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## BPPE Annual Report for 2015 - Institution

1. Report for Year: 2015

2. Institution Name: Valley College of Medical Careers

3. Institution Code (Enter institutional code (main location)): 1921141

4. Street Address (Physical Location): 8399 Topanga Canyon Blvd., Suite 200

5. City: West Hills

6. State: California

7. Zip Code: 91304

8. Check all that apply to this institution:

☒ For profit institution☐ Non-profit institution☐ Publicly traded institution☐ Sole Proprietor☐ Limited Liability Corporation (LLC)☐ Partnership

9. Number of Branch Locations: 0

10. Number of Satellite Locations: 0

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

☒ Yes ☐ No

b. Is this institution current on Annual Fees?

☒ Yes ☐ No

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Select from the drop down box, and refer to the online instructions for selecting more than one accrediting agency. Include only full institutional approval, not programmatic approval.

☒ Yes ☐ No

*\*If you answered yes to the question above, please identify the accrediting agency. Please note that you can select more than one agency -in order to accomplish this make sure that you do the following:*

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

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

Accreditation Commission for Acupuncture and Oriental Medicine

Accreditation Commission for Midwifery Education

Accrediting Bureau of Health Education Schools

Accrediting Commission of Career Schools and Colleges

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

14. 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 ☒ No

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?

☐ Yes ☒ No

What is the total amount of Title IV funds received by your institution in 2015?

1,071,743

16. Does your institution participate in veteran's financial aid education programs?

☐ Yes ☒ No

What is the total amount of veteran's financial aid funds received by your institution in 2015?

14500

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

☐ Yes ☒ No

What is the total amount of Cal Grant Funds received by your institution in 2015?

0

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

☐ Yes ☒ No

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

☐ Yes ☒ No

What is the total amount of WIOA funds received by your institution in 2015?

0

20. Does your institution participate in, or offer any other government or non-governmental financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans)

☒ Yes ☐ No

If yes, please provide the name of the financial aid program:

Vocational Rehab & Chafee Grant

21. The percentage of institutional income in 2015 that was derived from public funding: 88%

22. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three-year cohort default rate reported to the U.S. Department of Education for this institution: 13 %

23. The percentage of the students who attended this institution in 2015 who received federal student loans to help pay their cost of education at the school was: 83 %

24. Total number of students enrolled at this institution: 87

25. Number of Doctorate Degrees Offered: 0

26. Number of Students enrolled in Doctorate level programs at this institution: 0

27. Number of Master Degrees Offered: 0

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

29. Number of Bachelor Degrees Offered: 0

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

31. Number of Associate Degrees Offered: 1

32. Number of Students enrolled in Associate level programs at this institution: 23

33. Number of Diploma or Certificate Programs Offered: 3

34. Number of Students enrolled in Diploma or Certificate programs at this institution: 64

35. Institutions maintaining an internet web page are required to post on their website the most recent Annual Report submitted to the Bureau, Catalog, and School Performance Fact Sheet (CEC §94913). \*\* Please post the documents to your website prior to submitting the certification and provide the links to the institution's Annual Report, 2015 Catalog, School Performance Fact Sheet, and the Enrollment Agreement below. If the institution does not maintain an internet website, leave this space blank.

\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below. This section should include the Annual Report, Catalog, and Student Performance Fact Sheet.

#### Links

Institution's Website: [www.vcmc.edu](http://www.vcmc.edu)

Performance Fact Sheet: <https://nebula.wsimg.com/04b3a7663f385186ea7d8d67f3c85cb1?AccessKeyId=1B55A26E4C79D109CE66&disposition=>

2015 Catalog: <https://nebula.wsimg.com/cc68120e0c98aba7a70f27737491064d?AccessKeyId=1B55A26E4C79D109CE66&disposition=>

Annual Report: <https://nebula.wsimg.com/a90eb95fa33f9b52079ec39f83b813c0?AccessKeyId=1B55A26E4C79D109CE66&disposition=>

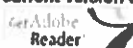
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## BPPE Annual Report for 2015 - Institution

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1. *If you'd like an email containing this data sent to you, please enter your email address into the textbox located just above the Captcha section towards the bottom of this form.*
2. *After you click on the "Submit to Database" button below, please follow the instructions to complete this section of the annual report process.*

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**2. Institution Name:** Valley College of Medical Careers

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7. Zip Code: 91304

- ☒ For profit institution  
☐ Sole Proprietor  
☐ Non-profit

institution

- ☐ Limited Liability Corporation (LLC)  
☐ Publicly traded institution  
☐ Partnership

9. Number of Branch Locations: 0 ▼

10. Number of Satellite Locations: 0 ▼

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

- ☒ Yes ☐ No

11b. Is this institution current on Annual Fees?

- ☒ Yes ☐ No

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- ☒ Yes ☐ No

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- ☐ Yes ☒ No

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?

- ☒ Yes ☐ No

- What is the total amount of Title IV funds received by

your institution in  
2015? ▲

Accreditation Commission for Midwifery Education  
 Accrediting Bureau of Health Education Schools  
 Accrediting Commission of Career Schools and Colleges  
 Accrediting Council for Continuing Education and Training  
 Accrediting Council for Independent Colleges and Schools  
 American Bar Association, Council of the Section of Legal Education and Admissions to the Bar  
 American Board of Funeral Service Education, Committee on Accreditation  
 American Dietetic Association, American Commission on Education in Nutrition and Dietetics Education  
 American Osteopathic Association, Commission on Osteopathic College Accreditation  
 American Podiatric Medical Association, Council on Podiatric Medical Education  
 Association for Biblical Higher Education, Commission on Accreditation  
 Association of Advanced Rabbinical and Talmudic Schools, Accreditation Commission  
 Commission on Accrediting of the Association of Theological Schools  
 Commission on Massage Therapy Accreditation  
 Council on Accreditation of Nurse Anesthesia Educational Programs  
 Council on Chiropractic Education, Commission on Accreditation  
 Council on Occupational Education, Commission (Formerly SACS-COEI)  
 Distance Education and Training Council, Accrediting Commission  
 Joint Review Committee on Education in Radiologic Technology  
 Middle States Commission on High Education  
 Middle States Commission on Secondary Schools  
 Midwifery Education Accreditation Council  
 Montessori Accreditation Council for Teacher Education, Commission on Accreditation  
 National Accrediting Commission of Cosmetology Arts and Sciences  
 National Accrediting Commission of Career Arts and Sciences, Inc.  
 National Association of Schools of Art and Design, Commission on Accreditation  
 National Association of Schools of Dance, Commission on Accreditation  
 National Association of Schools of Music, Commission on Accreditation  
 National Association of Schools of Theater, Commission on Accreditation  
 National League for Nursing Accrediting Commission  
 New England Association of Schools and Colleges, Commission on Institutions of Higher Education  
 New England Association of Schools and Colleges, Commission on Technical and Career Institutions  
 New York State Board of Regents, and the Commissioner of Education  
 North Central Association Commission on Accreditation and School Improvement, Board of Trustees  
 North Central Association of Colleges and Schools, The Higher Learning Commission  
 Northwest Commission on Colleges and Universities  
 Southern Association of Colleges and Schools, Commission on Colleges  
 Transnational Association of Christian Colleges and Schools  
 Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges  
 Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities ▼

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

NA

1,071,743

16. Does your institution participate in veteran's financial aid education programs?

☒ Yes ☐ No

• What is the total amount of veteran's financial aid funds received by your institution in 2015?  
14500

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

☐ Yes ☒ No

- What is the total amount of Cal Grant Funds received by your institution in 2015?  
0

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☒ Yes ☐ No

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

☐ Yes ☒ No

- What is the total amount of WIOA funds received by your institution in 2015?  
0

20. Does your institution participate in, or offer any other government or non-governmental financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans) If yes, please provide the name of the financial aid program

☒ Yes ☐ No

Vocational Rehab & Chafee Grant

21. The percentage of institutional income in 2015 that was derived from public funding.  
88%

22. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: 13

23. The percentage of the students who attended this institution in 2015 who received federal student loans to help pay their cost of education at the school was: 83

24. Total number of students enrolled at this institution: 87

25. Number of Doctorate Degrees Offered: 0 ▼

26. Number of Students enrolled in Doctorate level programs at this institution: 0

27. Number of Master Degrees Offered: 0 ▼

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34. Number of Students enrolled in Diploma or Certificate programs at this institution:  
64

submitting the certification and provide the links to the institution's Annual Report, 2015 Catalog, School Performance Fact Sheet, and the Enrollment Agreement below. If the institution does not maintain an internet website, leave this space blank.

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**\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below. This section should include the Annual Report, Catalog, and Student Performance Fact Sheet.**

Links:

Institution's website:

[www.vcmc.edu](http://www.vcmc.edu)

Performance Fact Sheet:

<https://nebula.wsimg.com/04b3a7663f385186ea7d8d67f3c85cb1?AccessKeyId=1B55A26E4C79D109CE66&disposition=>

2015 Catalog:

<https://nebula.wsimg.com/cc68120e0c98aba7a70f27737491064d?AccessKeyId=1B55A26E4C79D109CE66&disposition=>

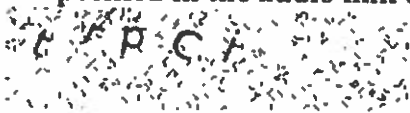
Annual Report:

<https://nebula.wsimg.com/a90eb95fa33f9b52079ec39f83b613c0?AccessKeyId=1B55A26E4C79D109CE66&disposition=>

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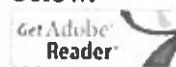
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**BPPE Annual Report for 2015 - Institution****Tracking Number:** 2016120141903**Report for Year:** 2015**Institution Name:** Valley College of Medical Careers**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 1921141**Street Address (Physical Location):** 8399 Topanga Canyon Blvd., Suite 200**City:** West Hills**State:** California**Zip Code:** 91304**Check all that apply to this institution:****For profit institution:** For profit institution**Sole Proprietor:****Non-profit institution:****Limited Liability Corporation (LLC):****Publicly traded institution:****Partnership:****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 this institution current on Annual Fees?:** 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:** NA

**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.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?:** yes

**What is the total amount of Title IV funds received by your institution in 2015?:** 1,071,743

**Does your institution participate in veteran's financial aid education programs?:** yes

**What is the total amount of veteran's financial aid funds received by your institution in 2015?:** 14500

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

**What is the total amount of Cal Grant funds received by your institution in 2015?:** 0

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

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** no

**What is the total amount of WIOA funds received by your institution in 2015?:** 0

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** yes

**If yes, please indicate the name of the financial aid program:** Vocational Rehab & Chafee Grant

**The percentage of institutional income in 2015 that was derived from public funding:** 88%

**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:** 13

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was:** 83

**Total number of students enrolled at this institution:** 87

---

**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**

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**Number of Students enrolled in Associate level programs at this institution: 23**

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**Number of Students enrolled in Diploma or Certificate programs at this institution: 64**

**Institution's website:** [www.vcmc.edu](http://www.vcmc.edu)

**Performance Fact Sheet:** <https://nebula.wsimg.com/04b3a7663f385186ea7d8d67f3c85cb1?AccessKeyId=1B55A26E4C79D109CE66&disposition=0&alloworigin=1>

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**Annual Report:** <https://nebula.wsimg.com/a90eb95fa33f9b52079ec39f83b613c0?AccessKeyId=1B55A26E4C79D109CE66&disposition=0&alloworigin=1>

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## Thank You!

Thank You, your Annual Report Institution data for 2015 has been submitted.

There are two options to ensure the institution is in compliance with California Education Code 94913 (a)(5).  
**\*\*IMPORTANT\*\*** – *This is the only opportunity to complete the below requirement. Do not leave this page until you have completed number 1 or 2 below.*

The institution can either:

1. Print and scan a copy of the submission to be uploaded to the institution's website:  
[Click here for a printable version of your annual report.](#)

OR

- 2. Convert the submission to PDF format to be uploaded to the institution's website:  
Internet Explorer, Mozilla Firefox, Google Chrome: WITH full featured Adobe Acrobat  
Internet Explorer, Mozilla Firefox, Google Chrome: WITHOUT full featured Adobe Acrobat

Once one of the two options above have been completed, you may proceed to enter in Program data, or at this point if necessary, the institution may leave the Annual Report site and return at a later time (but before December 1, 2016) to submit the remainder of the required data.

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## BPPE Annual Report for 2015 - Programs

### Institution Information

1. Report for Year: **2015**
2. Institution Code (Enter institutional code (main location)): **1921141**

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Diploma/Certificate** ▼ If "Other", please specify:
4. Degree/Program Title: **Diploma or Certificate** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): **Medical Assisting**
6. Number of Degrees or Diplomas Awarded: **28**
7. Total Charges for this program \$ **13950**
8. Number of Students Who Began the Program: **30**
9. Students Available for Graduation: **30**
10. On-time Graduates: **24**
11. Completion Rate: **80**
12. 150% Completion Rate: **13**
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
- ☐ Yes ☒ No

### Placement

14. Graduates Available for Employment: **0**
15. Graduates Employed in the Field: **0**
16. Placement Rate: **0**
17. Graduates employed in the field 20 to 29 hours per week: **0**
18. Graduates employed in the field at least 30 hours per week: **0**
19. Indicate the number of graduates employed:
- Single position in field: **0**
- Concurrent aggregated positions in field (2 or more positions at the same time): **0**
- Freelance/self-employed: **0**
- By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: **0**

### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?
- ☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

### First Data Year

21. Year (YYYY): **\*Select the Year\*** ▼
22. Name of the licensing entity that licenses this field:
23. Name of Exam:
24. Number of Graduates Taking Exam:
25. Number Who Passed the Exam:
26. Number Who Failed the Exam:
27. Passage Rate:
28. Is this data from the licensing agency that administered the exam?
- ☐ Yes ☒ No
- Name of Agency:

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

#### Second Data Year

30. Year (YYYY): **\*Select the Year\*** ▼

31. Name of the licensing entity that licenses this field:

32. Name of Exam:

33. Number of Graduates Taking Exam:

34. Number Who Passed the Exam:

35. Number Who Failed the Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

#### Salary Data

40. Graduates Available for Employment: **0**

41. Graduates Employed in the Field: **0**

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

\$0 - \$5,000: **0**

\$5,001 - \$10,000: **0**

\$10,001 - \$15,000: **0**

\$15,001 - \$20,000: **0**

\$20,001 - \$25,000: **0**

\$25,001 - \$30,000: **0**

\$30,001 - \$35,000: **0**

\$35,001 - \$40,000: **0**

\$40,001 - \$45,000: **0**

\$45,001 - \$50,000: **0**

\$50,001 - \$55,000: **0**

\$55,001 - \$60,000: **0**

\$60,001 - \$65,000: **0**

\$65,001 - \$70,000: **0**

\$70,001 - \$75,000: **0**

\$75,001 - \$80,000: **0**

\$80,001 - \$85,000: **0**

\$85,001 - \$90,000: **0**

\$90,001 - \$95,000: **0**

\$95,001 - \$100,000: **0**

Over \$100,000: **0**

**Submit**

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## BPPE Annual Report for 2015 - Programs

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2. After you click on the "Submit to Database" button below, please follow the instructions to complete this section of the annual report process.

### Institution Information

#### 1. Report for Year: 2015



2. Institution Code (Enter institutional code (main location)): 1921141

### Information for each Educational

#### Program Offered at the Institution

3. Degree/Program Level:  If "Other", please specify:

4. Degree/Program Title:  If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.):  
Medical Assisting

6. Number of Degrees or Diplomas Awarded: 28

7. Total Charges for this program \$ 13950

8. Number of Students Who Began the Program: 30

9. Students Available for Graduation: 30

10. On-time Graduates: 24

11. Completion Rate: 80

12. 150% Completion Rate: 13

14. Graduates Available for Employment: 0

15. Graduates Employed in the Field: 0

16. Placement Rate: 0

17. Graduates employed in the field 20 to 29 hours per week: 0

18. Graduates employed in the field at least 30 hours per week:

0

0

Concurrent aggregated positions in field (2 or more positions at the same time): 0

Frelance/self-employed: 0

By the institution or an employer owned by the institution, or an employer who starhed ownership with the institution: 0

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?

☐ Yes ☒ No

### Placement

19. Indicate the number of graduates employed:  
Single position in field:

#### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?

☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

#### First Data Year

21. Year (YYYY):

22. Name of the licensing entity that licenses this field:

23. Name of Exam:

24. Number of Graduates Taking Exam:

25. Number Who Passed the Exam:

26. Number Who Failed the Exam:

27. Passage Rate:

28. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

29. If the response to #28 was "no" provide a description of the process used for attempting to contact students:

## Second Data Year

30. Year (YYYY): \*Select the Year\* ▼

31. Name of the licensing entity that licenses this field:

32. Name of Exam:

33. Number of Graduates Taking Exam:

34. Number Who Passed the Exam:

35. Number Who Failed the Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for attempting to contact students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

## Salary Data

40. Graduates Available for Employment: 0

41. Graduates Employed in the Field: 0

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

\$0 – \$5,000: 0

\$5,001 – \$10,000: 0

\$10,001 - \$15,000: 0

\$15,001 - \$20,000: 0

\$20,001 - \$25,000: 0

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

***Do you want an email containing the information you've entered above sent to you?***

***If so, please enter it here:*** Scalnek@vcmc.edu

**\*CAPTCHA: (Please enter the text found in the image below or specified in the audio link to validate the submission of your data.)**



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## Thank You!

Thank You, your Annual Report Program data for 2015 has been submitted.

There are two options to ensure the institution is in compliance with California Education Code 94913 (a)(5).

**\*\*IMPORTANT\*\*** – *This is the only opportunity to complete the below requirement. Do not leave this page until you have completed number 1 or 2 below.*

The institution can either:

1. Print and scan a copy of the submission to be uploaded to the institution's website:  
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OR

2. Convert the submission to PDF format to be uploaded to the institution's website:  
Internet Explorer, Mozilla Firefox, Google Chrome: WITH full featured Adobe Acrobat  
Internet Explorer, Mozilla Firefox, Google Chrome: WITHOUT full featured Adobe Acrobat

Once one of the two options above is completed, you may enter in additional Program data or begin to enter in Branch data. If necessary, the institution may leave the Annual Report site and return at a later time (but before December 1, 2016) to submit the remainder of the required data.

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## BPPE Annual Report for 2015 - Programs

### Institution Information

1. Report for Year: **2015**  
 2. Institution Code (Enter institutional code (main location)): **1921141**

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Diploma/Certificate** ▼ If "Other", please specify:  
 4. Degree/Program Title: **Diploma or Certificate** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:  
 5. Name of Program (e.g. Business Administration, Massage, etc.): **Medical Billing & Coding**  
 6. Number of Degrees or Diplomas Awarded: **23**  
 7. Total Charges for this program \$ **13950**  
 8. Number of Students Who Began the Program: **25**  
 9. Students Available for Graduation: **25**  
 10. On-time Graduates: **22**  
 11. Completion Rate: **88**  
 12. 150% Completion Rate: **4**  
 13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?  
☐ Yes ☒ No

### Placement

14. Graduates Available for Employment: **0**  
 15. Graduates Employed in the Field: **0**  
 16. Placement Rate: **0**  
 17. Graduates employed in the field 20 to 29 hours per week: **0**  
 18. Graduates employed in the field at least 30 hours per week: **0**  
 19. Indicate the number of graduates employed:  
     Single position in field: **0**  
     Concurrent aggregated positions in field (2 or more positions at the same time): **0**  
     Freelance/self-employed: **0**  
     By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: **0**

### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?  
☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

### First Data Year

21. Year (YYYY): **\*Select the Year\*** ▼  
 22. Name of the licensing entity that licenses this field:  
 23. Name of Exam:  
 24. Number of Graduates Taking Exam:  
 25. Number Who Passed the Exam:  
 26. Number Who Failed the Exam:  
 27. Passage Rate:  
 28. Is this data from the licensing agency that administered the exam?  
☐ Yes ☒ No  
 Name of Agency:

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

**Second Data Year**

30. Year (YYYY): \*Select the Year\* ▼

31. Name of the licensing entity that licenses this field:

32. Name of Exam:

33. Number of Graduates Taking Exam:

34. Number Who Passed the Exam:

35. Number Who Failed the Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

**Salary Data**

40. Graduates Available for Employment: 0

41. Graduates Employed in the Field: 0

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

\$0 - \$5,000: 0

\$5,001 - \$10,000: 0

\$10,001 - \$15,000: 0

\$15,001 - \$20,000: 0

\$20,001 - \$25,000: 0

\$25,001 - \$30,000: 0

\$30,001 - \$35,000: 0

\$35,001 - \$40,000: 0

\$40,001 - \$45,000: 0

\$45,001 - \$50,000: 0

\$50,001 - \$55,000: 0

\$55,001 - \$60,000: 0

\$60,001 - \$65,000: 0

\$65,001 - \$70,000: 0

\$70,001 - \$75,000: 0

\$75,001 - \$80,000: 0

\$80,001 - \$85,000: 0

\$85,001 - \$90,000: 0

\$90,001 - \$95,000: 0

\$95,001 - \$100,000: 0

Over \$100,000: 0

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## BPPE Annual Report for 2015 - Programs

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1. *If you'd like an email containing this data sent to you, please enter your email address into the textbox located just above the Captcha section towards the bottom of this form.*
2. *After you click on the "Submit to Database" button below, please follow the instructions to complete this section of the annual report process.*

### Institution Information

#### 1. Report for Year: 2015

2. Institution Code (Enter institutional code (main location)): 1921141

### Information for each Educational

#### Program Offered at the Institution

3. Degree/Program Level:  If "Other", please specify:

4. Degree/Program Title:  If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.):  
Medical Billing & Coding

6. Number of Degrees or Diplomas Awarded: 23

7. Total Charges for this program \$ 13950

8. Number of Students Who Began the Program: 25

9. Students Available for Graduation: 25

10. On-time Graduates: 22

11. Completion Rate: 88

12. 150% Completion Rate: 4

14. Graduates Available for Employment: 0

15. Graduates Employed in the Field: 0

16. Placement Rate: 0

17. Graduates employed in the field 20 to 29 hours per week: 0

18. Graduates employed in the field at least 30 hours per week:

0

0

Concurrent aggregated positions in field (2 or more positions at the same time): 0

Frelance/self-employed: 0

By the institution or an employer owned by the institution, or an employer who starhed ownership with the institution: 0

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?

☐ Yes ☒ No

### Placement

19. Indicate the number of graduates employed:  
Single position in field:

#### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?

☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

#### First Data Year

21. Year (YYYY):

22. Name of the licensing entity that licenses this field:

23. Name of Exam:

24. Number of Graduates Taking Exam:

25. Number Who Passed the Exam:

26. Number Who Failed the Exam:

27. Passage Rate:

\* 28. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

29. If the response to #28 was "no" provide a description of the process used for attempting to contact students:

### Second Data Year

30. Year (YYYY):

31. Name of the licensing entity that licenses this field:

32. Name of Exam:

33. Number of Graduates Taking Exam:

34. Number Who Passed the Exam:

35. Number Who Failed the Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for attempting to contact students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

### Salary Data

40. Graduates Available for Employment: 0

41. Graduates Employed in the Field: 0

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

\$0 – \$5,000: 0

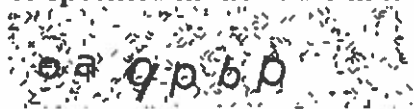
\$5,001 – \$10,000: 0

\$10,001 - \$15,000: 0

\* \$15,001 - \$20,000: 0  
\$20,001 - \$25,000: 0  
\$25,001 - \$30,000: 0  
\$30,001 - \$35,000: 0  
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\$80,001 - \$85,000: 0  
\$85,001 - \$90,000: 0  
\$90,001 - \$95,000: 0  
\$95,001 - \$100,000: 0  
Over \$100,000: 0

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## Thank You!

Thank You, your Annual Report Program data for 2015 has been submitted.

There are two options to ensure the institution is in compliance with California Education Code 94913 (a)(5).  
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OR

2. Convert the submission to PDF format to be uploaded to the institution's website:  
Internet Explorer, Mozilla Firefox, Google Chrome: WITH full featured Adobe Acrobat  
Internet Explorer, Mozilla Firefox, Google Chrome: WITHOUT full featured Adobe Acrobat

Once one of the two options above is completed, you may enter in additional Program data or begin to enter in Branch data. If necessary, the institution may leave the Annual Report site and return at a later time (but before December 1, 2016) to submit the remainder of the required data.

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## BPPE Annual Report for 2015 - Programs

### Institution Information

1. Report for Year: **2015**
2. Institution Code (Enter institutional code (main location)): **1921141**

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Diploma/Certificate** ▼ If "Other", please specify:
4. Degree/Program Title: **Diploma or Certificate** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): **Pharmacy Technician**
6. Number of Degrees or Diplomas Awarded: **14**
7. Total Charges for this program \$ **13950**
8. Number of Students Who Began the Program: **18**
9. Students Available for Graduation: **18**
10. On-time Graduates: **13**
11. Completion Rate: **72**
12. 150% Completion Rate: **5**
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
- ☐ Yes ☒ No

### Placement

14. Graduates Available for Employment: **0**
15. Graduates Employed in the Field: **0**
16. Placement Rate: **0**
17. Graduates employed in the field 20 to 29 hours per week: **0**
18. Graduates employed in the field at least 30 hours per week: **0**
19. Indicate the number of graduates employed:
- Single position in field: **0**
- Concurrent aggregated positions in field (2 or more positions at the same time): **0**
- Freelance/self-employed: **0**
- By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: **0**

### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?
- ☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

### First Data Year

21. Year (YYYY): **\*Select the Year\*** ▼
22. Name of the licensing entity that licenses this field:
23. Name of Exam:
24. Number of Graduates Taking Exam:
25. Number Who Passed the Exam:
26. Number Who Failed the Exam:
27. Passage Rate:
28. Is this data from the licensing agency that administered the exam?
- ☐ Yes ☒ No
- Name of Agency:

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

#### Second Data Year

30. Year (YYYY): **\*Select the Year\*** ▼

31. Name of the licensing entity that licenses this field:

32. Name of Exam:

33. Number of Graduates Taking Exam:

34. Number Who Passed the Exam:

35. Number Who Failed the Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

#### Salary Data

40. Graduates Available for Employment: **0**

41. Graduates Employed in the Field: **0**

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

\$0 - \$5,000: **0**

\$5,001 - \$10,000: **0**

\$10,001 - \$15,000: **0**

\$15,001 - \$20,000: **0**

\$20,001 - \$25,000: **0**

\$25,001 - \$30,000: **0**

\$30,001 - \$35,000: **0**

\$35,001 - \$40,000: **0**

\$40,001 - \$45,000: **0**

\$45,001 - \$50,000: **0**

\$50,001 - \$55,000: **0**

\$55,001 - \$60,000: **0**

\$60,001 - \$65,000: **0**

\$65,001 - \$70,000: **0**

\$70,001 - \$75,000: **0**

\$75,001 - \$80,000: **0**

\$80,001 - \$85,000: **0**

\$85,001 - \$90,000: **0**

\$90,001 - \$95,000: **0**

\$95,001 - \$100,000: **0**

Over \$100,000: **0**

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## BPPE Annual Report for 2015 - Programs

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### Institution Information

#### 1. Report for Year: 2015

2. Institution Code (Enter institutional code (main location)): 1921141

### Information for each Educational

#### Program Offered at the Institution

3. Degree/Program Level:  If "Other", please specify:

4. Degree/Program Title:  If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.):  
Pharmacy Technician

6. Number of Degrees or Diplomas Awarded: 14

7. Total Charges for this program \$ 13950

8. Number of Students Who Began the Program: 18

9. Students Available for Graduation: 18

10. On-time Graduates: 13

11. Completion Rate: 72

12. 150% Completion Rate: 5

14. Graduates Available for Employment: 0

15. Graduates Employed in the Field: 0

16. Placement Rate: 0

17. Graduates employed in the field 20 to 29 hours per week: 0

18. Graduates employed in the field at least 30 hours per week:

0

0

Concurrent aggregated positions in field (2 or more positions at the same time): 0

Frelance/self-employed: 0

By the institution or an employer owned by the institution, or an employer who starhed ownership with the institution: 0

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?

☐ Yes ☒ No

### Placement

19. Indicate the number of graduates employed:

Single position in field:

#### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?

☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

#### First Data Year

21. Year (YYYY):

22. Name of the licensing entity that licenses this field:

23. Name of Exam:

24. Number of Graduates Taking Exam:

25. Number Who Passed the Exam:

26. Number Who Failed the Exam:

27. Passage Rate:

28. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

29. If the response to #28 was "no" provide a description of the process used for attempting to contact students:

### Second Data Year

30. Year (YYYY): \*Select the Year\* ▼

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32. Name of Exam:

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34. Number Who Passed the Exam:

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Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for attempting to contact students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

### Salary Data

40. Graduates Available for Employment: 0

41. Graduates Employed in the Field: 0

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

\$0 – \$5,000: 0

\$5,001 – \$10,000: 0

\$10,001 - \$15,000: 0

\$15,001 - \$20,000: 0

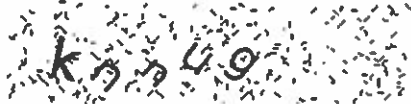
\$20,001 - \$25,000: 0

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

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## Thank You!

Thank You, your Annual Report Program data for 2015 has been submitted.

There are two options to ensure the institution is in compliance with California Education Code 94913 (a)(5).  
**\*\*IMPORTANT\*\*** – *This is the only opportunity to complete the below requirement. Do not leave this page until you have completed number 1 or 2 below.*

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OR

2. Convert the submission to PDF format to be uploaded to the institution's website:  
Internet Explorer, Mozilla Firefox, Google Chrome: WITH full featured Adobe Acrobat  
Internet Explorer, Mozilla Firefox, Google Chrome: WITHOUT full featured Adobe Acrobat

Once one of the two options above is completed, you may enter in additional Program data or begin to enter in Branch data. If necessary, the institution may leave the Annual Report site and return at a later time (but before December 1, 2016) to submit the remainder of the required data.

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## BPPE Annual Report for 2015 - Programs

### Institution Information

1. Report for Year: **2015**2. Institution Code (Enter institutional code (main location)): **1921141**

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Associate** ▼ If "Other", please specify:4. Degree/Program Title: **Associate of Science** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:5. Name of Program (e.g. Business Administration, Massage, etc.): **Surgical Technology**6. Number of Degrees or Diplomas Awarded: **11**7. Total Charges for this program \$ **30950**8. Number of Students Who Began the Program: **15**9. Students Available for Graduation: **15**10. On-time Graduates: **11**11. Completion Rate: **73**12. 150% Completion Rate: **0**

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?

☐ Yes ☒ No

### Placement

14. Graduates Available for Employment: **0**15. Graduates Employed in the Field: **0**16. Placement Rate: **0**17. Graduates employed in the field 20 to 29 hours per week: **0**18. Graduates employed in the field at least 30 hours per week: **0**

19. Indicate the number of graduates employed:

Single position in field: **0**Concurrent aggregated positions in field (2 or more positions at the same time): **0**Freelance/self-employed: **0**By the institution or an employer owned by the institution, or an employer who shares ownership with the institution: **0**

### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?

☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

### First Data Year

21. Year (YYYY): **\*Select the Year\*** ▼

22. Name of the licensing entity that licenses this field:

23. Name of Exam:

24. Number of Graduates Taking Exam:

25. Number Who Passed the Exam:

26. Number Who Failed the Exam:

27. Passage Rate:

28. Is this data from the licensing agency that administered the exam?

☐ Yes ☒ No

Name of Agency :



29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

**Second Data Year**

30. Year (YYYY): **\*Select the Year\*** ▼

31. Name of the licensing entity that licenses this field:

32. Name of Exam:

33. Number of Graduates Taking Exam:

34. Number Who Passed the Exam:

35. Number Who Failed the Exam:

36. Passage Rate:

37. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

39. ☐ If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

**Salary Data**

40. Graduates Available for Employment: **0**

41. Graduates Employed in the Field: **0**

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

\$0 - \$5,000: **0**

\$5,001 - \$10,000: **0**

\$10,001 - \$15,000: **0**

\$15,001 - \$20,000: **0**

\$20,001 - \$25,000: **0**

\$25,001 - \$30,000: **0**

\$30,001 - \$35,000: **0**

\$35,001 - \$40,000: **0**

\$40,001 - \$45,000: **0**

\$45,001 - \$50,000: **0**

\$50,001 - \$55,000: **0**

\$55,001 - \$60,000: **0**

\$60,001 - \$65,000: **0**

\$65,001 - \$70,000: **0**

\$70,001 - \$75,000: **0**

\$75,001 - \$80,000: **0**

\$80,001 - \$85,000: **0**

\$85,001 - \$90,000: **0**

\$90,001 - \$95,000: **0**

\$95,001 - \$100,000: **0**

Over \$100,000: **0**

**Submit**

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## BPPE Annual Report for 2015 - Programs

**Please Review your data below. PRIOR TO SUBMITTING THIS INFORMATION TO THE DATABASE, YOU HAVE A FEW OPTIONS IN TERMS OF RECEIVING COPIES OF THE INFORMATION YOU ARE ENTERING:**

1. *If you'd like an email containing this data sent to you, please enter your email address into the textbox located just above the Captcha section towards the bottom of this form.*
2. *After you click on the "Submit to Database" button below, please follow the instructions to complete this section of the annual report process.*

### Institution Information

#### 1. Report for Year: 2015

2. Institution Code (Enter institutional code (main location)): 1921141

### Program Offered at the Institution

3. Degree/Program Level: Associate ▼ If "Other", please specify:

4. Degree/Program Title: Associate of Science ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.):  
Surgical Technology

6. Number of Degrees or Diplomas Awarded: 11

7. Total Charges for this program \$ 30950

8. Number of Students Who Began the Program: 15

9. Students Available for Graduation: 15

10. On-time Graduates: 11

11. Completion Rate: 73

12. 150% Completion Rate: 0

14. Graduates Available for Employment: 0

15. Graduates Employed in the Field: 0

16. Placement Rate: 0

17. Graduates employed in the field 20 to 29 hours per week: 0

18. Graduates employed in the field at least 30 hours per week:

0

0

Concurrent aggregated positions in field (2 or more positions at the same time): 0

Frelance/self-employed: 0

By the institution or an employer owned by the institution, or an employer who starhed ownership with the institution: 0

### Exam Passage Rate

20. Does this educational program lead to an occupation that requires licensing?

☐ Yes ☒ No If "Yes", please provide the information below:

(For each of the last two years):

### First Data Year

21. Year (YYYY): \*Select the Year\* ▼

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23. Name of Exam:

24. Number of Graduates Taking Exam:

25. Number Who Passed the Exam:

26. Number Who Failed the Exam:

27. Passage Rate:

### Information for each Educational

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☐ Yes ☒ No

### Placement

19. Indicate the number of graduates employed:  
Single position in field:

28. Is this data from the licensing agency that administered the exam?

☐ Yes ☐ No

Name of Agency :

29. If the response to #28 was "no" provide a description of the process used for attempting to contact students:

### Second Data Year

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Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

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41. Graduates Employed in the Field: 0

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

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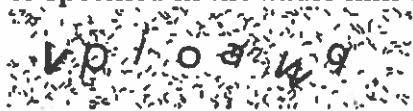
\$5,001 – \$10,000: 0

\$10,001 - \$15,000: 0

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

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