

## Institution Data



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

2022 Annual Report

Institution Data Workflow

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

### 2022 BPPE Annual Report - Institution - General Information

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Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

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.

**1928761**

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.

**NationalPolytechnicCollege**

4. Street Address (Physical Location) \*

**4105 South Street**

5. City \*

**Lakewood**

6. State \*

**CA**

7. Zip Code \*

**90712**

8. Select the type of business organization for this institution

**For profit corporation**

9. Number of Branch Locations \*

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

**0**

10. Number of Satellite Locations \*

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

**0**

## Graduate Identification Data

### 2022 BPPE Annual Report - Institution - Graduate Identification Data

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New Reporting Requirement: California Education Code section 94892.6 requires that institutions approved to operate by the Bureau collect, retain, and report specified information about each graduate completing a program on or after January 1, 2020. This includes identifying information for each graduate along with information about the program from which they graduated and the amount of student loan debt borrowed.

Pursuant to Title 5, California Code of Regulations section 74110, beginning in 2022 institutions will report this information to the Bureau annually through the Annual Report submission process. In the first reporting year, institutions shall provide information for each student who graduated from the institution's education program(s) between January 1, 2020 and December 31, 2021. In subsequent reporting years, institutions will report information only for students who graduated in the prior calendar year.

The AR\_LaborMarketData\_2021 reporting template linked below includes details about the data required to be reported for each student who graduated from the institution's education program(s) between January 1, 2020 and December 31, 2021. Click on the link to the template and save to your computer to fill out. After adding the required information to the "Data" tab, press the "Select files" button at the bottom of the portal Graduate Identification Data page to upload and attach your

completed AR\_LaborMarketData\_2021 report to the institution's Annual Report submission. Uploaded files must be Excel or CSV formats.

Please contact Jennifer Jones ([Jennifer.jones@dca.ca.gov](mailto:Jennifer.jones@dca.ca.gov)) with questions about this requirement.

AR\_LaborMarketData\_2022.xlsx

Upload completed Excel or CSV here



AR\_LaborMarketData\_2022.xlsx

## Fees / Accreditation

### 2022 BPPE Annual Report - Institution - Fees/Accreditation

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Display Instructions for #11 - #14 (Toggle)

**Not Checked**

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

**Yes**

11b. Is this institution current on Annual Fees? \*

**Yes**

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? \*

**Yes**

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

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

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

12a. Accrediting Agency (more than one agency may be selected) \*

**Accrediting 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 below.

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

**No**

## Financial

### 2022 BPPE Annual Report - Institution - Financial

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

Display Instructions for #15 - #26 (Toggle)

**Not Checked**



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

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year? \*  
\$2,212,232.74

16. Does your institution participate in veterans' financial aid education programs? \*  
**Yes**

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year? \*  
\$131,989.95

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

17a. What is the total amount of Cal Grant Funds received by your institution in this Reporting Year? \*  
\$52,136.00

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

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

19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? \*  
**\$0.00**

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

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. \*  
**VOCATIONAL REHAB**

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?  
\$6,907.75

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

71

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

**Yes**

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

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

0

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \*  
If Not Applicable, indicate "0".

0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. \*  
If none, indicate "0".

76

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

\$18,666.04

## Offerings

### 2022 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st. \*  
If none, indicate "0".

326

28. Number of Doctorate Degree Programs Offered?  
Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

0

30. Number of Master Degree Programs Offered?  
Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

0

32. Number of Bachelor Degree Programs Offered?  
Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

0

34. Number of Associate Degree Programs Offered?  
Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

3

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

0

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

0

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

0

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

212

36. Number of Diploma or Certificate Programs Offered?  
Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) \*  
If none, indicate "0".

6

Total Program Count

9

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \*  
If none, indicate "0".

114

## Website / Uploads

### 2021 BPPE Annual Report - Institution - Website and Required Uploads

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

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

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

Institution's Website

<https://npcollege.edu/index.php>

**38. Upload School Performance Fact Sheet \***

Required file format = PDF

NPCollege Combined SPFS 2021-22.pdf

**39. Upload Catalog \***

Required file format = PDF

NPCollege Catalog 2022 v09-2022.pdf

**40. Upload Enrollment Agreement \***

Required file format = PDF

Enrollment Agreement MATER 01-22  
rev.pdf

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The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

**41. General File Upload (only use as directed by BPPE staff)**

Recommended file format = PDF

## Institution Information



# Bureau for Private Postsecondary Education

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 one Program 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.

**1928761**



**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.

**National Polytechnic College**

## Program Name

### 2022 BPPE Annual Report - Program - Program Name

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Display Instructions for #4 - #7 (Toggle)

**Not Checked**

**4. Name of Program \***

**Cardiovascular Sonography Technologist AAS**

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. \*

**Associate**

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

**51.0901 - Cardiovascular Technology/Technologist.**

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

**29-2031 - Cardiovascular Technologists and Technicians**

## Financial and Graduation

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

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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 \*

**\$44,782.50**

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.

**17. 150% Completion Rate**

This is a calculated field based on #16 and #13.

16. 150% Graduates?

**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".

21. Placement Rate

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

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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

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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

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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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

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

Site Name	Donation or Compensation Amount	Type of Consideration

## Exam Passage Rate

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

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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 \*

**0**

\$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**

\$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**



\$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 Education

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 one Program 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.  
**1928761**

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.

**NationalPolytechnicCollege**

## Program Name

2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Cardiovascular Sonography**

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

**Diploma/Certificate**

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

**51.0901 - Cardiovascular Technology/Technologist.**

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

**29-2031 - Cardiovascular Technologists and Technicians**

## 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 \*

\$40,122.00

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

23c. Freelance/self-employed \*  
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

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)  
**Checked**

## Instructions

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

\*Questions #24 - #25 are specific to Allied Health Professionals requiring clinical training.  
If the institution does not offer educational programs for these specific allied health professions, requiring clinical training, skip this workflow.

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

If "yes," for each program offered, select the allied health profession, requiring clinical training. Professions include: Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant,



Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

24b.

Enter the name(s) of clinical site(s).  
Enter the License Number or Employer Identification Number to the corresponding site.  
Enter Program Name.  
Enter Total Number of students enrolled in this program.  
Enter Number of Students Proficient in languages other than English.

25. For each clinical site, indicate whether any donations, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit or other organization, clinic, hospital, or other location where the student was placed. Enter the Site Name, Donation or Compensation Amount and Type of Consideration. If multiple there are Sites for this program, select "Add Row" for Site.

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

Yes

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

**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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
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25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
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## Exam Passage Rate

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

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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



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

## 2022 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2022 BPPE Annual Report - Program - Institution Data

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3. Institution Name (auto-populated) \*

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**National Polytechnic College**

## Program Name

## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Diagnostic Medical Sonography AAS**

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. \*

**Associate**

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

**51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician.**

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

**29-2032 - Diagnostic Medical Sonographers**

## 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".

**17**

9. Total Charges for this Program \*

**\$47,745.00**

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

**89**

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

**94**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**29**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**29**

14. Number of On-time Graduates \*

If none, indicate "0".

**7**

15. Completion Rate

This is a calculated field based on #14 and #13.

**24.13793**

16. 150% Graduates?

**17**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**58.62069**

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".

**17**

20. Graduates Employed in the Field \*

If none, indicate "0".

**6**

21. Placement Rate

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

**35.29412**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**3**

22b. at least 30 hours per week \*

If none, indicate "0".

**3**



23. Indicate the number of graduates employed...

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

If none, indicate "0".

**6**

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.

**Diagnostic Medical Sonographer**

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 Language

				ges Other tha n English
CHANDRA R ANA RDMS: H P MAIN-2675 E. SLAUSON AVENUE HUN TINGTON PA RK, CA, 9025 5	135700553	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	4	0
Cherished Me mories 3D/4D Ultrasound-36 1 LOS CERRI TOS CENTER CERRITOS, C A, 90703	272898313	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	2	0
TRINITY DIA GNOSTIC-117 70 WARNER AVE #105 FO UNTAIN VALL EY, CA, 92708	608206036	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	4	0
MDN MANAG EMENT LLC-1 5332 Antioch #209 PACIFIC PALISADES, CA, 90272	815039139	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	2	0
OPTIMA ULT RASOUND-21 83 FAIRVIEW ROAD COSTA MESA, CA, 92 627	604439004	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	4	0
DAVID AHDO OT M.D.,-191 SOUTH BUE NA VISTA SUI TE #340 BUR BANK, CA, 91 501	800552953	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	1	0

BROADWAY RADIOLOGY- 231 W. VERN ON AVENUE SUITE 111 LO S ANGELES, CA, 90037	800664295	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	4	0
Magella Medic al Group-2888 LONG BEAC H BLVD SUIT E 400 LONG BEACH, CA, 9 0806	330837750	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	1	0
PRECIOUS M EMORIES UL TRASOUND I MAGING 3D/ HD/4D-349 La kewood Cente r Mall LAKEW OOD, CA, 907 12	465430159	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	1	0
TRINITY ULT RASOUND-12 564 B Central Ave CHINO, C A, 91710	271731894	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	1	0
Herb S. Brar MD. FACMG, FACOG, FAC S-3637 ARLIN GTON AVE RI VERSIDE, C A, 92506	606247315	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	1	0
PARISA POU RZAND, MD - LOS ANGELE S-8631 W. 3R D STREET S UITE 540-E L OS ANGELE S, CA, 90048	263420504	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	1	0

Twinkle Twinkl e My Little Sta r-11600 W Pic o Blvd LOS A NGELES, CA, 90064	843204997	DIAGNOSTIC MEDICAL SO NOGRAPHY AAS	2	0
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25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
CHANDRA RANA RDM S: HP MAIN-2675 E. SL AUSON AVENUE HUN TINGTON PARK, CA, 9 0255	6600	Compensation
Cherished Memories 3 D/4D Ultrasound-361 L OS CERRITOS CENTE R CERRITOS, CA, 907 03	4000	Compensation
TRINITY DIAGNOSTIC- 11770 WARNER AVE # 105 FOUNTAIN VALLE Y, CA, 92708	9000	Compensation
MDN MANAGEMENT L LC-15332 Antioch #209 PACIFIC PALISADES, CA, 90272	1200	Compensation
OPTIMA ULTRASOUN D-2183 FAIRVIEW ROA D COSTA MESA, CA, 9 2627	7800	Compensation
DAVID AHDOOT M.D.,- 191 SOUTH BUENA VI STA SUITE #340 BURB ANK, CA, 91501	1500	Compensation
BROADWAY RADIOLO GY-231 W. VERNON A VENUE SUITE 111 LOS ANGELES, CA, 90037	9000	Compensation

Magella Medical Group- 2888LONG BEACH BL VD SUITE 400 LONG B EACH, CA, 90806	1400	Compensation
PRECIOUS MEMORIE S ULTRASOUND IMAG ING 3D/HD/4D-349 Lak ewood Center Mall LAK EWOOD, CA, 90712	2500	Compensation
TRINITY ULTRASOUN D-12564 B Central Ave CHINO, CA, 91710	600	Compensation
Herb S. Brar MD. FACM G, FACOG, FACS-3637 ARLINGTON AVE RIVE RSIDE, CA, 92506	2000	Compensation
PARISA POURZAND, MD - LOS ANGELES-8 631 W. 3RD STREET S UITE 540-E LOS ANGE LES, CA, 90048	3600	Compensation
Twinkle Twinkle My Littl e Star-11600 W Pico BI vd LOS ANGELES, CA, 90064	1350	Compensation

## 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.

**17**

### 44. Graduates Employed in the Field

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

**6**

### 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 *
<b>1</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>1</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>1</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>2</b>	<b>0</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>0</b>	<b>1</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
<b>0</b>	<b>0</b>

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

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

0

0

Over \$100,000 \*

0

# Institution Information



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

## 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 one Program 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.

**1928761**

**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.

**National Polytechnic College**

## Program Name



## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Diagnostic Medical Sonography**

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

**Diploma/Certificate**

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

**51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician.**

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

**29-2032 - Diagnostic Medical Sonographers**

## 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".

**5**

9. Total Charges for this Program \*

**\$39,935.00**

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

**81**

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

**40**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**5**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**5**

14. Number of On-time Graduates \*

If none, indicate "0".

**4**

15. Completion Rate

This is a calculated field based on #14 and #13.

**80**

16. 150% Graduates?

**5**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**100**

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".

**5**

20. Graduates Employed in the Field \*

If none, indicate "0".

**2**

21. Placement Rate

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

**40**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**2**

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*  
If none, indicate "0".

**2**

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) \*  
If none, indicate "0".

**0**

23c. Freelance/self-employed \*  
If none, indicate "0".

**0**

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*  
If none, indicate "0".

**0**

## Allied Health

### 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.

**Diagnostic Medical Sonographer**

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 Language

			ges Other tha n English
BROADWAY RADIOLOGY- 231 W. VERN ON AVENUE 800664295 SUITE 111 LO S ANGELES, CA, 90037		DIAGNOSTIC MEDICAL SO 1 NOGRAPHY	0
Cherished Me mories 3D/4D Ultrasound-36 1 LOS CERRI 272898313 TOS CENTER CERRITOS, C A, 90703		DIAGNOSTIC MEDICAL SO 1 NOGRAPHY	0
TRINITY DIA GNOSTIC-11 770 WARNER AVE #105 FO 608206036 UNTAIN VALL EY, CA, 9270 8		DIAGNOSTIC MEDICAL SO 2 NOGRAPHY	0
OPTIMA ULT RASOUND-21 83 FAIRVIEW ROAD COST 604439004 A MESA, CA, 92627		DIAGNOSTIC MEDICAL SO 3 NOGRAPHY	0
CHERISHED MEMORIES 3 D/4D-470 Sto newood St D 272898313 OWNEY, CA, 90241		DIAGNOSTIC MEDICAL SO 1 NOGRAPHY	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
-----------	-------------------------------------	-----------------------

BROADWAY RADIOLO GY-231 W. VERNON A VENUE SUITE 111 LOS ANGELES, CA, 90037	1000	Compensation
Cherished Memories 3 D/4D Ultrasound-361 L OS CERRITOS CENTE R CERRITOS, CA, 907 03	1500	Compensation
TRINITY DIAGNOSTIC- 11770 WARNER AVE # 105 FOUNTAIN VALLE Y, CA, 92708	2400	Compensation
OPTIMA ULTRASOUN D-2183 FAIRVIEW RO AD COSTA MESA, CA, 92627	7200	Compensation
CHERISHED MEMORI ES 3D/4D-470 Stonewo od St DOWNEY, CA, 90 241	500	Compensation

## 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.

5

44. Graduates Employed in the Field

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

2

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
1	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	1
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

# Institution Information



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

## 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 one Program 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.

**1928761**

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.

**National Polytechnic College**

## Program Name

## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Hemodialysis Technician**

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

**Diploma/Certificate**

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

**51.1011 - Renal/Dialysis Technologist/Technician.**

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

**29-2099 - Health Technologists and Technicians, All Other**

## 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".

**18**

9. Total Charges for this Program \*

**\$7,682.00**

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".

**24**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**24**

14. Number of On-time Graduates \*

If none, indicate "0".

**5**

15. Completion Rate

This is a calculated field based on #14 and #13.

**20.83333**

16. 150% Graduates?

**18**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**75**

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".

**18**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**13**

21. Placement Rate

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

**72.22222**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**13**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**13**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

### 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.

**Dialysis Technician**

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 Language

			ges Other than English
DAVITA TORRANCE EME RALD DIALYSIS-20821 Hawthorne Blvd. Torrance, CA, 90503	HEMODIALYSIS TECHNICIAN	2	0
DAVITA - Corona-2057 Compton Ave # 101, Corona, CA, 92881	HEMODIALYSIS TECHNICIAN	1	0
DAVITA TRC/HARBOR-UCLA MFI TOTAL RENAL DIALYSIS CENTER-21602 S Vermont Ave Torrance, CA, 90502	HEMODIALYSIS TECHNICIAN	1	0
DAVITA-UNITED DIALYSIS-3111 Long Beach LONG BEACH, CA, 90805	HEMODIALYSIS TECHNICIAN	1	0
DaVita Warner Center Dialysis-21040 California St. Suite A Woodland Hills, CA, 91367	HEMODIALYSIS TECHNICIAN	1	0
DAVITA - SILVER LAKE-2723 W. Temple St. LOS ANGELES, CA, 90026	HEMODIALYSIS TECHNICIAN	2	0

DAVITA - BIX BY KNOLLS DIALYSIS-374 4 Long Beach 0 Blvd LONG B EACH, CA, 90 807	HEMODIALY SIS TECHN 2 CIAN	0
DAVITA COVI NA DIALYSIS CENTER-154 7 W. GARVEY 0 AVE. N WEST COVINA, CA, 91790	HEMODIALY SIS TECHN 1 CIAN	0
Fresenius Kid ney Care Cars on Community -20710 Leapw 0 ood Ave. Ste E CARSON, CA, 90746	HEMODIALY SIS TECHN 1 CIAN	0
Fresenius Kid ney Care Ana heim-3150 W 0 Lincoln Ave. # 100 ANAHEI M, CA, 92801	HEMODIALY SIS TECHN 1 CIAN	0
DaVita Fontan a Dialysis-175 90 Foothill Blv 0 d. FONTANA, CA, 92335	HEMODIALY SIS TECHN 1 CIAN	0
Fresenius Me dical Care Nor th America So uth Bay-1221 0 Pacific Coast Hwy HARBO R CITY, CA, 9 0710	HEMODIALY SIS TECHN 1 CIAN	0
AZUSA DIALY 0 SIS CENTER INC.-312 N. A	HEMODIALY 1 SIS TECHN CIAN	0

ZUSA AVENU E AZUSA, CA, 91702 DaVita Bastan chury Dialysis -1950 Sunny Crest Dr. Suit 0 e 1300 FULLE RTON, CA, 92 835	HEMODIALY SIS TECHN 1 CIAN	0
DAVITA NOR TH HOLLYW OOD DIALYSI S-12126 VICT 0 ORY BLVD N ORTH HOLLY WOOD, CA, 9 1606	HEMODIALY SIS TECHN 1 CIAN	0
DAVITA LOS ALAMITOS DI ALYSIS-4141 0 Katella Ave. L OS ALAMITO S, CA, 90720	HEMODIALY SIS TECHN 1 CIAN	0
DaVita Vista D el Sol Dialysis -15002 Amarg 0 osa Rd. VICT ORVILLE, CA, 92394	HEMODIALY SIS TECHN 1 CIAN	0
DaVita Anahei m Hills-4201 E La Palma A 0 ve. ANAHEIM, CA, 92807	HEMODIALY SIS TECHN 1 CIAN	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 Compensation Amount	Type of Consideration
-----------	---------------------------------	-----------------------

DAVITA TORRANCE E MERALD DIALYSIS-20 821 HAWTHORNE BLV 0 D. TORRANCE, CA, 90 503	None
DAVITA - CORONA-205 7 Compton Ave #101, C 0 ORONA, CA, 92881	None
DAVITA TRC/HARBOR- UCLA MFI TOTAL REN AL DIALYSIS CENTER- 0 21602 S VERMONT AV E TORRANCE, CA, 905 02	None
DAVITA-UNITED DIALY SIS-3111 Long Beach L 0 ONG BEACH, CA, 9080 5	None
DaVita Warner Center Dialysis-21040 Califa S 0 t. Suite A WOODLAND HILLS, CA, 91367	None
DAVITA - SILVER LAKE -2723 W. Temple St. LO 0 S ANGELES, CA, 9002 6	None
DAVITA - BIXBY KNOL LS DIALYSIS-3744 Lon 0 g Beach Blvd LONG BE ACH, CA, 90807	None
DAVITA COVINA DIALY SIS CENTER-1547 W. 0 GARVEY AVE. N WEST COVINA, CA, 91790	None
Fresenius Kidney Care Carson Community-207 0 10 Leapwood Ave. Ste E CARSON, CA, 90746	None
Fresenius Kidney Care Anaheim-3150 W Lincol 0 n Ave. #100 ANAHEIM, CA, 92801	None

DaVita Fontana Dialysis -17590 Foothill Blvd. F ONTANA, CA, 92335	0	None
Fresenius Medical Care North America South Ba y-1221 Pacific Coast H wy HARBOR CITY, CA, 90710	0	None
AZUSA DIALYSIS CEN TER INC.-312 N. AZUS A AVENUE AZUSA, CA, 91702	0	None
DaVita Bastanchury Dia lysis-1950 Sunny Crest Dr. Suite 1300 FULLER TON, CA, 92835	0	None
DAVITA NORTH HOLLY WOOD DIALYSIS-1212 6 VICTORY BLVD NOR TH HOLLYWOOD, CA, 91606	0	None
DAVITA LOS ALAMITO S DIALYSIS-4141 Katell a Ave. LOS ALAMITOS, CA, 90720	0	None
DaVita Vista Del Sol Dia lysis-15002 Amargosa Rd. VICTORVILLE, CA, 92394	0	None
DaVita Anaheim Hills-42 01 E La Palma Ave. AN AHEIM, CA, 92807	0	None

## 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 Department of Public Health (CDHP)**

28. Name of State Exam \*

**Certified Hemodialysis Technician (CHT)**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**25**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**19**

31. Number Who Failed the State Exam

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

**6**

32. Passage Rate

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

**76**



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

**Yes**

33a. Name of Agency \*

**California Department of Public Health (CDHP)**

## 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 Department of Public Health (CDHP)**

36. Name of State Exam \*

**Certified Hemodialysis Technician (CHT)**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**14**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**10**

39. Number Who Failed the State Exam

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

**4**

40. Passage Rate

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

**71.42857**

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

**Yes**

41a. Name of Agency \*

**California Department of Public Health (CDHP)**

## 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.

**18**

44. Graduates Employed in the Field

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

**13**

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	1
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
6	3
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
1	1
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
1	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 Education**  
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 one Program 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.

**1928761**

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.

**National Polytechnic College**

## Program Name

## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**HVAC-R 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)

**47.0201 - Heating, Air Conditioning, Ventilation and Refrigeration Maintenance Technology/Technician (HAC, HACR, HVAC, HVACR).**

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

**49-9021 - Heating, Air Conditioning, and Refrigeration Mechanics and Installers**

## 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".

**8**

9. Total Charges for this Program \*

**\$19,279.00**

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

**67**

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

**50**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**11**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**11**

14. Number of On-time Graduates \*

If none, indicate "0".

**7**

15. Completion Rate

This is a calculated field based on #14 and #13.

**63.63636**

16. 150% Graduates?

**8**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**72.72727**

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".

**8**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**6**

21. Placement Rate

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

**75**

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".

**6**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**6**

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.

8

44. Graduates Employed in the Field

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

6

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	1
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	2
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	2
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0



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

0

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

0

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

0

Over \$100,000 \*

1

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

0

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

0

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

0

# Institution Information



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

## 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 one Program 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.

**1928761**

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.

**National Polytechnic College**

## Program Name

## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**MRI Technologist AAS**

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. \*

**Associate**

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

**51.0920 - Magnetic Resonance Imaging (MRI) Technology/Technician**

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

**29-2035 - Magnetic Resonance Imaging Technologists**

## 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".

**34**

9. Total Charges for this Program \*

**\$43,863.00**

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

**84**

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

**85**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**44**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**44**

14. Number of On-time Graduates \*

If none, indicate "0".

**13**

15. Completion Rate

This is a calculated field based on #14 and #13.

**29.54545**

16. 150% Graduates?

**34**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**77.27273**

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".

**34**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**13**

21. Placement Rate

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

**38.23529**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**4**

22b. at least 30 hours per week \*

If none, indicate "0".

**9**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**13**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

### 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.

**34**

44. Graduates Employed in the Field

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

**13**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
<b>1</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>0</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>3</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>0</b>	<b>0</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>3</b>	<b>3</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>2</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>1</b>	<b>0</b>

\$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 Education**  
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 one Program 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.

**1928761**

**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.

**National Polytechnic College**

## Program Name



## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**MRI Technologist**

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

**Diploma/Certificate**

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

**51.0920 - Magnetic Resonance Imaging (MRI) Technology/Technician**

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

**29-2035 - Magnetic Resonance Imaging Technologists**

## 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".

**8**

9. Total Charges for this Program \*

**\$39,393.50**

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

**90**

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

**75**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**12**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**12**

14. Number of On-time Graduates \*

If none, indicate "0".

**6**

15. Completion Rate

This is a calculated field based on #14 and #13.

**50**

16. 150% Graduates?

**8**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**66.66667**

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".

**8**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**5**

21. Placement Rate

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

**62.5**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**1**

22b. at least 30 hours per week \*

If none, indicate "0".

**4**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**5**

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.

8

44. Graduates Employed in the Field

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

5

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	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
1	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
1	0

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

0

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

0

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

1

Over \$100,000 \*

1

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

0

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

0

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

0

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 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 one Program 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.

**1928761**

**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.

**National Polytechnic College**

## Program Name

### 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

**4. Name of Program \***

**Phlebotomy Technician**

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

**Diploma/Certificate**

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

**51.1009 - Phlebotomy/Phlebotomist.**

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

**31-9097 - Phlebotomists**

## Financial and Graduation

## 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 \*

**\$0.00**

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.



**17. 150% Completion Rate**

This is a calculated field based on #16 and #13.

16. 150% Graduates?

**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? \*

**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? \*

**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 \*

**American Medical Technologist (AMT)**

28. Name of State Exam \*

**Registered Phlebotomy Technician (RPT)**

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? \*

**Yes**

33a. Name of Agency \*

**California Department of Public Health (CDPH)**

## Exam Passage Rate - Year 2

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

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Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**American Medical Technologist (AMT)**

36. Name of State Exam \*

**Registered Phlebotomy Technician (RPT)**

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? \*

**Yes**

41a. Name of Agency \*

**California Department of Public Health (CDPH)**

# Salary Data

## 2022 BPPE Annual Report - Program - Salary Data

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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 \*

**0**

\$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**

\$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**

\$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