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### **BPPE Annual Report for 2015 - Institution**

**Tracking Number:** 2017091053528

**Report for Year:** 2015

**Institution Name:** HealthStaff Training Institute

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 3006691

**Street Address (Physical Location):** 28671 Calle Cortez, Suite F

**City:** Temecula

**State:** California

**Zip Code:** 92590

**Check all that apply to this institution:**

**For profit institution:** For profit institution

**Sole Proprietor:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):** Limited Liability Corporation (LLC)

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 1

**Number of Satellite Locations:** 1

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**Is this institution current on Annual Fees?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval:** no

**If you answered yes to the question above, please identify the accrediting agency:**

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** N/A

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?:** no

**What is the total amount of Title IV funds received by your institution in 2015?:**

**Does your institution participate in veteran's financial aid education programs?:** no

**What is the total amount of veteran's financial aid funds received by your institution in 2015?:**

**Does your institution participate in the Cal Grant program?:** no

**What is the total amount of Cal Grant funds received by your institution in 2015?:**

**Is your institution on the California Eligible Training Provider List (ETPL)?:** yes

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** yes

**What is the total amount of WIOA funds received by your institution in 2015?:** \$143,630

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** yes

**If yes, please indicate the name of the financial aid program:** Vocational rehabilitation

**The percentage of institutional income in 2015 that was derived from public funding:** 29%

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution:** N/A

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was:** 0

**Total number of students enrolled at this institution:** 110

**Number of Doctorate Degrees Offered:** 0

**Number of Students enrolled in Doctorate level programs at this Institution:** 0

**Number of Master Degrees Offered:** 0

**Number of Students enrolled in Master level programs at this institution:** 0

**Number of Bachelor Degrees Offered:** 0

**Number of Students enrolled in Bachelor level programs at this institution:** 0

**Number of Associate Degrees Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 6**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 110**

**Institution's website:** [www.healthstafftraining.com](http://www.healthstafftraining.com)

**Performance Fact Sheet:** [www.healthstafftraining.com](http://www.healthstafftraining.com)

**2015 Catalog:** [www.healthstafftraining.com](http://www.healthstafftraining.com)

**Annual Report:** BPPE website



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091054442

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Clinical & Administrative  
Medical Assistant

**Number of Degrees or Diplomas Awarded:** 4

**Total Charges for this program (Report whole dollars only):** \$ 6595

**Number of Students Who Began the Program:** 12

**Students Available for Graduation:** 4

**On-time Graduates:** 3

**Completion Rate:** 75

**150% Completion Rate:** 100

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 4****Graduates Employed in the Field: 3****Placement Rate: 75****Graduates employed in the field 20 to 29 hours per week: 1****Graduates employed in the field at least 30 hours per week: 2****Indicate the number of graduates employed:****Single position in field: 3****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 4****Graduates Employed in the Field: 3****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000: 0****\$10,001 - \$15,000: 0****\$15,001 - \$20,000: 0****\$20,001 - \$25,000: 1****\$25,001 - \$30,000: 1****\$30,001 - \$35,000: 1****\$35,001 - \$40,000: 0****\$40,001 - \$45,000: 0****\$45,001 - \$50,000: 0****\$50,001 - \$55,000: 0****\$55,001 - \$60,000: 0****\$60,001 - \$65,000: 0****\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091055204

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Drug & Alcohol  
Counseling

**Number of Degrees or Diplomas Awarded:** 42

**Total Charges for this program (Report whole dollars only):** \$ 5995

**Number of Students Who Began the Program:** 80

**Students Available for Graduation:** 49

**On-time Graduates:** 34

**Completion Rate:** 69

**150% Completion Rate:** 86

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no



**PLACEMENT**

**Graduates Available for Employment: 43**

**Graduates Employed in the Field: 34**

**Placement Rate: 79**

**Graduates employed in the field 20 to 29 hours per week: 11**

**Graduates employed in the field at least 30 hours per week: 23**

**Indicate the number of graduates employed:**

**Single position in field: 34**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 43****Graduates Employed in the Field: 34****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000: 0****\$10,001 - \$15,000: 0****\$15,001 - \$20,000: 0****\$20,001 - \$25,000: 2****\$25,001 - \$30,000: 2****\$30,001 - \$35,000: 14****\$35,001 - \$40,000: 9****\$40,001 - \$45,000: 1****\$45,001 - \$50,000: 1****\$50,001 - \$55,000: 0****\$55,001 - \$60,000: 0****\$60,001 - \$65,000: 0****\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091055824

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Phlebotomy Technician I

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 2295

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****Placement Rate: 0****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 0****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: yes****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: National Healthcareer Association****Name of Exam: Phlebotomy Technician****Number of Graduates Taking Exam: 0****Number Who Passed the Exam: 0****Number Who Failed the Exam: 0****Passage Rate: 0****Is this data from the licensing agency that administered the exam?: yes****Name of Agency: National Healthcareer Association****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY): 2014****Name of the licensing entity that licenses this field: National Healthcareer Association****Name of Exam: Phlebotomy Technician****Number of Graduates Taking Exam: 0****Number Who Passed the Exam: 0****Number Who Failed the Exam: 0**

**Passage Rate:** 0

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** National Healthcareer association

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

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

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 0

**\$20,001 - \$25,000:** 0

**\$25,001 - \$30,000:** 0

**\$30,001 - \$35,000:** 0

**\$35,001 - \$40,000:** 0

**\$40,001 - \$45,000:** 0

**\$45,001 - \$50,000:** 0

**\$50,001 - \$55,000:** 0

**\$55,001 - \$60,000:** 0

**\$60,001 - \$65,000:** 0

**\$65,001 - \$70,000:** 0

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091064224

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Administrative Medical  
Assistant

**Number of Degrees or Diplomas Awarded:** 2

**Total Charges for this program (Report whole dollars only):** \$ 4995

**Number of Students Who Began the Program:** 4

**Students Available for Graduation:** 2

**On-time Graduates:** 1

**Completion Rate:** 50

**150% Completion Rate:** 100

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no



**PLACEMENT****Graduates Available for Employment: 1****Graduates Employed in the Field: 1****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 1****Indicate the number of graduates employed:****Single position in field: 1****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 1**

**Graduates Employed in the Field: 1**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 1**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



Department of Consumer Affairs

Bureau for Private Postsecondary Education

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### BPPE Annual Report for 2015 – Programs

**Tracking Number:** 2017091064535

**Report for Year:** 2015

**Institution Code:** 3006691

#### INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Medical Billing & Coding

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 4595

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 0****Graduates Employed in the Field: 0****Placement Rate: 0****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 0****Indicate the number of graduates employed:****Single position in field: 0****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091065142

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Clinical Medical Assistant

**Number of Degrees or Diplomas Awarded:** 2

**Total Charges for this program (Report whole dollars only):** \$ 5995

**Number of Students Who Began the Program:** 3

**Students Available for Graduation:** 2

**On-time Graduates:** 2

**Completion Rate:** 100

**150% Completion Rate:** 100

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no



**PLACEMENT****Graduates Available for Employment: 2****Graduates Employed in the Field: 2****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 2****Indicate the number of graduates employed:****Single position in field: 2****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 2****Graduates Employed in the Field: 2****Graduates Employed in the Field Reported receiving the following Salary or Wage:**

\$0 - \$5,000: 0

\$5,001 - \$10,000: 0

\$10,001 - \$15,000: 0

\$15,001 - \$20,000: 0

\$20,001 - \$25,000: 0

\$25,001 - \$30,000: 1

\$30,001 - \$35,000: 0

\$35,001 - \$40,000: 0

\$40,001 - \$45,000: 0

\$45,001 - \$50,000: 0

\$50,001 - \$55,000: 0

\$55,001 - \$60,000: 0

\$60,001 - \$65,000: 0

\$65,001 - \$70,000: 0

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091065526

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen,  
please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Pharmacy Technician

**Number of Degrees or Diplomas Awarded:** 1

**Total Charges for this program (Report whole dollars only):** \$ 5995

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 1

**On-time Graduates:** 1

**Completion Rate:** 100

**150% Completion Rate:** 100

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States  
Department of Education?:**

no

**PLACEMENT****Graduates Available for Employment: 1****Graduates Employed in the Field: 1****Placement Rate: 100****Graduates employed in the field 20 to 29 hours per week: 0****Graduates employed in the field at least 30 hours per week: 1****Indicate the number of graduates employed:****Single position in field: 1****Concurrent aggregated positions in field (2 or more positions at the same time): 0****Freelance/self-employed: 0****By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0****EXAM PASSAGE RATE****Does this educational program lead to an occupation that requires licensing?: no****If Yes, please provide the information below (For each of the last two years):****First Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:****Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #28 was no, provide a description of the process used for attempting to contact students:****Second Data Year (YYYY):****Name of the licensing entity that licenses this field:****Name of Exam:****Number of Graduates Taking Exam:****Number Who Passed the Exam:****Number Who Failed the Exam:**

**Passage Rate:****Is this data from the licensing agency that administered the exam?:****Name of Agency:****If the response to #37 was no, provide a description of the process used for attempting to contact students:****Do graduates have the option or requirement for more than one type of licensing exam?:****Provide the names of other licensing exam options:****Name of Option/Requirement:****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 1****Graduates Employed in the Field: 1****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000: 0****\$10,001 - \$15,000: 0****\$15,001 - \$20,000: 0****\$20,001 - \$25,000: 0****\$25,001 - \$30,000: 0****\$30,001 - \$35,000: 1****\$35,001 - \$40,000: 0****\$40,001 - \$45,000: 0****\$45,001 - \$50,000: 0****\$50,001 - \$55,000: 0****\$55,001 - \$60,000: 0****\$60,001 - \$65,000: 0****\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Programs**

**Tracking Number:** 2017091065909

**Report for Year:** 2015

**Institution Code:** 3006691

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Computerized Office & Accounting

**Number of Degrees or Diplomas Awarded:** 2

**Total Charges for this program (Report whole dollars only):** \$ 4295

**Number of Students Who Began the Program:** 6

**Students Available for Graduation:** 2

**On-time Graduates:** 2

**Completion Rate:** 100

**150% Completion Rate:** 100

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no



**PLACEMENT**

**Graduates Available for Employment: 2**

**Graduates Employed in the Field: 2**

**Placement Rate: 100**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 2**

**Indicate the number of graduates employed:**

**Single position in field: 2**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 2**

**Graduates Employed in the Field: 2**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 2**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2015 – Branch Locations**

**Tracking Number:** 2017091070219

**Report for Year:** 2015

**Institution Name:** HealthStaff Training Institute

**Institution Code:** 3006691

**Branch Address:** 601 S. Milliken Avenue, Suite A

**Branch City:** Ontario

**Branch State:** California

**Branch Zip Code:** 91761