

Annual Report Instructions

Bureau for Private Postsecondary Education

This is not the Annual Report for submission; this Document is a guide to help understand the questions on the Annual Report.

TIP: It is recommended that this document be printed to assist with completing the Annual Report.

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

Section #1 – Annual Report Institutions

1. **Report for Year** (Report institution data for reporting year)
2. **Institution Code?** Enter institutional code (main location).
3. **Institution Name?** Enter your institution's name as approved by the Bureau, exactly as it appears on your most recent Approved List of Educational Programs document.
4. **Street Address? (CA Physical Location)**
5. **City?**
6. **State?**
7. **Zip Code?**
8. **Check all that apply to the form of business organization of this institution:**
"For profit corporation" _____ "Sole Proprietorship" _____
"Non-profit corporation" _____ "Limited Liability Company (LLC)" _____
"Partnership" _____ Publicly traded institution _____ Corporation _____
9. **Number of Branch Locations?** Indicate the number of branch locations associated with the main location. If none, indicate zero ("0").
10. **Number of Satellite Locations?** Indicate the number of satellite locations associated with the main location or branch locations. If none, indicate zero ("0").
11. **(a) Is this institution current with all assessments to the Student Tuition Recovery Fund?**
(a) Indicate "yes" if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate "no" if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.

(b) **Is this institution current on Annual Fees?** Indicate "yes" if the institution has paid its Annual Fees. Indicate "no" if the institution has not paid its Annual Fees.

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional accreditation, not programmatic accreditation. **Enter the name of the accrediting agency.** Refer to the attached list of accrediting agencies recognized by the United States Department of Education. (Updated accrediting agencies list https://www2.ed.gov/admins/finaid/accred/accreditation_pg6.html#skipnav2)

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation.

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 copy of the action at #14a in the institution data workflow.

*For questions #15 - #23 please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

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)

- **What is the total amount of Title IV funds received by your institution in the reporting year?**

16. Does your institution participate in veteran's financial aid education programs?

- **What is the total amount of veteran's financial aid funds received by your institution in the reporting year?**

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

- **What is the total amount of Cal Grant funds received by your institution in the reporting year?**

18. Is your institution listed as an approved provider on California's Eligible Training Provider List (ETPL)?

19. Is your institution receiving funds from the Workforce Innovation and Opportunity Act (WIOA) Program?

- **What is the total amount of WIOA funds received by your institution in the reporting year?**

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

If yes, please provide the name of the financial aid program.

- **What is the total amount of any other state or federal funds received by your institution in the reporting year?**

- 21. Provide the percentage of institutional income during this reporting year derived from public funding.**
(Add #15, #16, #17, #19, and #20. Divide the sum by Institution's Total Revenue) All money that is generated by the government to provide services to the general public is "public funding."
- 22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans)**
If yes, please provide the name of the financial aid program(s).
- 23. Provide the percentage of institutional income during this reporting year derived from any non-government financial aid.** All non-government financial aid divided by total revenue.
- 24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.** The Cohort Default Rate (CDR) represents the percentage of this institution's students who failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.
- 25. Provide the percentage of the students who attended this institution in the reporting year who received federal student loans to help pay their cost of education at the school.** Divide the number of students who received federal student loans during the reporting year by the total number of students who attended this institution in the reporting year.
- 26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution.** Report the average amount of federal student loan debt for graduates at this institution during the reporting year.
- 27. Total number of students enrolled at this institution in the reporting year.** Indicate the number of students enrolled in all programs at your institution, minus the number of students who cancelled during the cancellation period, January 1st through December 31st.
- 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)
- 29. Number of Students enrolled in Doctorate level programs at this institution?** Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year, January 1st through December 31st, minus the number of students who cancelled during the cancellation period.
- 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)
- 31. Number of Students enrolled in Master level programs at this institution?** Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year, January 1st through December 31st, minus the number of students who cancelled during the cancellation period.
- 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)

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, January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

34. Number of Associate Degree Programs Offered? Indicate the number of associate degree **Programs** offered for the reporting year. (Number of Programs - not Students)

35. Number of Students enrolled in associate programs at this institution? Indicate the number of students enrolled and/or active in all associated programs at your institution in the reporting year, January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

36. Number of Diploma or Certificate Programs Offered? Indicate the number of diploma or certificate programs offered during the reporting year. (Number of Programs - not Students)

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 programs at your institution in the reporting year, January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

An institution that maintains a website shall provide, on its website homepage, clear and conspicuous links to the most recent Annual Report, Catalog, and School Performance Fact Sheet (CEC §94913).** Please post the documents to your website and provide the link to your institution's website. **If the institution does not maintain an internet website, leave this space blank.**

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

Uploads

Institution's Website Address: _____

38. Reporting Year School Performance Fact Sheet uploaded through portal.

39. Reporting Year Catalog uploaded through portal.

40. Reporting Year Enrollment Agreement uploaded through portal.

Section #2 – Information for Each Educational Program Offered at the Institution

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

- 1. Report for Year**
- 2. Institution Code?** Enter institutional code (main location).
- 3. Institution Name?** (Enter your institution's name as approved by the Bureau and exactly as it appears on your most recent Approved List of Educational Programs document).
- 4. Program Title?** Indicate the title of the program as it appears on your most recent Approved List of Educational Programs document.
- 5. Program Level?** Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Non-Degree) if the program is a non-degree program indicate diploma or 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.**
- 7. Select all Standard Occupational Classification (SOC) Codes that apply to this program.** Select all applicable codes from the dropdown list.
- 8. Number of Degrees, Diplomas or Certificates Awarded to graduates scheduled to complete in the reporting year?** Indicate the number of graduates who received a degree, diploma or certificate in the reporting year, who were scheduled to complete 100% of the published program length within the reporting year.
- 9. Total Charges for this program?** Indicate the total charges, in the reporting year, for the student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged during the reporting year. Total charges include all amounts paid for the program, including books, uniforms and other charges, if the charges are required for participation in the educational program.
- 10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program.** Indicate the percentage of students enrolled in this program who received federal student loans to pay for this program. Divide the total number of students enrolled in this program, who received federal student loans to pay for this program, by the total number of students enrolled in this program.
- 11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program.** Indicate the percentage of graduates from this program, who received federal student loans to pay for this program. Divide the total number of graduates, who in the reporting year, took out federal student loans to pay for this program, by the total number graduates from this program in the reporting year.

- 12. Number of Students Who Began the Program?** Indicate the number of students who were scheduled to complete the program in the year reporting year, exclude all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). Institutions with Bureau approved branches and/or satellites locations must combine the total number of students enrolled in all locations.
- 13. Students Available for Graduation?** Indicate the number of students available for graduation in the reporting year, for the program being reported. This number should be the number of students who began the program (#12 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).
- 14. On-time Graduates?** Of the students available for graduation (#13 above), indicate the number of students who completed the program within 100% of the published program length, in the reporting year (5 CCR §74112(d)(2)).
- 15. Completion Rate?** Divide the number of On-Time Graduates (#14 above) by the number of Students Available for Graduation (#13 above). **A “rate” is a percentage and should never be more than 100%** (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)).
- 16. 150% Graduates?** Of the students available for graduation (#13 above), provide the number of students who completed the program within 150% of the published program period within the calendar year being reported, this includes “On-Time Graduates” (#14 above) (5 CCR §74112(h)(l)).
- 17. 150% Completion Rate?** Divide the number of students who completed the program in the reported calendar year within 150% of the published program length (#16 above), by the number of students available for graduation (#13 above). **A “rate” is a mathematical calculation and should never be more than 100%** (5 CCR §74112(h)(l)).
- 18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?** Indicate “yes” if the information was taken from the data that was reported to IPEDS; Indicate “no” if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.

CEC § 94929.5 requires institutions report placement data for every program that is designed or advertised to lead to a particular career or advertised or promoted with any claim regarding job placement.

- 19. Graduates Available for Employment?** Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).
- 20. Graduates Employed in the Field?** Of the Graduates Available for Employment (#19 above), provide the number of graduates employed in the field, who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first

examination available after a student completes an applicable educational program (CEC §94928(e)).

21. Placement Rate? Divide the number of graduates employed in the field (#20 above) by the number of graduates available for employment (#19 above.) **A “rate” is a mathematical calculation and should never be more than 100%** (5 CCR §74112(i)(4).

22. Graduates employed in the field...

a. **20 to 29 hours per week?**

Indicate the number of graduates employed 20 to 29 hours per week.

b. **At least 30 hours per week?**

Indicate the number of graduates employed at least 30 or more hours per week.

23. Indicate the number of graduates employed:

a. Single position in field _____

b. Concurrent aggregated positions in field _____
(2 or more positions at the same time)

c. Freelance/ self-employed _____

d. By the Institution or an employer owned by the institution, or
an employer who shares ownership with the institution _____

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

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

If “yes,” for each program offered, select the allied health profession, requiring clinical training.

Professions include:

Licensed Vocational Nurse

Medical Assistant

Occupational Therapy Aide

Radiologic Technologist

Respiratory Care Therapist

Pharmacy Technician and Technologist

Surgical Technician and Technologist programs

Cardiovascular Technologist.

Certified Nurse Assistant.

Dialysis Technician.

Diagnostic Medical Sonographer.

Medical Lab Technician.

Orthopedic Assistant.

Physical Therapy Aide and Assistant.

Psychiatric Technologist.

Radiologic Therapist.

Speech Language Pathology Aide.

The program selected must be the same program selected at #4 listed above.

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

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

Exam Passage Rate

CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. First available exam is the first exam date offered by the licensing agency. If the exam is self-scheduling, the first available exam is the first date the graduate schedules. The exam passage data should be as reported by the appropriate state agency.

5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

- 26. Does this educational program lead to an occupation that requires State licensing?**
If "yes" please enter the name of the licensing entity that licenses this field.
If "no" you may skip to "Salary Data."
a. **Do graduates have the option or requirement for more than one type of State licensing exam?** If "Yes" provide the names of other licensing exam options or requirements.

First Data Year 2020

- 27. Name of the State licensing entity that licenses the field.** Enter the name of the State licensing entity.
- 28. Name of Exam?** Provide the name of the State exam being reported.
- 29. Number of Graduates Taking State Exam?** Enter the number of graduates taking the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).
- 30. Number Who Passed the State Exam?** Enter the number of graduates who took and passed the first available State exam on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).
- 31. Number Who Failed the State Exam?** Enter the number of graduates who took the first available State exam and failed on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).
- 32. Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed it on the first attempt. Divide the number of graduates who passed the

first available State exam on their first attempt (#30 above), by the number of graduates taking the exam (#29 above).

33. Is this data from the State Licensing Agency that Administered the Exam? (5 CCR § 74112(j)). If yes, enter the name of the Agency in 27.

34. If the response to #33 was “no” provide a description of the process used for Attempting to Contact Students. If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 on institution data workflow.)

Second Data Year 2019

35. Name of the State licensing entity that licenses the field. Enter the name of the State licensing entity

36. Name of State Exam? Provide the name of the exam being reported.

37. Number of Graduates Taking State Exam? Enter the number of graduates who took the first available State exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

38. Number Who Passed the State Exam? Enter the number of graduates who took the first available State exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

39. Number Who Failed the State Exam? Enter the number of graduates who took the first available State exam and failed on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)).

40. Passage Rate? Enter the passage rate for graduates who took the first available State exam and passed on the first attempt. Divide the number of graduates who passed the first available State exam on the first attempt (#38 above), by the number of graduates who the taking first available State exam (#37 above).

41. Is this data from the Licensing Agency that Administered the State Exam? (5 CCR §74112(j)) If yes, enter the name of the agency.

42. If the response to #41 was “no” provide a description of the process used for Attempting to Contact Students: If the information for the State exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). (Upload at #38 in the institution data workflow)

Salary Data - CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of \$5,000.00 for graduates employed in the field.

43. Graduates Available for Employment? Indicate number of graduates (#19 above) (CEC §94928(d), (f), and 5 CCR §74112(l)).

44. Graduates Employed in the Field? Indicate the number of graduates who are gainfully employed (#20 above) (CEC §94928(e), and 5 CCR §74112(l)).

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

Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated.

Example: If one student reports that they are receiving \$4,010 a year, and a second student reports they are receiving \$2,999 a year, enter the number "2" in the space next to \$0 - \$5,000, because there are 2 students who are receiving between \$0-\$5,000 a year.

For concurrent aggregated positions, add the salaries together and enter the total salary.

A number must be entered in all spaces. If the institution has zero students reporting a wage enter the number "0."

Graduates Employed in the Field reported to be receiving the following Salary or Wage:

\$0 - \$5,000	_____	\$5001 - \$10,000	_____
\$10,001 - \$15,000	_____	\$15,001 - \$20,000	_____
\$20,001 - \$25,000	_____	\$25,001 - \$30,000	_____
\$30,001 - \$35,000	_____	\$35,001 - \$40,000	_____
\$40,001 - \$45,000	_____	\$45,001 - \$50,000	_____
\$50,001 - \$55,000	_____	\$55,001 - \$60,000	_____
\$60,001 - \$65,000	_____	\$65,001 - \$70,000	_____
\$70,001 - \$75,000	_____	\$75,001 - \$80,000	_____
\$80,001 - \$85,000	_____	\$85,001 - \$90,000	_____
\$90,001 - \$95,000	_____	\$95,001 - \$100,000	_____
Over \$100,000	_____		

Section #3 - Annual Report Branch locations complete one form for each branch.

If the Institution has no branch locations or satellites skip these workflows.

Branch Location (California locations only)

- 1. Report for Year**
- 2. Institution Code?** Enter institutional code (main location).
- 3. School Code?** Enter school code assigned to this location.
- 4. Institution Name?** Enter your institution's name as approved by the Bureau and exactly as it appears on your most recent Approved List of Educational Programs document
- 5. Total number of students at this branch location?**
- 6. Name of Programs offered at this branch location?** (Separate each program name with a comma). If more space is needed, please attach an explanation and clearly mark it "Name of Programs offered at this location." Include school code, school name and school location.
- 7. Street Address? (California Physical Location)**
- 8. City?**
- 9. State?**
- 10. Zip Code?**

Section #4 – Annual Report Satellite locations complete one form for each satellite.

If the Institution has no satellites skip this workflow.

Satellite Location (California locations only)

1. **Year**
2. **Institution Code?** Enter institutional code, main or branch, associated with this satellite location.
3. **School Code?** Enter school code assigned to this location.
4. **Enter school code assigned to this location. Institution Name?**
5. **Street Address? (California Physical Location)**
6. **City?**
7. **State?**
8. **Zip Code?**

Submit your institution's Financial Statement (minimum required...Balance Sheet, Income Statement and Cashflow Statement) in hard copy to the address listed below. Financial statements must be reviewed, audited or compiled. Do not submit drafts, W-2's, tax returns or bank statements.

The Bureau for Private Postsecondary Education
Attn: Annual Report Unit
P.O. Box 980818
West Sacramento, CA 95798-0810

OR

The Bureau for Private Postsecondary Education
Attn: Annual Report Unit
1747 N. Market Blvd., Suite 225
Sacramento, CA 95834

If you have any questions please contact the Annual Report Unit by email bppe.annualreport@dca.ca.gov or by phone at (916) 574-8900, press "6" when prompted.