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### **BPPE Annual Report for 2014 - Institution**

**Tracking Number:** 2015090185829

**Report for Year:** 2014

**Institution Name:** Health Career College

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 27053585

**Street Address (Physical Location):** 115 Crescent Dr. M1

**City:** Pleasant Hill

**State:** California

**Zip Code:** 94523

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval:** yes

**If you answered yes to the question above, please identify the accrediting agency:**  
Accrediting Bureau of Health Education Schools

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** not applicable

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.:** yes

**Does your institution participate in federal financial aid programs under Title IV of**

**the Federal Higher Education Act?: no**

**What is the total amount of Title IV funds received by your institution in 2014?:**

**Does your institution participate in veteran's financial aid education programs?: no**

**What is the total amount of veteran's financial aid funds received by your institution in 2014?:**

**Does your institution participate in the Cal Grant program?: no**

**What is the total amount of Cal Grant funds received by your institution in 2014?:**

**Is your institution on the California Eligible Training Provider List (ETPL)?: yes**

**Is your institution receiving funds from the Work Investment Act (WIA) Program?:  
yes**

**What is the total amount of WIA funds received by your institution in 2014?: 0.00**

**Does your institution participate in, or offer any additional financial aid program?  
no**

**If yes, please indicate the name of the financial aid program:**

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: 0**

**The percentage of students who in 2014 received federal student loans to help pay their cost of education at the school was: 0**

**The percentage of institutional income in 2014 that was derived from public funding.: 0**

**Number of Doctorate Degrees Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees Offered: 0**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees Offered: 0**

**Number of Students enrolled in Associate I programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 4**

**Number of Students enrolled in Diploma or Certificate programs at this institution:**

**Link to your Institution website:**

**Link to your Performance Fact Sheet if it appears on your website:**

**Link to your Catalog if it appears on your website:**

**Link to your Annual Report if it appears on your website:**