615**

16. 150% Graduates?

**24**

17. 150% Completion Rate

**62**

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

**No**

## Placement Data

### 2019 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".

**11**

21. Placement Rate

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

**47.82609**

---

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".

**11**

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

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

---

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

### 2019 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

### 2019 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.

**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 *
<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>1</b>	<b>3</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 \*

0

0

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

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

0

0

Over \$100,000 \*

0

## Branch Data



# Bureau for Private Postsecondary Education Department of Consumer Affairs

## 2019 Annual Report

### Branch Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2019 BPPE Annual Report - Branch Location Data

---

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

3. School Code \*

Enter school code (branch location)

**5001641**

4. Institution Name \*

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

**Institute of Technology**

## Branch Data (California locations only)

---

5. Total number of students at this  
branch location? \*

Enter "0" if none.

**316**

6. Name of Programs offered at this branch location? \*

Separate each program name with a comma or enter  
'None'

**Baking and Pastry Specialist, Criminology and  
Emergency Response Management (AOS),  
Culinary Arts, Heating, Ventilation and Air  
Conditioning, Medical Billing Office Administration,  
Pharmacy Technician, Professional Medical  
Assistant, Vocational Nursing**

7. Street Address (physical location) \*

**5601 Stoddard Rd.**

8. City \*

**Modesto**

9. State \*

**CA**

10. Zip Code \*

**95356**

## Branch Data



# Bureau for Private Postsecondary Education Department of Consumer Affairs

## 2019 Annual Report

### Branch Location Data Workflow

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

## 2019 BPPE Annual Report - Branch Location Data

---

1. Report Year \*

**2019**

2. Institution Code \*

Enter institutional code (main location)

**1001671**

3. School Code \*

Enter school code (branch location)

**90323974**

4. Institution Name \*

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

**Institute of Technology**

## Branch Data (California locations only)

---

5. Total number of students at this  
branch location? \*

Enter "0" if none.

**310**

6. Name of Programs offered at this branch location? \*

Separate each program name with a comma or enter  
'None'

**Heating, Ventilation and Air Conditioning, Medical  
Billing Office Administration, Pharmacy  
Technician, Physical Therapist Assistant,  
Professional Medical Assistant, Vocational  
Nursing**

7. Street Address (physical location) \*

**1775 Hilltop Dr.**

8. City \*

**Redding**

9. State \*

**CA**

10. Zip Code \*

**96002**