# Institution Information

**Bureau for Private Postsecondary Educ**

**Department of Consumer Affairs**

## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

 **2022**

2. Institution Code *

Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

 **78788769**

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-
populate. If incorrect Institution Code is entered, you must clear out the Code field in
question #2, then enter the correct Institution Code to re-fill the Institution Name
with the correct Institution Name.

 **Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Phlebotomy**

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

**Diploma/Certificate**

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

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

**31-9097 - Phlebotomists**

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**6**

9. Total Charges for this Program *

**$2,650.00**

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".

**6**

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

**6**

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

**6**

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

**100**

**16. 150% Graduates?**

**0**

**17. 150% Completion Rate**
This is a calculated field based on #16 and #13.

**0**

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

**Yes**

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

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

| Site Name | License or FI EN # | Program Name | Total Number of Students | Number of Students Proficient in Langua |
|---|---|---|---|---|

| | | | ges Other tha n English |
|---|---|---|---|
| Ashley Clinica l Diagnostic L aboratory Inc | 05D0642478 | PHLEBOTOM Y | 0 | 0 |
| Jagan N Bans al MD Inc | | Phlebotomy | 0 | 0 |
| Mission Com munity Hospit al | | Phlebotomy | 6 | 0 |

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

| Site Name | Donation or Compensat ion Amount | Type of Consideration |
|---|---|---|
| | | |

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

 **Yes**

**You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)**

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

 **No**

# Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)
**Not Checked**

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

**California Dept of Public Health Laboratory Field Services**

28. Name of State Exam *

**Certified Phlebotomy Technician**

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

**1**

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

**1**

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? *

**Yes**

33a. Name of Agency *

**National Health Career Association**

# Exam Passage Rate - Year 2

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

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

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

**California Dept of Public Health Laboratory Field Services**

36. Name of State Exam *

**Certified Phlebotomy Technician**

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

**6**

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

**6**

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 *

**National Health Career Association**

# Salary Data

# 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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** | |

# Institution Information



## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

 **2022**

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

 **78788769**

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

 **Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Medical Billing and Coding**

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

**Diploma/Certificate**

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

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

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**0**

9. Total Charges for this Program *

**$9,000.00**

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 #14 and #13.

**16. 150% Graduates?**

**0**

**17. 150% Completion Rate**
This is a calculated field based on #16 and #13.

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

**No**

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

**No**

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

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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 *

  **0**

$80,001 - $85,000 *

  **0**

$90,001 - $95,000 *

  **0**

Over $100,000 *

  **0**

$75,001 - $80,000 *

  **0**

$85,001 - $90,000 *

  **0**

$95,001 - $100,000 *

  **0**

# Institution Information

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

## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

 **2022**

2. Institution Code *

Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

 **78788769**

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

 **Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Clinical Medical Assistant**

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

**Diploma/Certificate**

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

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

**31-9092 - Medical Assistants**

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**0**

9. Total Charges for this Program *

**$7,500.00**

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

**0**

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

**0**

**12. Number of Students Who Began the Program** *
If none, indicate "0".

**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 #14 and #13.

**16. 150% Graduates?**

**0**

**17. 150% Completion Rate**
This is a calculated field based on #16 and #13.

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

**Yes**

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

**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 Students Proficient in Langua |
|-----------|--------------------|--------------|--------------------------|------------------------------------------|

| | | ges Other tha n English |
|---|---|---|
| Jagan N Bans al, MD Inc | Clinical Medic al Assistant | 0 | 0 |

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

| Site Name | Donation or Compensat ion Amount | Type of Consideration |
|---|---|---|
| | | |

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

**No**

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

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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 *

  **0**

$10,001 - $15,000 *

  **00**

$20,001 - $25,000 *

  **0**

$30,001 - $35,000 *

  **0**

$40,001 - $45,000 *

  **0**

$50,001 - $55,000 *

  **0**

$60,001 - $65,000 *

  **0**

$70,001 - $75,000 *

  **0**

$80,001 - $85,000 *

  **0**

$90,001 - $95,000 *

  **0**

Over $100,000 *

  **0**

$5,001 - $10,000 *

  **0**

$15,001 - $20,000 *

  **0**

$25,001 - $30,000 *

  **0**

$35,001 - $40,000 *

  **0**

$45,001 - $50,000 *

  **0**

$55,001 - $60,000 *

  **0**

$65,001 - $70,000 *

  **0**

$75,001 - $80,000 *

  **0**

$85,001 - $90,000 *

  **0**

$95,001 - $100,000 *

  **0**

# Institution Information



## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

 **2022**

2. Institution Code *
Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

 **78788769**

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution Name will auto-
populate. If incorrect Institution Code is entered, you must clear out the Code field in
question #2, then enter the correct Institution Code to re-fill the Institution Name
with the correct Institution Name.

 **Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Dental Administrative Assistant**

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

**Diploma/Certificate**

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

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

**43-6013 - Medical Secretaries and Administrative Assistants**

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**0**

9. Total Charges for this Program *

**$5,000.00**

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 #14 and #13.

**16. 150% Graduates?**

**0**

**17. 150% Completion Rate**
This is a calculated field based on #16 and #13.

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

**No**

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

**No**

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

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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**

# Institution Information



## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

 **2022**

2. Institution Code *
Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

 **78788769**

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

 **Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Electrocardiograph Technician**

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

**Diploma/Certificate**

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

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

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**0**

9. Total Charges for this Program *

**$5,000.00**

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 #14 and #13.

16. 150% Graduates?

**0**

17. 150% Completion Rate
This is a calculated field based on #16 and #13.

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

**Yes**

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

**Cardiovascular Technologist**

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

| Site Name | License or FI EN # | Program Name | Total Number of Students | Number of Students Proficient in Langua |
|-----------|--------------------|--------------|--------------------------|----------------------------------------|

| Site Name | | ges Other tha n English |
|---|---|---|
| Jagan N Bans al MD Inc | Electrocardio graph Technic ian   0 | 0 |

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

| Site Name | Donation or Compensat ion Amount | Type of Consideration |
|---|---|---|
| | | |

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

  **Yes**

**You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)**

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

  **No**

# Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**National HealthCareer Association**

28. Name of State Exam *

**Certified EKG Technician**

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

**0**

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

**0**

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

**0**

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

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

**No**

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

**no students took examination**

# Exam Passage Rate - Year 2

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

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

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

**National HealthCareer Association**

36. Name of State Exam *

**Certified EKG Technician**

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

**0**

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

**0**

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

**0**

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

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

**No**

42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students *

**No student took examination**

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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 * |
| **00** | **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** | **00** |
| $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



## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

**2022**

2. Institution Code *

Enter valid Institution Code (main location). Only entry
of valid Institution Code will auto-populate the read-only
Institution Name field in question #3.

**78788769**

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-
populate. If incorrect Institution Code is entered, you must clear out the Code field in
question #2, then enter the correct Institution Code to re-fill the Institution Name
with the correct Institution Name.

**Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Medical Administrative Assistant**

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

**Diploma/Certificate**

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

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

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**0**

9. Total Charges for this Program *

**$5,000.00**

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 #14 and #13.

16. 150% Graduates?

**0**

17. 150% Completion Rate
This is a calculated field based on #16 and #13.

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

**Yes**

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

**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 Students Proficient in Langua |
|---|---|---|---|---|

| | | | ges Other tha n English |
|---|---|---|---|
| Jagan N Bans al MD Inc | Medical Admi nistrative Assi stant | 0 | 0 |

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

| Site Name | Donation or Compensat ion Amount | Type of Consideration |
|---|---|---|
| | | |

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

**No**

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

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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** | |

# Institution Information



## 2022 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2022 BPPE Annual Report - Program - Institution Data

**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit oneProgram Data Workflow for the program being reported.**

1. Report Year *

**2022**

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

**78788769**

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

**Medical Science Institute**

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
**Not Checked**

4. Name of Program *

**Medical Assistant**

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

**Diploma/Certificate**

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

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

**31-9092 - Medical Assistants**

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)
**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

**0**

9. Total Charges for this Program *

**$12,000.00**

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 #14 and #13.

**16. 150% Graduates?**

**0**

**17. 150% Completion Rate**
This is a calculated field based on #16 and #13.

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

**No**

# Placement Data

## 2022 BPPE Annual Report - Program - Placement Data

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

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

**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

## 2022 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the
following allied health professionals that requires clinical training? *

 **Yes**

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

 **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 Students Proficient in Langua |
|---|---|---|---|---|

| | | | ges Other tha n English |
|---|---|---|---|
| Jagan N. Ban sal MD Inc | Medical Assis tant | 0 | 0 |

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

| Site Name | Donation or Compensat ion Amount | Type of Consideration |
|---|---|---|
| | | |

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)
**Not Checked**

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

**No**

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

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)
**Not Checked**

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

**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 *

  **00**                                      **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**

# 2022 Satellite Data

Satellite Location Data

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

## 2022 Annual Report

## Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)
(https://www.bppe.ca.gov/annual_report/instructions.pdf)

## 2022 BPPE Annual Report - Satellite Location Data

1. Report Year *

2022

2. Institution Code *
Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.

78788769

### 3. School Code *
Enter school code (Satellite Location)

92601711

### 4. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the
Institution Name will auto-populate. If incorrect
Institution Code is entered, you must clear out the Code
field in question #2, then enter the correct Institution
Code to re-fill the Institution Name with the correct
Institution Name.

Medical Science Institute

## Satellite Location Data (California locations only)

### 5. Street Address (Physical Location) *

3615 E. Imperial Hwy.

### 6. City *

Lynwood

### 7. State *

CA

### 8. Zip Code *

90262

Save        Submit