

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

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)

32878375

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.

Angeles College

4. Street Address (Physical Location) *

3440 WILSHIRE BLVD, STE 310

5. City *

LOS ANGELES

6. State *

CA

7. Zip Code *

90010

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

For profit corporation

9. Number of Branch Locations *

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

1

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")

1

Fees / Accreditation

2019 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

Checked

Instructions

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

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? Indicate "Yes" if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate "No" if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.

11b. Is this institution current on Annual Fees? Indicate "Yes" if the institution has paid its Annual Fees. Indicate "No" if the institution has not paid its Annual Fees.

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional accreditation, not programmatic accreditation. **Enter the name of the accrediting agency.** Refer to the attached list of accrediting agencies recognized by the United States Department of Education.

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

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

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 Bureau of Health Education Schools

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

Commission on Collegiate Nursing Education

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

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

Display Instructions for #15 - #26 (Toggle)

Not Checked

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

Yes

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

\$2,141,619.00

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? *

\$13,373.00

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? *

\$2,142.00

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

\$0.00

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

Yes

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

1

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".

5

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

No

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

61

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

Sallie Mae Smart Option Student Loan

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".

51

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

\$11,970.00

Offerings

2019 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Checked

Instructions

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

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 .

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)

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.

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)

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.

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)

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.

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students)

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.

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)

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.

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".

386

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".

1

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".

3

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".

99

34. Number of Associate Degree Programs Offered?

Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

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

If none, indicate "0".

0

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

4

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".

287

Total Program Count

8

Website / Uploads

2019 BPPE Annual Report - Institution - Website and Required Uploads

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

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

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

Institution's Website

<https://www.angelescollege.edu/about-us/disclaimers/>

38. Upload School Performance

Fact Sheet *

Required file format = PDF

SPFS2019.pdf

39. Upload Catalog *

Required file format = PDF

SchoolCatalog.pdf

40. Upload Enrollment Agreement *

Required file format = PDF

Enrollment Agreements.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

Branch Data



Bureau for Private Postsecondary Educat

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)

32878375

3. School Code *

Enter school code (branch location)

58073198

4. Institution Name *

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

Angeles College

Branch Data (California locations only)

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

Enter "0" if none.

131

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

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

**Bachelor of Art in Business Administration,
Bachelor of Science in Healthcare Administration,
Master of Business Administration, Medical
Assistant, Nurse Assistant, Vocational Nursing**

7. Street Address (physical location) *

17595 Almahurst St. Unit 101-3

8. City *

City of Industry

9. State *

CA

10. Zip Code *

91748

2019 Satellite Data



Thank You

2019 Annual Report

Satellite Data Submission:

Institution: Angeles College **(55871662)**

Satellite Location:

111 N. Atlantic Blvd. Suite 353-A
Monterey Park, CA 91754

Your request number is DCA-BPPE-Satellite-001104

Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 431-6959, press "6" when prompted.



Thank You

2019 Annual Report

Satellite Data Submission:

Institution: Angeles College **(55871662)**

Satellite Location:

111 N. Atlantic Blvd. Suite 353-A
Monterey Park, CA 91754

Your request number is **DCA-BPPE-Satellite-001104**

Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 431-6959, press "6" when prompted.

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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

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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

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)

51.3901 - Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert

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)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

31

9. Total Charges for this Program *

\$29,500.00

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

86

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".

42

13. Number of Students Available for Graduation *

If none, indicate "0".

42

14. Number of On-time Graduates *

If none, indicate "0".

12

15. Completion Rate

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

28.57143

16. 150% Graduates?

31

17. 150% Completion Rate

74

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

27

20. Graduates Employed in the Field
*

If none, indicate "0".

24

21. Placement Rate

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

88.88889

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".

24

23. Indicate the number of graduates employed...

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

If none, indicate "0".

24

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)

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.

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
Camellia Gardens Care Center	970000078	Vocational Nursing	2	1
Centro Medico MacArthur Park	A60224	Vocational Nursing	6	4
College Vista Healthcare Center	970000044	Vocational Nursing	16	12
Country Villa South	910000122	Vocational Nursing	9	9
Leisure Glen Post Acute Care Center	970000040	Vocational Nursing	17	16
Rehabilitation Centre of Beverly Hills	910000142	Vocational Nursing	16	13
Rose Garden Subacute & Rehabilitation	1891142006	Vocational Nursing	3	3
York Healthcare and Wellness Center	970000053	Vocational Nursing	6	4

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
Camellia Gardens Care Center	0	N/A
Centro Medico MacArthur Park	0	N/A
College Vista Healthcare Center	0	N/A

Country Villa South	0	N/A
Leisure Glen Post Acute Care Center	0	N/A
Rehabilitation Centre of Beverly Hills	0	N/A
Rose Garden Subacute & Rehab	0	N/A
York Healthcare and Wellness Center	0	N/A

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

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)

Checked

Instructions

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

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

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

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

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

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

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

31. Number Who Failed the State Exam? Enter the number of graduates who took the State exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

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

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

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

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

Board of Vocational Nursing & Psychiatric Technicians (BVNPT)

28. Name of State Exam *

NCLEX-PN

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

26

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

24

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

2

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

92.30769

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

Yes

33a. Name of Agency *

BVNPT

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)

Checked

Instructions

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

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

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

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

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

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

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

39. Number Who Failed the State Exam? Enter the number of graduates who took the State exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

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

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

42. If the response to #41 is “No”, provide a description of the process used for Attempting to Contact Students. If the information for the State exam passage data was collected directly from the students by the institution

provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 in the institution workflow)

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

Board of Vocational Nursing & Psychiatric Technicians (BVNPT)

36. Name of State Exam *

NCLEX-PN

37. Number of Graduates Taking State Exam *

If none, indicate "0".

18

38. Number Who Passed the State Exam *

If none, indicate "0".

18

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? *

Yes

41a. Name of Agency *

BVNPT

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

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

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

43. Graduates Available for Employment? Indicate number of graduates (#17 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#18 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

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

27

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

24

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 *
2	9

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

13

\$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

\$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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Medical Assistant

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

Diploma/Certificate

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

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)

31-9092 - Medical Assistants

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data

and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

57

9. Total Charges for this Program *

\$12,900.00

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

55

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

54

12. Number of Students Who Began the Program *

If none, indicate "0".

62

13. Number of Students Available for Graduation *

If none, indicate "0".

62

14. Number of On-time Graduates *

If none, indicate "0".

26

15. Completion Rate

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

41.93548

16. 150% Graduates?

57

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? *

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

50

20. Graduates Employed in the Field
*

If none, indicate "0".

45

21. Placement Rate

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

90

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".

35

23. Indicate the number of graduates employed...

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

If none, indicate "0".

45

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)

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 Non-English Proficient Students
Adam Hy, MD	815-305-515	Medical Assistant	2	2
Advanced Aesthetics	G70678	Medical Assistant	1	1
Advanced Oncology Center	A89771	Medical Assistant	2	2
Alberto Natividad MD	A40458	Medical Assistant	1	1
Angelus Medical Clinic	A36773	Medical Assistant	1	1
Anjou Body & Skin Care	C3618536	Medical Assistant	2	2
Arnold Pang, DO	20A9712	Medical Assistant	2	2
Bayside Medical Center	G6986	Medical Assistant	1	1
BeverlyCare - Family Care	C2212	Medical Assistant	1	1
Carl Moy MD	G43977	Medical Assistant	1	1
Centro Médico MacArthur Park	A60224	Medical Assistant	1	1
Century Women's Health	G82337	Medical Assistant	1	1
Colima Medical Clinic	A67423	Medical Assistant	2	2
Complete Care Community Health Clinic	550000639	Medical Assistant	2	2
Concentra Urgent Care	UP20-000124	Medical Assistant	4	4
Deluxe Medical Spa, Dr. Tang	1629261805	Medical Assistant	1	1
Dr. Azizollahi	A83353	Medical Assistant	1	1

Dr. Ho Je Lee	A112040	Medical Assis tant	1	1
Dr. Hsiu-Hsie n (Tom) Ling	A71882	Medical Assis tant	1	1
Dr. Kazu Suz uki	E4577	Medical Assis tant	1	0
Dr. Sabena ... or	G71637	Medical Assis tant	2	1
Dr. Shawn Ro ofian	A113626	Medical Assis tant	1	1
Dr. Wellness Center	20A9629	Medical Assis tant	1	1
Faith Recover y Center	1114412392	Medical Assis tant	1	1
Fatima Medic al Group	A40561	Medical Assis tant	1	1
Garfield Healt h Center	960001453	Medical Assis tant	3	3
Great Care M edical Group	A41374	Medical Assis tant	3	2
Hollywood Ur gent Care	A75850	Medical Assis tant	2	1
HRC Fertility, Dr. Kolb	G80765	Medical Assis tant	1	1
Joseph T. Fa n, MD	G82302	Medical Assis tant	1	1
LA Urgent Ca re	A100315	Medical Assis tant	2	2
Lei Ding, MD	A75815	Medical Assis tant	2	2
Lu Wei King, MD	A50695	Medical Assis tant	1	1
New Foundati on Med. Grou p	A109172	Medical Assis tant	1	1
Our Secret Pl ace	20A5074	Medical Assis tant	1	1
Paja Medical Group	A65363	Medical Assis tant	1	0
Parminder Dh aliwal, MD	A46401	Medical Assis tant	1	1
Ray Hsiao, M D	G70571	Medical Assis tant	1	1
San Cristobal	W16925	Medical Assis	1	1

Medical Group		tant		
San Judas Medical Group	A48731	Medical Assistant	4	4
Sherry Meng, MD	A065787	Medical Assistant	1	1
Shining Star Medical Group	A125144	Medical Assistant	1	1
Sunflower TC M Health Ctr	AC14189	Medical Assistant	1	1
Tzu Chi Med. Foundation	95-4457939	Medical Assistant	1	1
Universal Industrial Care	A41439	Medical Assistant	1	1
Urgent Care Med. Of RH	A61726	Medical Assistant	1	1
Victor Gura MD	A34872	Medical Assistant	1	1
Wellness & Care Medical	A98547	Medical Assistant	2	2
William Bao, MD, Inc	A66842	Medical Assistant	3	3
Wu Jack Xipy, MD, Inc.	A69486	Medical Assistant	2	2
Zetan Nie, MD, PhD	C55996	Medical Assistant	1	1

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

Site Name	Donation or Compensation Amount	Type of Consideration
Adam Hy, MD	0	N/A
Advanced Aesthetics	0	N/A
Advanced Oncology Center	0	N/A
Alberto Natividad MD	0	N/A
Angelus Medical Clinic	0	N/A
Anjou Body & Skin Care	0	N/A

Arnold Pang, DO	0	N/A
Bayside Medical Center	0	N/A
BeverlyCare - Family Care	0	N/A
Carl Moy MD	0	N/A
Centro Medico MacArthur Park	0	N/A
Century Women's Health	0	N/A
Colima Medical Clinic	0	N/A
Complete Care Community Health Clinic	0	N/A
Concentra Urgent Care	0	N/A
Deluxe Med Spa, Dr. Tang	0	N/A
Dr. Azizollahi	0	N/A
Dr. Ho Je Lee	0	N/A
Dr. Hsiu-Hsien (Tom) Ling	0	N/A
Dr. Kazu Sujuki	0	N/A
Dr. Sabena Toor	0	N/A
Dr. Shawn Roofian	0	N/A
Dr. Wellness Center	0	N/A
Faith Recovery Center	0	N/A
Fatima Medical Group	0	N/A
Garfield Health Center	0	N/A
Great Care Medical Group	0	N/A
Hollywood Urgent Care	0	N/A
HRC Fertility, Dr. Kolb	0	N/A
Joseph T. Fan, MD	0	N/A
LA Urgent Care	0	N/A
Lei Ding, MD	0	N/A
Lu Wei King, MD	0	N/A
New Foundation Medical Group	0	N/A
Our Secret Place	0	N/A

Paja Medical Group	0	N/A
Parminder Dhaliwal, MD	0	N/A
Ray Hsiao, MD	0	N/A
San Cristobal Medical Group	0	N/A
San Judas Medical Group	0	N/A
Sherry Meng, MD	0	N/A
Shining Star Medical Group	0	N/A
Sunflower TCM Health Ctr	0	N/A
Tzu Chi Med. Foundation	0	N/A
Universal Industrial Care	0	N/A
Urgent Care Med. Of RH	0	N/A
Victor Gura MD	0	N/A
Wellness & Care Medical	0	N/A
William Bao, MD, Inc	0	N/A
Wu Jack Xipy, MD, Inc.	0	N/A
Zetan Nie, MD, PhD	0	N/A

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The

exam passage data should be as reported by the appropriate state agency.

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

No

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

Salary Data

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.

50

44. Graduates Employed in the Field

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

45

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 *
3
\$20,001 - \$25,000 *
6
\$30,001 - \$35,000 *
15
\$40,001 - \$45,000 *
2
\$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

\$5,001 - \$10,000 *
0
\$15,001 - \$20,000 *
7
\$25,001 - \$30,000 *
11
\$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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Nurse 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)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

2

9. Total Charges for this Program *

\$1,900.00

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".

2

13. Number of Students Available for Graduation *

If none, indicate "0".

2

14. Number of On-time Graduates *

If none, indicate "0".

2

15. Completion Rate

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

100

16. 150% Graduates?

2

17. 150% Completion Rate

100

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

2

20. Graduates Employed in the Field
*

If none, indicate "0".

2

21. Placement Rate

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

100

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

2

23. Indicate the number of graduates employed...

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

If none, indicate "0".

2

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

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? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

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? *

Yes

Name of Option/Requirement (1) *

Competency Evaluation Program (American Red Cross)

Name of Option/Requirement (2)

National Nurse Aide Assessment Program (Regional Testing Center)

Name of Option/Requirement (3)

Name of Option/Requirement (4)

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

Checked

Instructions

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

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

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

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

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

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

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

31. Number Who Failed the State Exam? Enter the number of graduates who took the State exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

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

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

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

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

California Department of Public Health (CDPH)

28. Name of State Exam *

CEP

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

2

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.

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 *

On or before the first day of class into the Nurse Assistant program, the CDPH requires approved schools to submit the completed Initial Application and Live Scan of each enrolled student. Upon program completion the Registrar's Office assists each graduate in the Registration Application to determine exam date. Tracking is maintained & recorded until data is collected on the exam's outcome.

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)
Checked

Instructions

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

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

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

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

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

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

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

39. Number Who Failed the State Exam? Enter the number of graduates who took the State exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

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

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

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

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

California Department of Public Health (CDPH)

36. Name of State Exam *

NNAAP

37. Number of Graduates Taking State Exam *

If none, indicate "0".

8

38. Number Who Passed the State Exam *

If none, indicate "0".

7

39. Number Who Failed the State Exam

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

1

40. Passage Rate

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

87.5

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 *

On or before the first day of class into the Nurse Assistant program, the CDPH requires approved schools to submit the completed Initial Application and Live Scan of each enrolled student. Upon program completion the Registrar's Office assists each graduate in the Registration Application to determine exam date. Tracking is maintained & recorded until data is collected on the exam's outcome.

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

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

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

43. Graduates Available for Employment? Indicate number of graduates (#17 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#18 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

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

2

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	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
2	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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Phlebotomy 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)

51.1009 - Phlebotomy/Phlebotomist

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

31-9097 - Phlebotomists

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data

and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

21

9. Total Charges for this Program *

\$1,935.00

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".

26

13. Number of Students Available for Graduation *

If none, indicate "0".

26

14. Number of On-time Graduates *

If none, indicate "0".

12

15. Completion Rate

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

46.15385

16. 150% Graduates?

21

17. 150% Completion Rate

81

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

21

20. Graduates Employed in the Field
*

If none, indicate "0".

15

21. Placement Rate

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

71.42857

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

15

23. Indicate the number of graduates employed...

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

If none, indicate "0".

15

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

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? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

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)

Checked

Instructions

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

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

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

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

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

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

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

31. Number Who Failed the State Exam? Enter the number of graduates who took the State exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

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

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

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

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

California Department of Public Health (CDPH)

28. Name of State Exam *

**National Healthcareer Association (NHA) -
Certified Phlebotomy Technician 1 (CPT1)**

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

21

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

20

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

1

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

95.2381

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 *

**Angeles College is an approved testing site for the NHA. The test is
scheduled
on campus and is proctored by one of the School Staff. Immediate
feedback is
received upon test completion, which aids the tracking & recording of
testing
results.**

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage

Rate Data - 2018

Display Instructions for #35-42 (Toggle)

Checked

Instructions

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

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

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

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

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

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

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

39. Number Who Failed the State Exam? Enter the number of graduates who took the State exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

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

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

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

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

California Department of Public Health (CDPH)

36. Name of State Exam *

**National Healthcareer Association (NHA) -
Certified Phlebotomy Technician 1 (CPT1)**

37. Number of Graduates Taking State Exam *

If none, indicate "0".

33

38. Number Who Passed the State Exam *

If none, indicate "0".

23

39. Number Who Failed the State Exam

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

10

40. Passage Rate

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

69.69697

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 *

Angeles College is an approved testing site for the NHA. The test is scheduled on campus and is proctored by one of the School Staff. Immediate feedback is received upon test completion, which aids the tracking & recording of testing results.

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.

15

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

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

\$0 - \$5,000 *	\$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	3
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
6	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
3	2
\$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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Nursing (RN-to-BSN)

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. *

Bachelor

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)

51.3801 - Nursing/Registered Nurse (RN, ASN, BSN, MSN)

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

29-1141 - Registered Nurses

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data

and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

18

9. Total Charges for this Program *

\$21,955.00

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".

18

13. Number of Students Available for Graduation *

If none, indicate "0".

18

14. Number of On-time Graduates *

If none, indicate "0".

15

15. Completion Rate

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

83.33333

16. 150% Graduates?

18

17. 150% Completion Rate

100

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

18

20. Graduates Employed in the Field
*

If none, indicate "0".

13

21. Placement Rate

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

72.22222

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".

13

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)

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? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

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

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

43. Graduates Available for Employment? Indicate number of graduates (#17 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#18 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

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

18

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	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0

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

1

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

1

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

4

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

0

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

0

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

0

Over \$100,000 *

0

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

1

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

1

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

5

\$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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Healthcare 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. *

Bachelor

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)

51.0701 - Health/Health Care Administration/Management

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

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data

and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$39,000.00

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".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

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

16. 150% Graduates?

0

17. 150% Completion Rate

0

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field
*

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

If none, indicate "0".

0

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

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? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

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

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

43. Graduates Available for Employment? Indicate number of graduates (#17 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#18 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

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

0

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

0

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

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

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

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

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

\$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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Business 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. *

Bachelor

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#12 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$37,600.00

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".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

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

16. 150% Graduates?

0

17. 150% Completion Rate

0

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A "rate" is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

If none, indicate "0".

0

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

the licensing agency.

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

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

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

43. Graduates Available for Employment? Indicate number of graduates (#17 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#18 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

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

Analyst Review

Analyst Review

Status

Need Additional Information

Staff Comments:

Returned to customer per request.

Institution Comments Regarding Staff Comments Above, If Applicable:

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)

32878375

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.

Angeles College

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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.

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

4. Name of Program *

Business 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. *

Master

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)

52.0201 - Business Administration and Management, General

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

11-1021 - General and Operations Managers

Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data

and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Checked

Instructions

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

8. Number of Degrees, Diplomas or Certificates Awarded? Indicate the number of students who completed the program during the reporting year.

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

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

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

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites provide the total number enrolled at all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#11 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-time Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Indicate the number of graduates (from #13 above) divided by the number of students available for graduation (#12 above). **A**

“rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).

16. 150% Graduates? Of the students available for graduation (#12 above), indicate the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, indicate the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation (#12 above). **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(h)(l)).

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$23,660.00

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".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

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

16. 150% Graduates?

0

17. 150% Completion Rate

0

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

Yes

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

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

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Number of graduates, (#17 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Indicate the number of graduates employed in the field (#18 above) divided by the number of graduates available for employment (#17 above.) **A “rate” is a percentage and should never be more than 100%** (5 CCR §74112(i)(4)).

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field
*

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

If none, indicate "0".

0

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

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? *

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

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

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

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

26. Does this educational program lead to an occupation that requires State licensing? If "Yes" please enter the name of the licensing entity that licenses this field. If "No", you may skip to "Salary Data".

26a. Do graduates have the option or requirement for more than one type of State licensing exam? If "Yes" provide the name(s) of the other licensing exam options or requirements.

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

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

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

43. Graduates Available for Employment? Indicate number of graduates (#17 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#18 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

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

0

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

0

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

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

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

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

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

\$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