# 2021 Submit To BPPE

**BPPE**
Bureau for Private Postsecondary Education

# Annual Report Submission Confirmation

## MedicalScienceInstitute

This is to confirm your Annual Report submission. If you have any questions, please reference the request number provided below communicating with the Bureau.

**Request #:** DCA-BPPE-Finalize-007708
**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 574-8900, press "7" when prompted.

---

**Request:**
POST : https://bppews.dca.ca.gov/v1/batchsubmit-customer
Authorization: Bearer

eyJhbGciOiJIUzl1NilsInR5cCl6lkpXVCJ9.eyJkZXNjcmlwdGlvbil6ImF1dG8tZ2VuZXJhdGVkliwiaWF0ljoxNTQ1Mzl0OTU2LCJleHAiOjl0OTE0MDQ5NTYsImlzcyl6lkNBLURDQS1CUFBFliwic3ViljoiYXV0by1nZW5lcmF0ZWQifQ.9sU4zQgTVr34W1jiPsgP0Wim-7ZFeDOnave5493a_Bg
Content-Type: application/json

{"institutionCode": "78788769", "year": 2021}

---

**Response:**
200 OK
X-Powered-By:Express

ETag:W/"2-nOO9QiTlwXgNtWtBJezz8kv3SLc"

Date:Mon, 14 Nov 2022 21:17:18 GMT

Set-
Cookie:BIGipServerpool_openshift_apps_80=!8Aktz1Ktnplh74VopHWE2UeqcQkvJAHilkiy/n0SZrVpYg4ekFbrjo6Z
ytGzwde8xe7PP4hQ4NZScg==; Path=/; Version=1; Secure; Httponly,
b0333c35066163b6d9baacd414245ca5=7d04abda8d61b6cb97d23a52fb4f293f; Path=/; Version=1; Secure;
Httponly

X-XSS-Protection:1; mode=block

X-Frame-Options:SAMEORIGIN

X-Content-Type-Options:nosniff

Referrer-Policy:strict-origin-when-cross-origin

Strict-Transport-Security:max-age=16070400; includeSubdomains; preload

Transfer-Encoding:chunked

Content-Type:text/html; charset=utf-8

OK

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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

16660 Paramount Blvd. Ste 100
Paramount, CA  90723

Your request number is DCA-BPPE-Satellite-001781

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

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# 2021 Satellite Data

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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

721 N Euclid Street
Anaheim, CA   92801

Your request number is DCA-BPPE-Satellite-001782

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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# 2021 Satellite Data

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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

690 W. 6th Suite S
Corona, CA   92881

Your request number is DCA-BPPE-Satellite-001783

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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# 2021 Satellite Data

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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

3615 E. Imperial Hwy
Lynwood, CA  90262

Your request number is DCA-BPPE-Satellite-001784

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Phlebotomy

Your request number is DCA-BPPE-Program-031233.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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2021 Annual Report

Institution Data Submission:

**Institution Name:** MedicalScienceInstitute

**Institution Code: 78788769**

Your request number is DCA-BPPE-005003.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Medical Billing and Coding

Your request number is DCA-BPPE-Program-031226.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
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2021 Annual Report

Program Data Submission:

**Institution Name:**  MedicalScienceInstitute
**Institution Code:**  78788769

**Program Name:**  Medical Administrative Assistant

Your request number is DCA-BPPE-Program-031227.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
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# 2021 Program Data

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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Dental Administrative Assistant

Your request number is DCA-BPPE-Program-031228.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Electrocardiograph Technician

Your request number is DCA-BPPE-Program-031229.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Electronic Health Record Specialist

Your request number is DCA-BPPE-Program-031230.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Medical Assistant

Your request number is DCA-BPPE-Program-031231.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Clinical Medical Assistant

Your request number is DCA-BPPE-Program-031232.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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# 2021 Submit To BPPE



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## Annual Report Submission Confirmation

**MedicalScienceInstitute**

This is to confirm your Annual Report submission. If you have any questions, please reference the request number provided below communicating with the Bureau.

**Request #:** DCA-BPPE-Finalize-007708
**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 574-8900, press "7" when prompted.

-----------------------------------------------------------------
**Request:**
POST : https://bppews.dca.ca.gov/v1/batchsubmit-customer
Authorization: Bearer
eyJhbGciOiJIUzI1NiIsInR5cCI6IkpXVCJ9.eyJkZXNjcmlwdGlvbiI6ImF1dG8tZ2VuZXJhdGVkIiwiaWF0IjoxNTQ1MzI0OTU2LCJleHAiOjI0OTE0MDQ5NTYsImlzcyI6IkNBLURDQS1CFBFiiwic3ViIjoiYXV0by1nZW5lcmF0ZWQifQ.9sU4zQgTVr34W1jiPsgP0Wim-7ZFeDOnave5493a_Bg
Content-Type: application/json

{"institutionCode": "78788769", "year": 2021}
-----------------------------------------------------------------
**Response:**
200 OK
X-Powered-By:Express

ETag:W/"2-nOO9QiTlwXgNtWtBJezz8kv3SLc"

Date:Mon, 14 Nov 2022 21:17:18 GMT

Set-
Cookie:BIGipServerpool_openshift_apps_80=!8Aktz1Ktnplh74VopHWE2UeqcQkvJAHilkiy/n0SZrVpYg4ekFbrjo6Z
ytGzwde8xe7PP4hQ4NZScg==; Path=/; Version=1; Secure; Httponly,
b0333c35066163b6d9baacd414245ca5=7d04abda8d61b6cb97d23a52fb4f293f; Path=/; Version=1; Secure;
Httponly

X-XSS-Protection:1; mode=block

X-Frame-Options:SAMEORIGIN

X-Content-Type-Options:nosniff

Referrer-Policy:strict-origin-when-cross-origin

Strict-Transport-Security:max-age=16070400; includeSubdomains; preload

Transfer-Encoding:chunked

Content-Type:text/html; charset=utf-8


OK
------------------------------------------------------------------------

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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

16660 Paramount Blvd. Ste 100
Paramount, CA   90723

Your request number is DCA-BPPE-Satellite-001781

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

721 N Euclid Street
Anaheim, CA   92801

Your request number is DCA-BPPE-Satellite-001782

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

690 W. 6th Suite S
Corona, CA   92881

Your request number is DCA-BPPE-Satellite-001783

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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# 2021 Satellite Data

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2021 Annual Report

Satellite Data Submission:

**Institution:** MedicalScienceInstitute **(78788769)**

**Satellite Location:**

3615 E. Imperial Hwy
Lynwood, CA   90262

Your request number is DCA-BPPE-Satellite-001784

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Phlebotomy

Your request number is DCA-BPPE-Program-031233.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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# 2021 Institution Data

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2021 Annual Report

Institution Data Submission:

**Institution Name:** MedicalScienceInstitute

**Institution Code: 78788769**

Your request number is DCA-BPPE-005003.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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# 2021 Program Data

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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Medical Billing and Coding

Your request number is DCA-BPPE-Program-031226.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Medical Administrative Assistant

Your request number is DCA-BPPE-Program-031227.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Dental Administrative Assistant

Your request number is DCA-BPPE-Program-031228.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
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# 2021 Program Data



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Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Electrocardiograph Technician

Your request number is DCA-BPPE-Program-031229.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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# 2021 Program Data



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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Electronic Health Record Specialist

Your request number is DCA-BPPE-Program-031230.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Medical Assistant

Your request number is DCA-BPPE-Program-031231.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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2021 Annual Report

Program Data Submission:

**Institution Name:** MedicalScienceInstitute
**Institution Code:** 78788769

**Program Name:** Clinical Medical Assistant

Your request number is DCA-BPPE-Program-031232.

Next Steps:
1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
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