

# Institution Data



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

### 2020 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Institution - General Info

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

1. Report Year \*

**2020**

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.

**1901431**

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.

**Glendale Career College**

4. Street Address (Physical Location) \*

**240 Brand Blvd.**

5. City \*

**Glendale**

6. State \*

**CA**

7. Zip Code \*

**91203**

8. Check all that apply to the form of business organization of this institution: \*

**For profit corporation , Limited Liability Company (LLC)**

9. Number of Branch Locations \*

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

**1**

10. Number of Satellite Locations \*

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

**1**

## Fees / Accreditation

### 2020 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 Bureau of Health Education Schools**

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

**CAAHEP, BVNPT, BRN**

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

### 2020 BPPE Annual Report - Institution - Financial

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

Display Instructions for #15 - #26 (Toggle)

**Not Checked**

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

**Yes**

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

**\$13,129,556.00**

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? \*

**\$781,077.00**

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

**No**

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

**Yes**

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

**Yes**

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

**\$0.00**

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

**Yes**

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

**Voc Rehab**

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

**\$41,356.00**

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

**63**

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.

**Sallie Mae**

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

**14**

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".

**5**

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".

**89**

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

**\$10,500.00**

## Offerings

### 2020 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

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

**406**

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".

1

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".

5

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

**3**

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".

**103**

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

**5**

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".

**298**

Total Program Count

**19**

## Website / Uploads

### 2020 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

**glendalecareer.com**

38. Upload School Performance

Fact Sheet \*

Required file format = PDF

**2020 GCC FactSheets - ALL.pdf**

39. Upload Catalog \*

Required file format = PDF

**GCC Catalog - 10122020.pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**GCC\_Blank\_EA\_11-13-2020.pdf**

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

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

Recommended file format = PDF



## Branch Data



# Bureau for Private Postsecondary Education Department of Consumer Affairs

## 2020 Annual Report

### Branch Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2020 BPPE Annual Report - Branch Location Data

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#### 1. Report Year \*

**2020**

#### 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 #4.

**1901431**

#### 3. School Code \*

Enter school code (branch location)

**1901431**

#### 4. 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.

**Glendale Career College**

## Branch Data (California locations only)

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5. Total number of students at this

branch location? \*

Enter "0" if none.

**0**

6. Name of Programs offered at this branch location? \*

Separate each program name with a comma or enter  
'None'

**Associates of Nursing, Medical Insurance Biller,  
Medical Assistant just started enrolling late 2020**

7. Street Address (physical location) \*

**6116 Arosa St.**

8. City \*

**San Diego**

9. State \*

**CA**

10. Zip Code \*

**92115**

# 2020 Satellite Data

Satellite Location Data



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

## 2020 Annual Report

### Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)  
([https://www.bppe.ca.gov/annual\\_report/instructions.pdf](https://www.bppe.ca.gov/annual_report/instructions.pdf))

### 2020 BPPE Annual Report - Satellite Location Data

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1. Report Year \*

2020

2. Institution Code \*

Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.

1901431

3. School Code \*

Enter school code (Satellite Location)

1901431

4. 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.

Glendale Career College

## Satellite Location Data (California locations only)

5. Street Address (Physical Location) \*

221 N. Brand Avenue

6. City \*

Glendale

7. State \*

CA

8. Zip Code \*

91203

Save

Submit



# Institution Information



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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

1. Report Year \*

**2020**

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.

**1901431**

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.

**Glendale Career College**

Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Associates of Science of Health Care Administration**

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)

**Health/Health Care Administration/Management.**

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

## Financial and Graduation

### 2020 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0".

**4**

9. Total Charges for this Program \*

**\$32,538.00**

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

**100**

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".

**5**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**5**

14. Number of On-time Graduates \*

If none, indicate "0".

**4**

15. Completion Rate

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

**80**

16. 150% Graduates?

**4**

17. 150% Completion Rate

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

**80**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**4**

20. Graduates Employed in the Field \*

If none, indicate "0".

**2**

21. Placement Rate

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

**50**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**1**

22b. at least 30 hours per week \*

If none, indicate "0".

**1**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**2**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

### 2020 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

### 2020 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

### 2020 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

**43. Graduates Available for Employment**

This field is auto-populated based on your entry in #17.

**4**

**44. Graduates Employed in the Field**

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

**2**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
1	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 *
1	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

# Institution Information



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

### 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2020 BPPE Annual Report - Program - Institution Data

---

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

**1. Report Year \***

**2020**

**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.

**1901431**

**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.

**Glendale Career College**

## Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Associates of Arts in Nursing**

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)

**Health Services/Allied Health/Health Sciences, General.**

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

**29-1141 - Registered Nurses**

## Financial and Graduation

### 2020 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".

**63**

9. Total Charges for this Program \*

**\$74,990.00**

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 \*

**97**

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

**98**

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

**98**

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

**10**

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

**10.20408**

16. 150% Graduates?

**63**

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

**64.28571**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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

**63**

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

**53**

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

**84.12698**

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".

**53**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**53**

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

### 2020 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

### 2020 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

### 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**California Board of Nursing**

28. Name of State Exam \*

**Nclex**

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

**63**

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

**57**

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

**6**

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

**90.47619**

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

**Yes**

33a. Name of Agency \*

**BRN**

## Exam Passage Rate - Year 2

### 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

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Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**California Board of Nursing**

36. Name of State Exam \*

**NCLEX**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**104**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**90**

39. Number Who Failed the State Exam

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

**14**

40. Passage Rate

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

**86.53846**



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

**Yes**

41a. Name of Agency \*

**BRN**

## Salary Data

### 2020 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.

**63**

44. Graduates Employed in the Field

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

**53**

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

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

---

\$0 - \$5,000 \*

**0**

\$10,001 - \$15,000 \*

**0**

\$20,001 - \$25,000 \*

**0**

\$30,001 - \$35,000 \*

**0**

\$40,001 - \$45,000 \*

**0**

\$50,001 - \$55,000 \*

**0**

\$60,001 - \$65,000 \*

**0**

\$5,001 - \$10,000 \*

**0**

\$15,001 - \$20,000 \*

**0**

\$25,001 - \$30,000 \*

**0**

\$35,001 - \$40,000 \*

**0**

\$45,001 - \$50,000 \*

**0**

\$55,001 - \$60,000 \*

**0**

\$65,001 - \$70,000 \*

**0**

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

**7**

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

**18**

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

**0**

Over \$100,000 \*

**0**

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

**24**

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

**4**

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

**0**

# Institution Information



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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

**1. Report Year \***

**2020**

**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.

**1901431**

**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.

**Glendale Career College**

#### Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Bachelor of Science in Nursing**

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. \*

**Bachelor**

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)

**Health Services/Allied Health/Health Sciences, General.**

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

**29-1141 - Registered Nurses**

## Financial and Graduation

### 2020 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 \*

**\$30,095.00**

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

**100**

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".

**5**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**5**

14. Number of On-time Graduates \*

If none, indicate "0".

**5**

15. Completion Rate

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

**100**

16. 150% Graduates?

**5**

17. 150% Completion Rate

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

**100**

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

**No**

## Placement Data

### 2020 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".

**5**

21. Placement Rate

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

**100**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**1**

22b. at least 30 hours per week \*

If none, indicate "0".

**4**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**5**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

### 2020 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

### 2020 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

### 2020 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.

**5**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>0</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>0</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>0</b>	<b>1</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>0</b>	<b>0</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>

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

**2**

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

**0**

Over \$100,000 \*

**0**

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

**1**

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

**1**



# Institution Information



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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

**1. Report Year \***

**2020**

**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.

**1901431**

**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.

**Glendale Career College**

Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Central Service Instrument 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)

**Health Services/Allied Health/Health Sciences, General.**

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

**31-9093 - Medical Equipment Preparers**

## Financial and Graduation

### 2020 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".

**42**

9. Total Charges for this Program \*

**\$16,315.00**

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

**88**

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

**93**

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

**57**

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

**57**

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

**8**

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

**14.03509**

16. 150% Graduates?

**42**

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

**73.68421**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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

**42**

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

**19**

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

**45.2381**

---

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".

**16**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**19**

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

### 2020 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

### 2020 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

### 2020 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.

**42**

**44. Graduates Employed in the Field**

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

**19**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>1</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>2</b>	<b>0</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>3</b>	<b>7</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>2</b>	<b>4</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

# Institution Information



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

## 2020 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2020 BPPE Annual Report - Program - Institution Data

---

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

1. Report Year \*

**2020**

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.

**1901431**

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.

**Glendale Career College**

## Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Medical Assistant**

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)

**Health Services/Allied Health/Health Sciences, General.**

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

**31-9092 - Medical Assistants**

## Financial and Graduation

### 2020 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or  
Certificates Awarded \*

If none, indicate "0".

**27**

9. Total Charges for this Program \*

**\$16,315.00**

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 \*

**81**



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

**45**

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

**45**

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

**3**

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

**6.66667**

16. 150% Graduates?

**27**

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

**60**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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

**27**

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

**23**

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

**85.18519**

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".

**23**

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**23**

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

### 2020 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.

**Medical Assistant**

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

Site Name	License or FI EN #	Program Nam e	Total Number of Students	Number of St udents Profici ent in Langua ges Other tha n English
-----------	-----------------------	------------------	-----------------------------	---

Alice Yung, M D	A 82401	Medical Assistant	1	0
Broadway Imaging Center	A23960	Medical Assistant	1	0
Descano Family Practice	A20640	Medical Assistant	2	0
Dr Felix Sefal				
Foot & Ankle Clinic	A70496	Medical Assistant	1	0
Dr. Joana Tamayo	A 79900	Medical Assistant	1	0
Femcare Health & Beauty	C 51587	Medical Assistant	1	0
Fletcher Family Medical Ctr	2QA12163	Medical Assistant	1	0
Hun Ku Kang Family Practice	G61497	Medical Assistant	1	0
Irina Jasper, MD	A 73109	Medical Assistant	1	0
Jose Tibayan Aranez Jr, MD	C 51587	Medical Assistant	1	0
Keck Medicine of USC of Orthopaedic Surgery	15533	Medical Assistant	1	0
Kleynberg Medical Clinic	A 120343	Medical Assistant	1	0
Palazzo Post Acute	1659738201	Medical Assistant	1	0
Saro Avakian, MD	A 95713	Medical Assistant	1	0
Virtual Extension Office	03014973	Medical Assistant	1	0
Washington Medical Group	A23560	Medical Assistant	2	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.

## Exam Passage Rate

### 2020 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

### 2020 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)  
**Not Checked**

43. Graduates Available for Employment  
This field is auto-populated based on your entry in #17.

**27**

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

**23**

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

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

---

\$0 - \$5,000 \*

**0**

\$10,001 - \$15,000 \*

**0**

\$20,001 - \$25,000 \*

**0**

\$30,001 - \$35,000 \*

**2**

\$40,001 - \$45,000 \*

**0**

\$50,001 - \$55,000 \*

**0**

\$60,001 - \$65,000 \*

**0**

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

**0**

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

**0**

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

**0**

Over \$100,000 \*

**0**

\$5,001 - \$10,000 \*

**0**

\$15,001 - \$20,000 \*

**0**

\$25,001 - \$30,000 \*

**18**

\$35,001 - \$40,000 \*

**3**

\$45,001 - \$50,000 \*

**0**

\$55,001 - \$60,000 \*

**0**

\$65,001 - \$70,000 \*

**0**

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

**0**

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

**0**

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

**0**

# Institution Information



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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

**1. Report Year \***

**2020**

**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.

**1901431**

**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.

**Glendale Career College**

#### Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Medical Insurance Biller & Coder**

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)

**Health Services Administration.**

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

## Financial and Graduation

### 2020 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 \*

**\$16,315.00**

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

**71**

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

**64**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**14**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**14**

14. Number of On-time Graduates \*

If none, indicate "0".

**1**

15. Completion Rate

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

**7.14286**

16. 150% Graduates?

**11**

17. 150% Completion Rate

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

**78.57143**

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

**No**

## Placement Data

### 2020 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".

**9**

21. Placement Rate

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

**81.81818**

---

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".

**7**



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

### 2020 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

### 2020 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

### 2020 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.

**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 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>2</b>	<b>0</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>4</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>0</b>	<b>2</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>0</b>	<b>1</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>

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

**0**

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

**0**

Over \$100,000 \*

**0**

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

**0**

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

**0**

# Institution Information



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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

1. Report Year \*

**2020**

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.

**1901431**

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.

**Glendale Career College**

#### Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Surgical 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)

**Health Services/Allied Health/Health Sciences, General.**

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

**29-2055 - Surgical Technologists**

## Financial and Graduation

### 2020 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".

**61**

9. Total Charges for this Program \*

**\$38,850.00**

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 \*

**93**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**83**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**83**

14. Number of On-time Graduates \*

If none, indicate "0".

**23**

15. Completion Rate

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

**27.71084**

16. 150% Graduates?

**61**

17. 150% Completion Rate

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

**73.49398**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**61**

20. Graduates Employed in the Field

\*

If none, indicate "0".

**48**

21. Placement Rate

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

**78.68852**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**4**

22b. at least 30 hours per week \*

If none, indicate "0".

**44**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**48**

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

### 2020 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.

**Surgical Technician and 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 FI EN #	Program Nam e	Total Number of Students	Number of St udents Profici ent in Langua ges Other tha n English
-----------	-----------------------	------------------	-----------------------------	---

USC Keck	155333	Surgical Tech	11	0
		nologist		
Verdugo USC	1154715845	Surgical Tech	2	0
Hospital		nologist		
Cedars Sinai	1639172372	Surgical Tech	15	0
Hospital		nologist		
White Memori	1942281936	Surgical Tech	5	0
al Hospital		nologist		
Providence H	1477587632	Surgical Tech	1	0
oly Cross		nologist		
Providence H				
ospital of Tarz	1164429684	Surgical Tech	1	0
ana		nologist		
UCLA Medica	1376805572	Surgical Tech	2	0
I Center		nologist		

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
none		

## Exam Passage Rate

### 2020 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



## 2020 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.

**61**

### 44. Graduates Employed in the Field

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

**48**

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>3</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>1</b>	<b>0</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>3</b>	<b>9</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>16</b>	<b>16</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
<b>0</b>	<b>0</b>
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
<b>0</b>	<b>0</b>
Over \$100,000 *	
<b>0</b>	

# Institution Information



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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

1. Report Year \*

**2020**

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.

**1901431**

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.

**Glendale Career College**

Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Surgical Technology Accelerated Alternate Delivery**

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)

**Health Services/Allied Health/Health Sciences, General.**

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

**29-2055 - Surgical Technologists**

## Financial and Graduation

### 2020 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 \*

**\$9,950.00**

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

**0**

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

**0**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**0**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**0**

14. Number of On-time Graduates \*

If none, indicate "0".

**0**

15. Completion Rate

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

17. 150% Completion Rate

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

16. 150% Graduates?

**0**

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

**No**

## Placement Data

### 2020 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

### 2020 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.

**Surgical Technician and 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 FI EN #	Program Nam e	Total Number of Students	Number of St udents Profici ent in Langua ges Other tha n English
-----------	-----------------------	------------------	-----------------------------	---

none

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
none		

## Exam Passage Rate

### 2020 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

### 2020 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

## 2020 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2020 BPPE Annual Report - Program - Institution Data

---

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

**1. Report Year \***

**2020**

**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.

**1901431**

**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.

**Glendale Career College**

Program Name



## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Surgical Technology Associate of Occupational Science**

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)

**Health Services/Allied Health/Health Sciences, General.**

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

**29-2055 - Surgical Technologists**

## Financial and Graduation

### 2020 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 \*

**\$38,850.00**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

16. 150% Graduates?

**0**

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

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

**No**

## Placement Data

### 2020 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

### 2020 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.

**Surgical Technician and 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 FI EN #	Program Nam e	Total Number of Students	Number of St udents Profici ent in Langua ges Other tha n English
-----------	-----------------------	------------------	-----------------------------	---

none reach to  
their clinical y  
et during 202  
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
none		

## Exam Passage Rate

### 2020 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

### 2020 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

## 2020 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Program - Institution Data

---

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

**1. Report Year \***

**2020**

**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.

**1901431**

**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.

**Glendale Career College**

## Program Name

## 2020 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Vocational Nurse**

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)

**Health Services/Allied Health/Health Sciences, General.**

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

**29-2061 - Licensed Practical and Licensed Vocational Nurses**

## Financial and Graduation

### 2020 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".

**49**

9. Total Charges for this Program \*

**\$34,578.00**

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

**88**

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

**94**

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

**99**

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

**99**

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

**11**

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

**11.11111**

16. 150% Graduates?

**49**

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

**49.49495**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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

**49**

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

**33**

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

**67.34694**

---

22. Graduates employed in the field...

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

**5**

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

**28**



23. Indicate the number of graduates employed...

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

**33**

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

### 2020 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.

**Licensed Vocational Nurse**

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

Site Name	License or FI EN #	Program Nam e	Total Number of Students	Number of St udents Profici ent in Langua ges Other tha n English
-----------	-----------------------	------------------	-----------------------------	---

EMANATE H	HSP17049	Vocational Nu	38	0
EALTH - FOO		rse		
THILL PRES				
BYTERIAN H				
OSPITAL				
KEI AI Nursin	0970000059	Vocational Nu	80	0
g Home		rse		
Pasadena Me	9700000088	Vocational Nu	10	0
adows		rse		
California H...	9200000007	Vocational Nu	8	0
lthcare		rse		
Pasadena ...				
k Healthcare	9700000088	Vocational Nu	9	0
& Wellness		rse		
Virtual Clinical	203989/1578	Vocational Nu	137	0
-Swift River	599775	rse		
LAC USC	1073839429	Vocational Nu	18	0
		rse		
Two Palms	1578633228	Vocational Nu	9	0
		rse		
Atherton Con	206410820	Vocational Nu	19	0
valescent		rse		
Martin Luther	170558568	Vocational Nu	8	0
King Clinics		rse		
Buena Ventur	9400000025	Vocational Nu	10	0
a		rse		

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
none		

## Exam Passage Rate

2020 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

### 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2020

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

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

**BVNPT**

28. Name of State Exam \*

**NCLEX**

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

**49**

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

**38**

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

**11**

32. Passage Rate

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

**77.55102**

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

**Yes**

33a. Name of Agency \*

**BVNPT**

## Exam Passage Rate - Year 2

### 2020 BPPE Annual Report - Program - Exam Passage Rate Data - 2019

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

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

**BVNPT**

36. Name of State Exam \*

**NCLEX**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**47**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**44**

39. Number Who Failed the State Exam

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

**3**

40. Passage Rate

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

**93.61702**

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

**Yes**

41a. Name of Agency \*

**BVNPT**

## Salary Data

### 2020 BPPE Annual Report - Program - Salary Data

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Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

**49**

44. Graduates Employed in the Field

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

**33**

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."**

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\$0 - \$5,000 \*

**0**

\$10,001 - \$15,000 \*

**0**

\$20,001 - \$25,000 \*

**4**

\$30,001 - \$35,000 \*

**0**

\$40,001 - \$45,000 \*

**6**

\$50,001 - \$55,000 \*

**5**

\$60,001 - \$65,000 \*

**0**

\$5,001 - \$10,000 \*

**0**

\$15,001 - \$20,000 \*

**0**

\$25,001 - \$30,000 \*

**1**

\$35,001 - \$40,000 \*

**0**

\$45,001 - \$50,000 \*

**15**

\$55,001 - \$60,000 \*

**1**

\$65,001 - \$70,000 \*

**1**

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0