Bureau for Private Postsecondary Education
Department of Consumer Affairs
BPPE

2024 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Institution - General Info

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

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.

1. Report Year *

2024

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

2024 BPPE Annual Report - Institution - Graduate Identification Data

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_2024 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, 2024 and December 31, 2024. 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_2024 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) with questions about this requirement.

AR_LaborMarketData_2024.xlsx

Upload completed Excel or CSV here *

AR_LaborMarketData_2024.xlsx

Fees / Accreditation

2024 BPPE Annual Report - Institution - Fees/Accreditation

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

2024 BPPE Annual Report - Institution - Financial

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? *

$3,840,623.68

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? *

$390,745.56

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? *

$58,016.00

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

No

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? *

$15,600.00

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? *

$38,096.03

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

59

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.

Private Loan, Private Aid - Grant

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

3.37

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".

79

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

$19,296.23

Offerings

2024 BPPE Annual Report - Institution - Offerings

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".

694

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

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

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

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

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

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

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".

5

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".

486

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

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".

208

Total Program Count

11

Website / Uploads

2024 BPPE Annual Report - Institution - Website and Required Uploads

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

www.npcollege.edu

38. Upload School Performance
Fact Sheet *
Required file format = PDF

NPCollege Combined SPFS 2024 12-2025.pdf

39. Upload Catalog *
Required file format = PDF

2025 NPCollege Catalog v09-2025.pdf

40. Upload Enrollment Agreement *
Required file format = PDF

Enrollment Agreement - Rev 09-2025 MASTER.pdf

The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The inital 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

National Polytechnic 2024 Financial Audit Report - Final Dated 5-30-2025.pdf

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Cardiovascular 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)

51.0901 - 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

2024 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 *

$49,907.00

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 *

0

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

1

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

1

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

0

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

0

16. 150% Graduates?

0

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

0

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

No

Placement Data

2024 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

2024 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

2024 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

2024 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

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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

2024 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".

1

9. Total Charges for this Program *

$45,885.00

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

94

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".

2

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

2

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

0

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

0

16. 150% Graduates?

1

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

50

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

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

1

20. Graduates Employed in the Field *
If none, indicate "0".

0

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

0

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

2024 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

2024 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

2024 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.

1

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

2024 Annual Report

Program Data Workflow

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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

2024 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".

28

9. Total Charges for this Program *

$54,353.00

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 *

83

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

41

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

41

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

14

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

34.14634

16. 150% Graduates?

28

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

68.29268

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

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

28

20. Graduates Employed in the Field
*
If none, indicate "0".

9

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

32.14286

---

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".

2

---

23. Indicate the number of graduates employed...

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

9

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

2024 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
Broadway Radiology-231 W. Vernon Avenue Suite 111 Los Angeles, CA 90037	800664295	Diagnostic Medical Sonography AA S	4	2
Orange Diagnostics Ultrasound Inc.,-1018 N. Tustin St. ORANGE, CA, 92867	842800424	Diagnostic Medical Sonography AA S	2	1
Cherished Memories 3D/4D Ultrasound-361 LOS CERRITOS CENTER CERRITOS, CA, 90703	272898313	Diagnostic Medical Sonography AA S	2	0
SHIN IMAGING CENTER-Fullerton-1955 Sunny Crest Dr. #110 FULLERTON, CA, 92835	680530620	Diagnostic Medical Sonography AA S	2	0
Choctaw Nation Rubin White Health Clinic-109 Kerr Ave, POTEAU, OK, 74953		Diagnostic Medical Sonography AA S	1	0
OPTIMA ULTRASOUND-2183 FAIRVIEW ROAD COSTA MESA, CA, 92627	6004439004	Diagnostic Medical Sonography AA S	4	2
PRECIOUS MEMORIES ULTRASOUND IMAGING 3D/HD/4D-349 Lakewood Center Mal	46-5430159	Diagnostic Medical Sonography AA S	4	2

Provider	ID	Specialty		
I LAKEWOOD, CA, 90712				
TRINITY DIAGNOSTIC-11770 WARNER AVE #105 FOUNTAIN VALLEY, CA, 92708	608206036	Diagnostic Medical Sonography AAS	7	2
UCI-LAKEWOOD REGIONAL MEDICAL CENTER-3700 E South St LAKEWOOD, CA, 90712	0	Diagnostic Medical Sonography AAS	2	0
CHERISHED MEMORIES 3D/4D-470 Stonewood St DOWNEY, CA, 90241	272898313	Diagnostic Medical Sonography AAS	1	0
Mommy and Me 3D /4D Ultrasound-411 Camino Del Rio S #103 SAN DIEGO, CA, 92108	81-0662340	Diagnostic Medical Sonography AAS	1	0
SANTOS MEDICAL CLINIC-15159 Prairie Ave LAWNDALE, CA, 90260		Diagnostic Medical Sonography AAS	1	1
Hacienda HTS Ultrasound-3120 S HACIENDA BLVD #201B HACIENDA HEIGHTS, CA, 91745	843030693	Diagnostic Medical Sonography AAS	3	0
TWINKLE TWINKLE MY LITTLE STAR-11600 W Pico Blvd LOS ANGELES, CA, 90064	84-3204997	Diagnostic Medical Sonography AAS	1	0
PARISA POURZAND, MD - GLENDALE-1141 N. BRAND BLVD. SUITE 305 GLENDALE, CA, 91202	263420504	Diagnostic Medical Sonography AAS	1	0
Image N You Ultrasound Studio-20700 AVALON BLVD. STE 190 CARSON, CA, 90745	873084712	Diagnostic Medical Sonography AAS	2	0
Aspen Health Screening Inc.-9622 FOOTHILL BLVD.	844726619	Diagnostic Medical Sonography AAS	1	0

BUILDING C UNI
T 120 RANCHO C
UCAMONGA, CA,
91701

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
Broadway Radiology-231 W. Vernon Avenue Suite 111 Los Angeles, CA 90037	$6,500.00	Compensation
Orange Diagnostics Ultrasound Inc.,-1018 N. Tustin St. ORANGE, CA, 92867	$4,500.00	Compensation
Cherished Memories 3D/4D UItrasound-361 LOS CERRITOS CENTER CERRITOS, CA, 90703	$8,000.00	Compensation
SHIN IMAGING CENTER-Fullerton-1955 Sunny Crest Dr. #110 FULLERTON, CA, 92835	$800.00	Compensation
Choctaw Nation Rubin White Health Clinic-109 Kerr Ave, POTEAU, OK, 74953	$0	None
OPTIMA ULTRASOUND-2183 FAIRVIEW ROAD COSTA MESA, CA, 92627	$13,200.00	Compensation
PRECIOUS MEMORIES ULTRASOUND IMAGING 3D/HD/4D-349 Lakewood Center Mall LAKEWOOD, CA, 90712	$11,500.00	Compensation
TRINITY DIAGNOSTIC-11770 WARNER AVE #105 FOUNTAIN VALLEY, CA, 92708	$10,500.00	Compensation
UCI-LAKEWOOD REGIONAL MEDICAL CENTER-3700 E South St LAKEWOOD, CA, 90712	$0	None
CHERISHED MEMORIES 3D/4D-470 Stonewood St DOWNEY, CA, 90241	$500.00	Compensation
Mommy and Me 3D /4D Ultrasound-411 Camino Del Rio S # 103 SAN DIEGO, CA, 92108	$2,400.00	Compensation
SANTOS MEDICAL CLINIC-15159 Prairie Ave LAWNDALE, CA, 90260	$0	None
Hacienda HTS Ultrasound-3120 S HACIENDA BLVD #201B	$6,025.00	Compensation

HACIENDA HEIGHTS, CA, 91 745		
TWINKLE TWINKLE MY LITT LE STAR-11600 W Pico Blvd L OS ANGELES, CA, 90064	$1,350.00	Compensation
PARISA POURZAND, MD - G LENDALE-1141 N. BRAND BL VD. SUITE 305 GLENDALE, CA, 91202	$1,200.00	Compensation
Image N You Ultrasound Studi o-20700 AVALON BLVD. STE 190 CARSON, CA, 90745	$9,100.00	Compensation
Aspen Health Screening Inc.-9 622 FOOTHILL BLVD. BUILDI NG C UNIT 120 RANCHO CU CAMONGA, CA, 91701	$4,500.00	Compensation

Exam Passage Rate

2024 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

2024 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.

28

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

9

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 *
2	1
$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	1
$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

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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

2024 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".

14

9. Total Charges for this Program *

$48,842.00

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 *

100

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

17

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

17

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

1

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

5.88235

16. 150% Graduates?

14

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

82.35294

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

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

14

20. Graduates Employed in the Field
*
If none, indicate "0".

4

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

28.57143

---

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".

1

---

23. Indicate the number of graduates employed...

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

4

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

2024 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
CHERISHED ME MORIES 3D/4D-4 70 Stonewood St DOWNEY, CA, 90 241	272898313	Diagnostic Medical Sonography	2	0
TRINITY DIAGNO STIC-11770 WAR NER AVE #105 F OUNTAIN VALLE Y, CA, 92708	608206036	Diagnostic Medical Sonography	2	2
Orange Diagnosti cs Ultrasound In c.,-1018 N. Tustin St. ORANGE, CA, 92867	842800424	Diagnostic Medical Sonography	5	3
Unique Ultrasoun d Poway -12205 S cripps Poway PK WK #105 POWAY, CA, 92064	1	Diagnostic Medical Sonography	1	1
RADNET TEMEC ULA VALLEY/TE MECULA VALLEY IMAGING-MURRI ETA-25395 HANC OCK AVENUE, S UITE 110 MURRI ETA, CA, 92562	00000	Diagnostic Medical Sonography	1	0
OPTIMA ULTRAS OUND-2183 FAIR VIEW ROAD COS TA MESA, CA, 92 627	604439004	Diagnostic Medical Sonography	4	0
TWINKLE TWINK LE MY LITTLE ST AR-11600 W Pico	84-3204997	Diagnostic Medical Sonography	1	0

Blvd LOS ANGELES, CA, 90064				
BROADWAY RADIOLOGY-231 W. VERNON AVENUE SUITE 111 LOS ANGELES, CA, 90037	800664295	Diagnostic Medical Sonography	2	1
Cherished Memories 3D/4D Ultrasound-361 LOS CERRITOS CENTER CERRITOS, CA, 90703	272898313	Diagnostic Medical Sonography	1	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
CHERISHED MEMORIES 3D/4D-470 Stonewood St DOWNEY, CA, 90241	$5,500.00	Compensation
TRINITY DIAGNOSTIC-11770 WARNER AVE #105 FOUNTAIN VALLEY, CA, 92708	$4,500.00	None
Orange Diagnostics Ultrasound Inc.,-1018 N. Tustin St. ORANGE, CA, 92867	$15,000.00	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	$1,800.00	Compensation
OPTIMA ULTRASOUND-2183 FAIRVIEW ROAD COSTA MESA, CA, 92627	$10,200.00	Compensation
TWINKLE TWINKLE MY LITTLE STAR-11600 W Pico Blvd LOS ANGELES, CA, 90064	$1,350.00	Compensation
BROADWAY RADIOLOGY-231 W. VERNON AVENUE SUITE 111 LOS ANGELES, CA, 90037	$5,000.00	Compensation
Cherished Memories 3D/4D Ultrasound-361 LOS CERRITOS CENTER CERRITOS, CA, 90703	$4,500.00	Compensation

Exam Passage Rate

2024 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

2024 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.

14

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

4

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	**1**
$20,001 - $25,000 *	$25,001 - $30,000 *
0	**1**
$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 *
0	**1**
$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

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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

2024 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 *

$7,898.00

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".

11

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

11

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

2

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

18.18182

16. 150% Graduates?

5

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

45.45455

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

No

Placement Data

2024 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".

3

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

60

---

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".

3

---

23. Indicate the number of graduates employed...

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

3

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

2024 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 Anaheim West Dialysis-182 1 W Lincoln Ave A NAHEIM, CA, 928 01	0	Hemodialysis Tec hnician	1	1
DaVita Anaheim H ills-4201 E La Pal ma Ave. ANAHEI M, CA, 92807	1	Hemodialysis Tec hnician	2	2
DaVita Paramount Dialysis Center-15 625 Lakewood Blv d. PARAMOUNT, CA, 90723	0	Hemodialysis Tec hnician	2	2
DaVita-Crossroad s Dialysis-3214 Yo rba Linda Blvd FU LLERTON, CA, 92 831	0	Hemodialysis Tec hnician	1	1
DaVita Whittier Di alysis-10055 Whitt wood Dr. Suite A WHITTIER, CA, 9 0603	1	Hemodialysis Tec hnician	1	0
BREA DIALYSIS CENTER-595 TA MARACK AVENU E SUITE A BREA, CA, 92821		Hemodialysis Tec hnician	1	0
DAVITA - EL DOR ADO-2977 Redon do Ave LONG BE ACH, CA, 90806	00000	Hemodialysis Tec hnician	1	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 Anaheim West Dialysis -1821 W Lincoln Ave ANAHEIM, CA, 92801	$0	None
DaVita Anaheim Hills-4201 E La Palma Ave. ANAHEIM, CA, 92807	$0	None
DaVita Paramount Dialysis Center-15625 Lakewood Blvd. PARAMOUNT, CA, 90723	$0	None
DaVita-Crossroads Dialysis-3214 Yorba Linda Blvd FULLERTON, CA, 92831	$0	None
DaVita Whittier Dialysis-10055 Whittwood Dr. Suite A WHITTIER, CA, 90603	$0	None
BREA DIALYSIS CENTER-595 TAMARACK AVENUE SUITE A BREA, CA, 92821	$0	None
DAVITA - EL DORADO-2977 Redondo Ave LONG BEACH, CA, 90806	$0	None

Exam Passage Rate

2024 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

2024 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.

3

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	**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 *	$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	

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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

2024 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".

11

9. Total Charges for this Program *

$22,422.50

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

77

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

91

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

13

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

13

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

11

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

84.61538

16. 150% Graduates?

0

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

0

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

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

11

20. Graduates Employed in the Field *
If none, indicate "0".

4

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

36.36364

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".

4

23. Indicate the number of graduates employed...

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

4

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

2024 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

2024 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

2024 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.

11

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

4

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		**2**	
$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		**1**	
$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

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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 Inmaging (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

2024 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".

47

9. Total Charges for this Program *

$47,895.00

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

79

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

86

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

60

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

60

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

11

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

18.33333

16. 150% Graduates?

47

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

78.33333

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

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

45

20. Graduates Employed in the Field
*
If none, indicate "0".

22

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

48.88889

---

22. Graduates employed in the field...

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

8

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

14

---

23. Indicate the number of graduates employed...

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

22

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

2024 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

2024 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

2024 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.

45

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

22

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	**1**
$20,001 - $25,000 *	$25,001 - $30,000 *
2	**3**
$30,001 - $35,000 *	$35,001 - $40,000 *
0	**3**
$40,001 - $45,000 *	$45,001 - $50,000 *
2	**2**
$50,001 - $55,000 *	$55,001 - $60,000 *
4	**1**

$60,001 - $65,000 *

1

$65,001 - $70,000 *

0

$70,001 - $75,000 *

2

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

1

Institution Information

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 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 Inmaging (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

2024 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".

16

9. Total Charges for this Program *

$42,410.00

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

83

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".

18

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

18

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

7

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

38.88889

16. 150% Graduates?

16

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

88.88889

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

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

16

20. Graduates Employed in the Field *
If none, indicate "0".

7

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

43.75

---

22. Graduates employed in the field...

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

2

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".

7

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

2024 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

2024 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

2024 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.

16

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

7

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 *
1	**0**
$40,001 - $45,000 *	$45,001 - $50,000 *
0	**0**
$50,001 - $55,000 *	$55,001 - $60,000 *
3	**0**

$60,001 - $65,000 *	$65,001 - $70,000 *
1	**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	

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Nuclear Medicine 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)

51.0905 - Nuclear Medical Technology/Technologist.

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

29-2033 - Nuclear Medicine Technologists

Financial and Graduation

2024 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 *

$58,967.00

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

75

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

2024 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

2024 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.

Nuclear Medicine 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

2024 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? *

Yes

Name of Option/Requirement (1) *

American Registry Of Radiologic Technologists (ARRT) - Nuclear Medicine

Name of Option/Requirement (2)

Nuclear Medicine Technology Certification Board (NMTCB)

Name of Option/Requirement (3)

Name of Option/Requirement (4)

Exam Passage Rate - Year 1

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

California Department of Public Health (Radiologic Health Branch)

28. Name of State Exam *

American Registry Of Radiologic Technologists (ARRT) - Nuclear Medicine

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

0

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

0

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

0

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

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

No

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

Our college uses a combination of email, phone calls, and text messages to contact students and request their ARRT exam results. If students do not respond, additional follow-up is conducted to ensure the information is received.

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

Display Instructions for #35-42 (Toggle)

Not Checked

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

California Department of Public Health (Radiologic Health Branch)

36. Name of State Exam *

Nuclear Medicine Technology Certification Board (NMTCB)

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

0

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

0

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

0

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

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

No

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

Our college uses a combination of email, phone calls, and text messages to contact students and request their NMTCB exam results. If students do not respond, additional follow-up is conducted to ensure the information is received

Salary Data

2024 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

$5,001 - $10,000 *

  0

$10,001 - $15,000 *

  0

$15,001 - $20,000 *

  0

$20,001 - $25,000 *

  0

$25,001 - $30,000 *

  0

$30,001 - $35,000 *

  0

$35,001 - $40,000 *

  0

$40,001 - $45,000 *

  0

$45,001 - $50,000 *

  0

$50,001 - $55,000 *

  0

$55,001 - $60,000 *

  0

$60,001 - $65,000 *

  0

$65,001 - $70,000 *

  0

$70,001 - $75,000 *

  0

$75,001 - $80,000 *

  0

$80,001 - $85,000 *

  0

$85,001 - $90,000 *

  0

$90,001 - $95,000 *

  0

$95,001 - $100,000 *

  0

Over $100,000 *

  0

Institution Information

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Radiologic 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)

51.0911 - Radiologic Technology/Science - Radiographer.

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

29-2034 - Radiologic Technologists and Technicians

Financial and Graduation

2024 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 *

$65,897.00

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 *

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

2024 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

2024 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.

Radiologic Technologist/Radiographer

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

2024 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

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

California Department of Public Health

28. Name of State Exam *

Radiologic Health Branch

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

0

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

0

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

0

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

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

No

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

Our college uses a combination of email, phone calls, and text message alerts to contact students. If students do not respond, additional follow-up is conducted.

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

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

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

California Department of Public Health

36. Name of State Exam *

Radiologic Health Branch

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

0

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

0

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

0

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

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

No

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

Our college uses a combination of email, phone calls, and text message alerts to contact students. If students do not respond, additional follow-up is conducted.

Salary Data

2024 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

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2024

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

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Radiologic 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)

51.0911 - Radiologic Technology/Science - Radiographer.

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

29-2034 - Radiologic Technologists and Technicians

Financial and Graduation

2024 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 *

$51,936.00

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 *

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

2024 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *	20. Graduates Employed in the Field *
If none, indicate "0".	If none, indicate "0".
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 *	22b. at least 30 hours per week *
If none, indicate "0".	If none, indicate "0".
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

2024 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.

Radiologic Technologist/Radiographer

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

2024 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

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

California Department of Public Health (Radiologic Health Branch)

28. Name of State Exam *

American Registry of Radiologic Technologist (ARRT)

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

0

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

0

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

0

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

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

No

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

Our college uses a combination of email, phone calls, and text messages to contact students and request their American Registry of Radiologic Technologist (ARRT) exam results. If students do not respond, additional follow-up is conducted to ensure the information is received.

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

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

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

California Department of Public Health (Radiologic Health Branch)

36. Name of State Exam *

American Registry of Radiologic Technologist (ARRT)

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

0

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

0

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

0

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

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

No

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

Our college uses a combination of email, phone calls, and text messages to contact students and request their American Registry of Radiologic Technologist (ARRT) exam results. If students do not respond, additional follow-up is conducted to ensure the information is received.

Salary Data

2024 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	