

# Institution Data



## Bureau for Private Postsecondary Education Department of Consumer Affairs

### 2023 Annual Report

### Institution Data Workflow

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

#### 2023 BPPE Annual Report - Institution - General Info

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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 \*

**2023**

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**

4. Street Address (Physical Location) \*

**4105 South St**

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

### 2023 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.

The AR\_LaborMarketData\_2023 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, 2023 and December 31, 2023. 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\_2023 report to the institution's Annual Report submission. Uploaded files must be in 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\\_2023.xlsx](#)

Upload completed Excel or CSV here

\*

**AR\_LaborMarketData\_2023.xlsx**

## Fees / Accreditation

### 2023 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

### 2023 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? \*

**\$3,182,982.88**

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? \*

**\$242,228.27**

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? \*

**\$8,560.00**

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? \*

**\$7,702.00**

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?

**\$21,971.75**

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. \*

If none, indicate "0".

**69**

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.

**Lakewood Women's Club**

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. \*

**\$20,813.46**

## Offerings

### 2023 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".

**452**

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".

**306**

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".

**5**

Total Program Count

**8**

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".

**146**

## Website / Uploads

### 2023 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 2023  
12-2024 - Updated.pdf**

39. Upload Catalog \*

Required file format = PDF

**NPCollege Catalog 2023 v06-2023  
- Website Version.pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**Enrollment Agreement MASTER  
1-23.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

Pursuant to 5 CCR § 74110 (f)(6), **financial statements are required to be submitted via mail in hard copy format to the Bureau and attention to the Annual Report Unit**; however, the institution may in addition upload an electronic version. This is optional.

42. Upload Financial Statements

Recommended file format = PDF

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2023 Annual Report

### Program Data Workflow

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

## 2023 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 \*

**2023**

2. Institution Code \*

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**1928761**

3. Institution Name (auto-populated) \*

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**National Polytechnic College**

## Program Name

## 2023 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)

## Financial and Graduation

### 2023 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 \*

\$49,782.00

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

### 2023 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

### 2023 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

**Not Checked**

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

**Yes**

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

**Cardiovascular Technologist**

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

Site Name	License or 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

### 2023 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

### 2023 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 *
<b>0</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>0</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>0</b>	<b>0</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>0</b>	<b>0</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 *
<b>0</b>	<b>0</b>
Over \$100,000 *	
<b>0</b>	

## Institution Information



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2023 Annual Report

### Program Data Workflow

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

## 2023 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 \*

**2023**

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

## 2023 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)

## Financial and Graduation

### 2023 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 \*

\$45,770.00

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

### 2023 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

### 2023 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

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

### 2023 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

### 2023 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

## 2023 Annual Report

### Program Data Workflow

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3. Institution Name (auto-populated) \*

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**National Polytechnic College**

## Program Name

## 2023 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)

## Financial and Graduation

### 2023 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".

**25**

9. Total Charges for this Program \*

**\$52,697.00**

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

**86**

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

**83**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**37**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**37**

14. Number of On-time Graduates \*

If none, indicate "0".

**8**

15. Completion Rate

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

**21.62162**

16. 150% Graduates?

**25**

17. 150% Completion Rate

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

**67.56757**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**25**

20. Graduates Employed in the Field \*

If none, indicate "0".

**11**

21. Placement Rate

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

**44**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

6

22b. at least 30 hours per week \*  
If none, indicate "0".

5

23. Indicate the number of graduates employed...

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

11

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

### 2023 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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
OPTIMA ULTRASOUND- 2183 FAIRVIEW ROAD COSTA MESA, CA, 92627	604439004	DIAGNOSTIC MEDICAL SONOGRAPHY AAS	7	
TRINITY DIAGNOSTIC- 11770 WARNER RACE #105 FOUNTAIN VALLEY, CA, 92708	608206036	DIAGNOSTIC MEDICAL SONOGRAPHY AAS	6	
CHERISHED MEMORIES 3D/4D-470 STONEWOOD ST DOWNEY, CA, 90241	272898313	DIAGNOSTIC MEDICAL SONOGRAPHY AAS	2	
TRINITY ULTRASOUND- 12564 B CEN	271731894	DIAGNOSTIC MEDICAL SONOGRAPHY AAS	1	

TRAL AVE CHINO, CA, 91710		HY AAS
BROADWAY RADI OLOGY-231 W. VE RNON AVENUE SU 800664295		DIAGNOSTIC MED ICAL SONOGRAP 5
ITE 111 LOS ANGE LES, CA, 90037		HY AAS
UNIQUE ULTRASO UND POWAY-1220 5 SCRIPPS POWA 1		DIAGNOSTIC MED ICAL SONOGRAP 1
Y PKWK #105 PO WAY, CA, 92064		HY AAS
RADNET TEMECU LA VALLEY/TEMEC ULA VALLEY IMAG ING-MURRIETA-25 00000		DIAGNOSTIC MED ICAL SONOGRAP 1
395 HANCOCK AV ENUE SUITE 110 MURRIETA, CA, 92 562		HY AAS
CHERISHED MEM ORIES 3D/4D ULT RASOUND-361 LO S CERRITOS CEN TER CERRITOS, C A, 90703	272898313	DIAGNOSTIC MED ICAL SONOGRAP 2 HY AAS
SHIN IMAGING CE NTER-1955 SUNN Y CREST DR. #110 680530620		DIAGNOSTIC MED ICAL SONOGRAP 4
FULLERTON, CA, 92835		HY AAS
CHERISHED MEM ORIES 3D/4D ULT RASOUND-REDON DO BEACH- 1815 272898313		DIAGNOSTIC MED ICAL SONOGRAP 1
HAWTHORNE BLV D, REDONDO BEA CH, CA, 90278		HY AAS
RADNET-INGLEW OOD-211 N PRAIRI E AVE UNIT E ING 95-4377348		DIAGNOSTIC MED ICAL SONOGRAP 1
LEWOOD, CA, 903 01		HY AAS
MARINA OB/GYN- HAWTHORNE-123 21 HAWTHORNE B LVD SUTIE A HAW THORNE, CA 9025 0	275193669	DIAGNOSTIC MED ICAL SONOGRAP 1 HY AAS
TWINKLE TWINKL E MY LITTLE STAR T-11600 W PICO B 84-3204997		DIAGNOSTIC MED ICAL SONOGRAP 1
LVD LOS ANGELE S, CA, 90064		HY AAS
PRECIOUS MOME NTS ULTRASOUN D IMAGING-349 LA KEWOOD CENTER		DIAGNOSTIC MED 1 ICAL SONOGRAP HY AAS

MALL LAKEWOOD,  
CA, 90712

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
OPTIMA ULTRASOUND- 2183 F AIRVIEW ROAD COSTA MESA, CA, 92627	20400	Compensation
TRINITY DIAGNOSTIC- 11770 WARNER ACE #105 FOUNTAIN VALLEY, CA, 92708	14400	Compensation
CHERISHED MEMORIES 3D/4D -470 STONEWOOD ST DOWNEY, CA, 90241	3500	Compensation
TRINITY ULTRASOUND- 12564 B CENTRAL AVE CHINO, CA, 91710	600	Compensation
BROADWAY RADIOLOGY-231 W. VERNON AVENUE SUITE 111 LOS ANGELES, CA, 90037	1100	Compensation
UNIQUE ULTRASOUND POWAY -12205 SCRIPPS POWAY PKWK #105 POWAY, CA, 92064	0	None
RADNET TEMECULA VALLEY/TEMECULA VALLEY IMAGING-MURRIETA-25395 HANCOCK AVENUE SUITE 110 MURRIETA, CA, 92562	1800	Compensation
CHERISHED MEMORIES 3D/4D ULTRASOUND-361 LOS CERRITOS CENTER CERRITOS, CA, 90703	3700	Compensation
SHIN IMAGING CENTER-1955 SUNNY CREST DR. #110 FULLERTON, CA, 92835	2000	Compensation
CHERISHED MEMORIES 3D/4D ULTRASOUND-REDONDO BEACH- 1815 HAWTHORNE BLVD, REDONDO BEACH, CA, 90278	2000	Compensation
RADNET-INGLEWOOD-211 N PRAIRIE AVE UNIT E INGLEWOOD, CA, 90301	3600	Compensation
MARINA OB/GYN-HAWTHORNE -12321 HAWTHORNE BLVD SUITE A HAWTHORNE, CA 90250	500	Compensation
TWINKLE TWINKLE MY LITTLE START-11600 W PICO BLVD LOS ANGELES, CA, 90064	0	Compensation
PRECIOUS MOMENTS ULTRASOUND IMAGING-349 LAKEWOOD CENTER MALL LAKEWOOD, CA, 90712	1000	Compensation

## Exam Passage Rate

### 2023 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

### 2023 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.

**25**

44. Graduates Employed in the Field

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

**11**

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	4
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
1	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
1	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
3	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	1
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
1	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

## 2023 Annual Report

### Program Data Workflow

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

## 2023 BPPE Annual Report - Program - Institution Data

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**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 \*

**2023**

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

## 2023 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

## 2023 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".

**4**

9. Total Charges for this Program \*

**\$47,725.00**

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

**92**

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

**100**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**7**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**7**

14. Number of On-time Graduates \*

If none, indicate "0".

**1**

15. Completion Rate

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

**14.28571**

16. 150% Graduates?

**4**

17. 150% Completion Rate

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

**57.14286**

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

**No**

## Placement Data

## 2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**4**

20. Graduates Employed in the Field \*

If none, indicate "0".

**2**

21. Placement Rate

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

**50**

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".

1

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

### 2023 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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
Shin-Providence Resolution Imaging 1585 5 Pomona Rincon Rd Suite 101 Chino Hills, CA 91709	85244958	Diagnostic Medical Sonographer	1	
RadNet- Los Angeles 8540 South Sepulveda Boulevard # 101 & 111 LOS ANGELES, CA 90045	954377348	Diagnostic Medical Sonographer	1	
RadNet- Inglewood 211 N Prairie Ave Unit E INGLEWOOD, CA 90301	95-4377348	Diagnostic Medical Sonographer	1	
Trinity Diagnostics 14726 RAMONA AV		Diagnostic Medical Sonographer	1	

E. SUITE W-16 Chino, CA 917100000			
Trinity Diagnostic 1 1770 WARNER AVE #105 Fountain Valley, CA 92708	608206036	Diagnostic Medical Sonographer	1
Shin Imaging Center- Fullerton 1955 Sunny Crest Dr. #110 Fullerton, CA 92835	680530620	Diagnostic Medical Sonographer	1
Precious Memories Ultrasound Imaging 3D/HD/4D 349 Lakewood Center Mall Lakewood, CA 90712	46-5430159	Diagnostic Medical Sonographer	1
Trinity Ultrasound-1 2564 B Central Ave Chino, CA 91710	271731894	Diagnostic Medical Sonographer	1
RadNet-Huntington Park-2680 Saturn Ave Suite#100 Huntington Park, CA 90255	954377348	Diagnostic Medical Sonographer	1

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
Shin-Providence Rezolut Imaging 15855 Pomona Rincon Rd Suite 101 Chino Hills, CA 91709	2400	Compensation
RadNet- Los Angeles 8540 South Sepulveda Boulevard #101 & 111 LOS ANGELES, CA 90045	600	Compensation
RadNet- Inglewood 211 N Prairie Ave Unit E INGLEWOOD, CA 90301	1800	Compensation
Trinity Diagnostics 14726 RAMONA AVE. SUITE W-16 Chino, CA 917100000	3600	Compensation
Trinity Diagnostic 11770 WARNER AVE #105 Fountain Valley, CA 92708	500	Compensation
Shin Imaging Center- Fullerton 1955 Sunny Crest Dr. #110 Fullerton, CA 92835	1200	Compensation
Precious Memories Ultrasound Imaging 3D/HD/4D 349 Lakewood Center Mall Lakewood, CA 90712	2000	Compensation
Trinity Ultrasound-12564 B Central Ave Chino, CA 91710	500	Compensation
RadNet-Huntington Park-2680 Saturn Ave Suite#100 Huntington Park, CA 90255	600	Compensation

# Exam Passage Rate

## 2023 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

## 2023 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.

**4**

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

## 2023 Annual Report

### Program Data Workflow

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

## 2023 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 \*

**2023**

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

## 2023 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)

## Financial and Graduation

### 2023 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".

**27**

9. Total Charges for this Program \*

**\$7,878.00**

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".

**32**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**32**

14. Number of On-time Graduates \*

If none, indicate "0".

**9**

15. Completion Rate

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

**28.125**

16. 150% Graduates?

**27**

17. 150% Completion Rate

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

**84.375**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**27**

20. Graduates Employed in the Field \*

If none, indicate "0".

**11**

21. Placement Rate

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

**40.74074**

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".

10

23. Indicate the number of graduates employed...

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

11

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

### 2023 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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
Davita-Upland-600 N. 13th Ave Upland, 1 CA, 91784		HEMODIALYSIS TECHNICIAN	1	
Davita North Hollywood Dialysis- 12126 Victory BLVD North Hollywood, CA, 91606	0000000	HEMODIALYSIS TECHNICIAN	2	
DaVita Garfield Hemodialysis Center- 118 W Hilliard Ave Monterey Park, CA, 91754	1	HEMODIALYSIS TECHNICIAN	1	
DAVITA Baldwin Park- 14101 Francisqu	0	HEMODIALYSIS TECHNICIAN	1	



ito Ave Baldwin Par k, CA 91706 DAVITA-Kenneth H ahn-11854 Wilmingt on Ave Los Angele s, CA, 90059	000000	HEMODIALYSIS T ECHNICIAN	1
DaVita Hesperia Di alysis-14135 Main St Suite 501 Hesperia, CA 92345	1	HEMODIALYSIS T ECHNICIAN	1
DAVITA-Los Angeles Western-3901 S. Western Ave. Los Angeles, CA, 90062	00000	HEMODIALYSIS T ECHNICIAN	1
DAVITA-Whittier-10 055 Whittier Blvd. Whittier, CA, 90601	1	HEMODIALYSIS T ECHNICIAN	1
DAVITA Lake Elsinore Dialysis Center-3 2291 Mission Trail L ake Elsinore, CA, 92530	00000	HEMODIALYSIS T ECHNICIAN	1
DaVita Kidney Dialy sis Care Unit-3600 W Martin Luther King Jr BLVD Lynwood, CA, 90262	1	HEMODIALYSIS T ECHNICIAN	1
DAVITA-Silver Lake -2723 W Temple St. Los Angeles, CA, 90026	1	HEMODIALYSIS T ECHNICIAN	1
DaVita United Dialy sis Center-3111 Long Beach BLVD Long Beach, CA, 90807	0	HEMODIALYSIS T ECHNICIAN	1
Temple City Dialysis INC.-9945 Lower Azusa Rd Temple City, CA, 91780	614847771	HEMODIALYSIS T ECHNICIAN	1
DaVita Glendora Foothills-750 W Rte 6 6 Ste Q Glendora, CA, 91740	1	HEMODIALYSIS T ECHNICIAN	1
DaVita Riverside-43 61 Latham St Ste100 Riverside, CA, 92501	4	HEMODIALYSIS T ECHNICIAN	1
DAVITA-Moorpark-8 83 Patriot Center Dr. Ste C Moorpark, CA, 93021		HEMODIALYSIS T ECHNICIAN	1
DAVITA-Washington Plaza Dialysis-516 E Washington Blvd #522 Los Angeles, CA, 90015		HEMODIALYSIS T ECHNICIAN	1

DAVITA Atlantic PC H-1090 Atlantic Ave Long Beach, CA, 90813	1	HEMODIALYSIS TECHNICIAN	1
Fresenius Kidney Care Anaheim-3150 W Lincoln Ave #100 Anaheim, CA, 92801	0	HEMODIALYSIS TECHNICIAN	1
DaVita Rowland Heights-17875 Colima Rd Unit A City of Industry, CA, 91748	1	HEMODIALYSIS TECHNICIAN	1
DaVita Ontario Mills Dialysis-2403 S Vineyard Ave Suite D Ontario, CA, 91761	1	HEMODIALYSIS TECHNICIAN	1
DAVITA-Huntington Park-5942 Rugby Ave. Huntington Park, CA, 90255		HEMODIALYSIS TECHNICIAN	1
DaVita Vista Heights Dialysis-12220 Perris Blvd Ste A Moreno Valley, CA, 92557	11369	HEMODIALYSIS TECHNICIAN	1
DAVITA Mayfair Dialysis Center-4930 Paramount BLVD Lakewood, CA, 90712		HEMODIALYSIS TECHNICIAN	2
DAVITA Avalon Dialysis 05465-5807 S Avalon Ave Los Angeles, CA, 90011		HEMODIALYSIS TECHNICIAN	1
DaVita North Hollywood-12126 Victory Blvd North Hollywood, CA, 91606		HEMODIALYSIS TECHNICIAN	1
02138-DAVITA Bellflower-15736 Woodruff Ave Bellflower, CA 90706	1	HEMODIALYSIS TECHNICIAN	1

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-Upland-600 N. 13th Ave Upland, CA, 91784	0	None
Davita North Hollywood Dialysis-12126 Victory BLVD North Hollywood, CA, 91606	0	None
DaVita Garfield Hemodialysis Center- 118 W Hilliard Ave Monterey Park, CA, 91754	0	None
DAVITA Baldwin Park- 14101 Francisquito Ave Baldwin Park, CA 91706	0	None

170 DAVITA-Kenneth Hahn-11854 Wi Imington Ave Los Angeles, CA, 9 0 0059	None
DaVita Hesperia Dialysis-14135 Main St Suite 501 Hesperia, CA 0 92345	None
DAVITA-Los Angeles Western-39 01 S. Western Ave. Los Angeles, 0 CA, 90062	None
DAVITA-Whittier-10055 Whittier 0 Blvd. Whittier, CA, 90601	None
DAVITA Lake Elsinore Dialysis C enter-32291 Mission Trail Lake El 0 sinore, CA, 92530	None
DaVita Kidney Dialysis Care Unit- 3600 W Martin Luther King Jr BL 0 VD Lynwood, CA, 90262	None
DAVITA-Silver Lake-2723 W Tem 0 ple St. Los Angeles, CA, 90026	None
DaVita United Dialysis Center-31 11 Long Beach BLVD Long Beac 0 h, CA, 90807	None
Temple City Dialysis INC.-9945 L ower Azusa Rd Temple City, CA, 1500 91780	Compensation
DaVita Glendora Foothills-750 W Rte 66 Ste Q Glendora, CA, 917 0 40	None
DaVita Riverside-4361 Latham St 0 Ste100 Riverside, CA, 92501	None
DAVITA-Moorpark-883 Patriot Ce nter Dr. Ste C Moorpark, CA, 930 0 21	None
DAVITA-Washington Plaza Dialys is-516 E Washington Blvd #522 L 0 os Angeles, CA, 90015	None
DAVITA Atlantic PCH-1090 Atlanti 0 c Ave Long Beach, CA, 90813	None
Fresenius Kidney Care Anaheim- 3150 W Lincoln Ave #100 Anahei 0 m, CA, 92801	None
DaVita Rowland Heights-17875 Colima Rd Unit A City of Industry, 0 CA, 91748	None
DaVita Ontario Mills Dialysis-240 3 S Vineyard Ave Suite D Ontari 0 o, CA, 91761	None
DAVITA-Huntington Park-5942 R ugby Ave. Huntington Park, CA, 9 0 0255	None
DaVita Vista Heights Dialysis-122 20 Perris Blvd Ste A Moreno Vall 0 ey, CA, 92557	None
DAVITA Mayfair Dialysis Center-4 930 Paramount BLVD Lakewood, 0 CA, 90712	None

DAVITA Avalon Dialysis 05465-5 807 S Avalon Ave Los Angeles, C 0 A, 90011	None
DaVita North Hollywood-12126 Vi ctory Blvd North Hollywood, CA, 0 91606	None
02138-DAVITA Bellflower-15736 Woodruff Ave Bellflower, CA 907 0 06	None

## Exam Passage Rate

### 2023 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

### 2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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".

**15**

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

**7**

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

**8**

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

**46.66667**

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

### 2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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".

**16**

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

**12**

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.

**75**

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

### 2023 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.

**27**

44. Graduates Employed in the Field  
 This field is auto-populated based on your entry in #18.

**11**

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>0</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>2</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>5</b>	<b>1</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>1</b>	<b>2</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

## 2023 Annual Report

### Program Data Workflow

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

## 2023 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 \*

**2023**

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

## 2023 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)

## Financial and Graduation

### 2023 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".

**10**

9. Total Charges for this Program \*

**\$22,367.50**

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

**82**

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

**80**

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".

**10**

15. Completion Rate

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

**90.90909**

16. 150% Graduates?

**10**

17. 150% Completion Rate

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

**90.90909**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**9**

20. Graduates Employed in the Field \*

If none, indicate "0".

**1**

21. Placement Rate

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

**11.11111**

---



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".

1

23. Indicate the number of graduates employed...

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

1

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

### 2023 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

### 2023 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

### 2023 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.

9

44. Graduates Employed in the Field  
This field is auto-populated based on your entry in #18.

1

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	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

## 2023 Annual Report

### Program Data Workflow

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

## 2023 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 \*

**2023**

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

## 2023 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

## 2023 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".

**12**

9. Total Charges for this Program \*

**\$41,172.50**

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 \*

**92**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**14**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**14**

14. Number of On-time Graduates \*

If none, indicate "0".

**1**

15. Completion Rate

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

**7.14286**

16. 150% Graduates?

**12**

17. 150% Completion Rate

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

**85.71429**

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

**No**

## Placement Data

## 2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**12**

20. Graduates Employed in the Field \*

If none, indicate "0".

**5**

21. Placement Rate

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

**41.66667**

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".

2

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

### 2023 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

### 2023 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

### 2023 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.

12

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 *
2	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
1	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 *
1	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

## 2023 Annual Report

### Program Data Workflow

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

## 2023 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 \*

**2023**

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

## 2023 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)

## Financial and Graduation

### 2023 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".

**26**

9. Total Charges for this Program \*

**\$46,642.00**

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

**76**

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

**79**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**33**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**33**

14. Number of On-time Graduates \*

If none, indicate "0".

**15**

15. Completion Rate

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

**45.45455**

16. 150% Graduates?

**26**

17. 150% Completion Rate

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

**78.78788**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**26**

20. Graduates Employed in the Field \*

If none, indicate "0".

**17**

21. Placement Rate

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

**65.38462**



22. Graduates employed in the field...

22a. 20 to 29 hours per week \*  
If none, indicate "0".

7

22b. at least 30 hours per week \*  
If none, indicate "0".

10

23. Indicate the number of graduates employed...

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

17

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

### 2023 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

### 2023 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

### 2023 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.

26

44. Graduates Employed in the Field  
This field is auto-populated based on your entry in #18.

17

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 *
2	1
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
2	3
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
1	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
4	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
2	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 *
1	0
Over \$100,000 *	
1	