Institution Data

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2019 Annual Report

Institution Data Workflow
(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Institution - General Info

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

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate.
   If not, enter manually.
   **Kaiser Permanente School of Allied Health Sciences**

4. Street Address (Physical Location) *
   **938 Marina Way South**
5. City *
Richmond

6. State *
CA

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

7. Zip Code *
94804

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

10. Number of Satellite Locations *
Indicate the number of branch locations associated with the main location or any branch location. If none, enter zero ("0")
1

Fees / Accreditation

2019 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) *
Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities

https://dca.prod.simplicegov.com/prod/portal/Print
13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation below.

**Joint Review Committee on Education in Radiologic Technology (JRCERT)**

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

2019 BPPE Annual Report - Institution - Financial

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

Display Instructions for #15 - #26 (Toggle)

**Not Checked**

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

**No**

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? *

$19,433.00

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. *

State of California Department of Rehabilitation

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

$25,417.45

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

If none, indicate "0".

1

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.

KPSAHS Community Benefit Scholarship Fund

22. Does your institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) *

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

3.21

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. *
If Not Applicable, indicate "0".

0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. *
If none, indicate "0".

0

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

$0.00

Offerings

2019 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Not Checked

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

291
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 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 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".

3

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 as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *
If none, indicate "0".

206
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". 
1

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 as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *
If none, indicate "0". 
0

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". 
8

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *
If none, indicate "0". 
85

Total Program Count
12

Website / Uploads

2019 BPPE Annual Report - Institution - Website and Required Uploads

An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913)**.
**The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

Institution's Website

www.kpsahs.edu

38. Upload School Performance Fact Sheet *
   Required file format = PDF
   38_Upload_2018-2019SPFS(OfferedPrograms).pdf

39. Upload Catalog *
   Required file format = PDF
   39_Upload_Catalog_2019.pdf

40. Upload Enrollment Agreement *
   Required file format = PDF
   40_Upload_Enrollment_Agreements_Offered_Programs_2019v2.pdf

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
Institution Information

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2019 Annual Report
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
2019 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Anatomy & Physiology I

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)

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

2019 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 *
$1,080.00

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 #12 and #13.

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 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

2019 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

2019 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

2019 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."

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
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<td>$25,001 - $30,000</td>
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<td>$30,001 - $35,000</td>
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<tr>
<td>$65,001 - $70,000</td>
<td>0</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
<td>0</td>
</tr>
<tr>
<td>$75,001 - $80,000</td>
<td>0</td>
</tr>
<tr>
<td>Income Range</td>
<td>Number of Drawings</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$85,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Information

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2019 Annual Report
Program Data Workflow
(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
Enter institutional code (main location)
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3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Anatomy & Physiology II

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)

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

2019 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 *

$845.00

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 #12 and #13.

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

### Placement Data

#### 2019 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

2019 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

2019 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

### 2019 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."**

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<td>0</td>
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<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
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<tr>
<td>$75,001 - $80,000</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>$80,001 - $85,000</td>
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<tr>
<td>$85,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
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Program Data Workflow

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3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
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   Kaiser Permanente School of Allied Health Sciences

Program Name
2019 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Breast Ultrasound Fellowship

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)

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

2019 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".

3

9. Total Charges for this Program *

$0.00

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".
   3

13. Number of Students Available for Graduation *
   If none, indicate "0".
   3

14. Number of On-time Graduates *
   If none, indicate "0".
   2

15. Completion Rate
   This is a calculated field based on #12 and #13.
   66.66667

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   3

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

21. Placement Rate
   This is a calculated field based on #17 and #18.
   0

22. Graduates employed in the field...

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

22b. at least 30 hours per week *
   If none, indicate "0".
   0
23. Indicate the number of graduates employed...

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

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
    If none, indicate "0".
    0

23c. Freelance/self-employed *
    If none, indicate "0".
    0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *
    If none, indicate "0".
    0

Allied Health

2019 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

2019 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

### 2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

**Not Checked**

| Field Description | $0 - $5,000 | $5,001 - $10,000 | $10,001 - $15,000 | $15,001 - $20,000 | $20,001 - $25,000 | $25,001 - $30,000 | $30,001 - $35,000 | $35,001 - $40,000 | $40,001 - $45,000 | $45,001 - $50,000 | $50,001 - $55,000 | $55,001 - $60,000 | $60,001 - $65,000 | $65,001 - $70,000 | $70,001 - $75,000 | $75,001 - $80,000 |
|------------------|-------------|---------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 43. Graduates Available for Employment | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44. Graduates Employed in the Field | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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."**
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Number of Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Information

Bureau for Private Postsecondary Edu
Department of Consumer Affairs

2019 Annual Report
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
2019 BPPE Annual Report - Program - Program Name

4. Name of Program *
Certificate of Completion in Health Care Ethics

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)
38.0103 - Ethics

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

2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".
5

9. Total Charges for this Program *
$5,260.00

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".
   6

13. Number of Students Available for Graduation *
   If none, indicate "0".
   6

14. Number of On-time Graduates *
   If none, indicate "0".
   5

16. 150% Graduates?

15. Completion Rate
   This is a calculated field based on #12 and #13.
   83.33333

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

19. Graduates Available for Employment *
   If none, indicate "0".
   5

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

21. Placement Rate
   This is a calculated field based on #17 and #18.
   0

22. Graduates employed in the field...

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

22b. at least 30 hours per week *
   If none, indicate "0".
   0
23. Indicate the number of graduates employed...

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

0

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
If none, indicate "0".

0

23c. Freelance/self-employed *
If none, indicate "0".

0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *
If none, indicate "0".

0

Allied Health

2019 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

2019 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

2019 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.
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."**

<table>
<thead>
<tr>
<th>Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
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<tr>
<td>$25,001 - $30,000</td>
<td>0</td>
</tr>
<tr>
<td>$30,001 - $35,000</td>
<td>0</td>
</tr>
<tr>
<td>$35,001 - $40,000</td>
<td>0</td>
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<td>$40,001 - $45,000</td>
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<tr>
<td>$45,001 - $50,000</td>
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<tr>
<td>$50,001 - $55,000</td>
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<tr>
<td>$55,001 - $60,000</td>
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<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>$65,001 - $70,000</td>
<td>0</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
<td>0</td>
</tr>
<tr>
<td>$75,001 - $80,000</td>
<td>0</td>
</tr>
<tr>
<td>$80,001+</td>
<td>0</td>
</tr>
<tr>
<td>Salary Range</td>
<td>Number of People</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$85,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2019 Annual Report

Program Data Workflow

( Printer Friendly Annual Report Instructions Document )

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
4. Name of Program *

Associate of Science in Medical Assisting

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate ‘Other’, please enter the Program Level in #5a. *

Associate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.0801 - Medical/Clinical Assistant

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

29-2031 - Cardiovascular Technologists and Technicians, 29-2057 - Ophthalmic Medical Technicians, 31-1121 - Home Health Aides, 31-1122 - Personal Care Aides, 31-9092 - Medical Assistants, 31-9093 - Medical Equipment Preparers, 31-9097 - Phlebotomists, 43-6013 - Medical Secretaries and Administrative Assistants

Financial and Graduation

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0": 0

9. Total Charges for this Program *

$14,170.00

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 #12 and #13.

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 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

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

If “yes,” for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and
Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

24b.

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

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

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

Yes

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

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.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>License or FI EN #</th>
<th>Program Name</th>
<th>Total Number of Students</th>
<th>Number of No-English Proficient Students</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Donation or Compensation Amount</th>
<th>Type of Consideration</th>
</tr>
</thead>
</table>
Exam Passage Rate

2019 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 #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *
   Yes

Name of Option/Requirement (1) *
   National Certified Phlebotomy Technician (NCCT)

Name of Option/Requirement (2)
   American Certification Agency (ACA)

Name of Option/Requirement (3)
   American Medical Technologists (AMT)

Name of Option/Requirement (4)
   American Medical Certification Association (AMCA)

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)
Not Checked
27. Name of the State licensing entity that licenses this field *
   
   California Department of Public Health - Laboratory Field Services

28. Name of State Exam *
   
   National Certified Phlebotomy Technician (NCCT)

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

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

31. Number Who Failed the State Exam
   This is a calculated field based on #25 and #26.
   
   0

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

33. Is this data from the State licensing agency that administered the exam? *
   
   No

34. If the response to #29 was "No" provide a description of the process used for Attempting to Contact Students *
   
   Not Applicable - No graduates in 2019

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

Display Instructions for #35-42 (Toggle)
Not Checked
35. Name of the State licensing entity that licenses this field *
   California Department of Public Health - Laboratory Field Services

36. Name of State Exam *
   National Certified Phlebotomy Technician (NCCT)

37. Number of Graduates Taking State Exam *
   If none, indicate "0".
   21

38. Number Who Passed the State Exam *
   If none, indicate "0".
   21

39. Number Who Failed the State Exam
   This is a calculated field based on #33 and #34.
   0

40. Passage Rate
   This is a calculated field based on #33 and #34.
   100

41. Is this data from the State licensing agency that administered the State exam? *
   No

42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students *
   Survey via email (four email requests sent) (2018)

Salary Data

2019 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."**

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
</tr>
<tr>
<td>$25,001 - $30,000</td>
<td>0</td>
</tr>
<tr>
<td>$30,001 - $35,000</td>
<td>0</td>
</tr>
<tr>
<td>$35,001 - $40,000</td>
<td>0</td>
</tr>
<tr>
<td>$40,001 - $45,000</td>
<td>0</td>
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<tr>
<td>$45,001 - $50,000</td>
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</tr>
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<td>$50,001 - $55,000</td>
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</tr>
<tr>
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<td>0</td>
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<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
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<tr>
<td>$65,001 - $70,000</td>
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</tr>
<tr>
<td>$75,001 - $80,000</td>
<td>0</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$85,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   
   Kaiser Permanente School of Allied Health Sciences

Program Name
4. Name of Program *

Medical Assisting Certificate

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate ‘Other’, please enter the Program Level in #5a. *

Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

51.0801 - Medical/Clinical Assistant

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

29-2031 - Cardiovascular Technologists and Technicians, 29-2057 - Ophthalmic Medical Technicians, 31-1121 - Home Health Aides, 31-1122 - Personal Care Aides, 31-9092 - Medical Assistants, 31-9093 - Medical Equipment Preparers, 43-6013 - Medical Secretaries and Administrative Assistants

Financial and Graduation

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

$7,722.00

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".

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

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

15. Completion Rate
   This is a calculated field based on #12 and #13.

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

### Placement Data

**2019 BPPE Annual Report - Program - Placement Data**

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Graduates Available for Employment *</td>
<td>10</td>
</tr>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td></td>
</tr>
<tr>
<td>20. Graduates Employed in the Field *</td>
<td>2</td>
</tr>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td></td>
</tr>
<tr>
<td>21. Placement Rate</td>
<td>20</td>
</tr>
<tr>
<td>This is a calculated field based on #17 and #18.</td>
<td></td>
</tr>
<tr>
<td>22. Graduates employed in the field...</td>
<td></td>
</tr>
<tr>
<td>22a. 20 to 29 hours per week *</td>
<td>0</td>
</tr>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td></td>
</tr>
<tr>
<td>22b. at least 30 hours per week *</td>
<td>2</td>
</tr>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td></td>
</tr>
</tbody>
</table>
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".
   2

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

If “yes,” for each program offered, select the allied health profession, requiring clinical training. Professions include Licensed Vocational Nurse, Medical Assistant, Occupational Therapy Aide, Radiologic Technologist, Respiratory Care Therapist, Pharmacy Technician and Technologist, and
Surgical Technician and Technologist programs. The program selected must be the same program selected at #4 listed above.

24b.

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

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

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

Yes

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

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.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>License or FI #</th>
<th>Program Name</th>
<th>Total Number of Students</th>
<th>Non-English Proficient Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanent Fremont (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Kaiser Permanent Hayward - Sleepy Hollow (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Kaiser Permanent San Leandro (HOSP)</td>
<td>550002678</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Kaiser Permanent</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Donation or Compensation Amount</th>
<th>Type of Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente Fremont (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Hayward - Sleepy Hollow (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente San Leandro (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente San Leandro (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Stockton (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Exam Passage Rate

2019 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'.

Exam Passage Rate - Year 1
34. If the response to #29 was "No" provide a description of the process used for Attempting to Contact Students *

   Not applicable - program does not lead to licensure

Exam Passage Rate - Year 2

42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students *

   Not applicable - program does not lead to licensure

Salary Data

2019 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.

   10

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."

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
</tr>
<tr>
<td>$25,001 - $30,000</td>
<td>0</td>
</tr>
<tr>
<td>$30,001 - $35,000</td>
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<td>$35,001 - $40,000</td>
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<td>$40,001 - $45,000</td>
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</tr>
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<td>$45,001 - $50,000</td>
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<td>$50,001 - $60,000</td>
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<td>$60,001 - $70,000</td>
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<td>$200,001 - $250,000</td>
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</tr>
<tr>
<td>$600,001 - $700,000</td>
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<td>0</td>
</tr>
<tr>
<td>Salary Range</td>
<td>Count</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>$40,001 - $45,000</td>
<td>1</td>
</tr>
<tr>
<td>$45,001 - $50,000</td>
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</tr>
<tr>
<td>$50,001 - $55,000</td>
<td>0</td>
</tr>
<tr>
<td>$55,001 - $60,000</td>
<td>1</td>
</tr>
<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>$65,001 - $70,000</td>
<td>0</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
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</tr>
<tr>
<td>$75,001 - $80,000</td>
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<tr>
<td>$80,001 - $85,000</td>
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<tr>
<td>$85,001 - $90,000</td>
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<td>$90,001 - $95,000</td>
<td>0</td>
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<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2019 Annual Report

Program Data Workflow

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0702311
   Corrected prior to submission.

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
4. Name of Program *

**Bachelor of Science in Nuclear Medicine**

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)

**51.0905 - Nuclear Medical Technology/Technologist**

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

**29-2033 - Nuclear Medicine Technologists**

## Financial and Graduation

2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

10

9. Total Charges for this Program *

$24,265.00

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

0

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

0
12. Number of Students Who Began the Program *
   If none, indicate "0".
   11

13. Number of Students Available for Graduation *
   If none, indicate "0".
   11

14. Number of On-time Graduates *
   If none, indicate "0".
   9

15. Completion Rate
   This is a calculated field based on #12 and #13.
   81.818

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   10

20. Graduates Employed in the Field *
   If none, indicate "0".
   7

21. Placement Rate
   This is a calculated field based on #17 and #18.
   70

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".
   6
23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
7

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
If none, indicate "0".
0

23c. Freelance/self-employed *
If none, indicate "0".
0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *
If none, indicate "0".
2

Allied Health

2019 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

2019 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 #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

   Yes

   Name of Option/Requirement (1) *
   Nuclear Medicine Technologist (NMTCB)

   Name of Option/Requirement (2)
   Nuclear Medicine Technology Exam (ARRT)

   Name of Option/Requirement (3)

   Name of Option/Requirement (4)

Exam Passage Rate - Year 1

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

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

27. Name of the State licensing entity that licenses this field *
   California Department of Public Health - Radiologic Health Branch

28. Name of State Exam *
   Nuclear Medicine Technology Exam (ARRT)

29. Number of Graduates Taking State Exam *
   If none, indicate "0".
   10
30. Number Who Passed the State Exam *
If none, indicate "0".

10

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

0

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

100

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

No

34. If the response to #29 was "No" provide a description of the process used for Attempting to Contact Students *

Not applicable - data from first-time pass rate report provided by the test administrator, the American Registry of Radiologic Technologists

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

Display Instructions for #35-42 (Toggle)

Not Checked

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

California Department of Public Health - Radiologic Health Branch

36. Name of State Exam *

Nuclear Medicine Technology Exam (ARRT)

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

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

39. Number Who Failed the State Exam
   This is a calculated field based on #33 and #34.
   0

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

41. Is this data from the State licensing agency that
   administered the State exam? *
   No

42. If the response to #37 was "No" provide a description of the process used for
   Attempting to Contact Students *
   Not applicable - no graduates in 2018

Salary Data

2019 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.
   10

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   7

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

   For graduates employed in the field, indicate their salaries/earnings below. If there
   are none in any specific range, indicate "0."
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
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</tr>
<tr>
<td>$15,001 - $20,000</td>
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</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
</tr>
<tr>
<td>$25,001 - $30,000</td>
<td>0</td>
</tr>
<tr>
<td>$30,001 - $35,000</td>
<td>1</td>
</tr>
<tr>
<td>$35,001 - $40,000</td>
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<tr>
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</tr>
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<td>$50,001 - $55,000</td>
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<td>$55,001 - $60,000</td>
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<tr>
<td>$60,001 - $65,000</td>
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<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$85,001 - $90,000</td>
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<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>3</td>
</tr>
</tbody>
</table>
Institution Information

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2019 Annual Report
Program Data Workflow
(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually)
   * 
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   **Kaiser Permanente School of Allied Health Sciences**

Program Name
2019 BPPE Annual Report - Program - Program Name

4. Name of Program *

**Pediatric Ultrasound**

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)

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

2019 BPPE Annual Report - Program - Financial Data and Graduation Rates

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

1

9. Total Charges for this Program *

$260.00

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
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Number of Students Who Began the Program *</td>
<td>13. Number of Students Available for Graduation *</td>
</tr>
<tr>
<td></td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>14. Number of On-time Graduates *</td>
<td>15. Completion Rate</td>
</tr>
<tr>
<td></td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>16. 150% Graduates?</td>
<td>17. 150% Completion Rate</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *</td>
<td>No</td>
</tr>
</tbody>
</table>

**Placement Data**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Graduates Available for Employment *</td>
<td>20. Graduates Employed in the Field *</td>
</tr>
<tr>
<td></td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>21. Placement Rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is a calculated field based on #17 and #18.</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

22. Graduates employed in the field...

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>22a. 20 to 29 hours per week *</td>
<td>22b. at least 30 hours per week *</td>
</tr>
<tr>
<td></td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
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

2019 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

2019 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

2019 BPPE Annual Report - Program - Salary Data

43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
1

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
0

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

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

<table>
<thead>
<tr>
<th>Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
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<tr>
<td>Salary Range</td>
<td>Count</td>
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</tr>
<tr>
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<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Information

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2019 Annual Report
Program Data Workflow
(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
2019 BPPE Annual Report - Program - Program Name

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

4. Name of Program *
Certificate of Completion in Basic and Advanced Phlebotomy Technician

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate ‘Other’, please enter the Program Level in #5a.
Diploma/Certificate

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)
51.1009 - Phlebotomy/Phlebotomist

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)
31-9097 - Phlebotomists

Financial and Graduation

2019 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".
40

9. Total Charges for this Program *
$4,995.00

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".
   43

13. Number of Students Available for Graduation *
   If none, indicate "0".
   43

14. Number of On-time Graduates *
   If none, indicate "0".
   39

15. Completion Rate
   This is a calculated field based on #12 and #13.
   90.69767

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   40

20. Graduates Employed in the Field *
   If none, indicate "0".
   1

21. Placement Rate
   This is a calculated field based on #17 and #18.
   2.5

22. Graduates employed in the field...

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

22b. at least 30 hours per week *
   If none, indicate "0".
   1
23. Indicate the number of graduates employed...

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

1

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
If none, indicate "0".

0

23c. Freelance/self-employed *
If none, indicate "0".

0

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *
If none, indicate "0".

1

Allied Health

2019 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

2019 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 #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

Yes

Name of Option/Requirement (1) *
National Certified Phlebotomy Technician (NCCT)

Name of Option/Requirement (2)
American Certification Agency (ACA)

Name of Option/Requirement (3)
American Medical Technologists (AMT)

Name of Option/Requirement (4)
American Medical Certification Association (AMCA)

Exam Passage Rate - Year 1

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

27. Name of the State licensing entity that licenses this field *
California Department of Public Health - Laboratory Field Services

28. Name of State Exam *
National Certified Phlebotomy Technician (NCCT)

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

26
30. Number Who Passed the State Exam *
   If none, indicate "0".
   26

31. Number Who Failed the State Exam
   This is a calculated field based on #25 and #26.
   0

32. Passage Rate
   This is a calculated field based on #25 and #26.
   100

33. Is this data from the State licensing agency that administered the exam? *
   No

34. If the response to #29 was "No" provide a description of the process used for Attempting to Contact Students *
   Survey administered via email (three email requests sent)

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2018

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

35. Name of the State licensing entity that licenses this field *
   California Department of Public Health - Laboratory Field Services

36. Name of State Exam *
   National Certified Phlebotomy Technician (NCCT)

37. Number of Graduates Taking State Exam *
   If none, indicate "0".
   15
38. Number Who Passed the State Exam *
If none, indicate "0".
15

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.
0

40. Passage Rate
This is a calculated field based on #33 and #34.
100

41. Is this data from the State licensing agency that administered the State exam? *
No

42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students *
Survey sent via email (four email requests sent)

Salary Data

2019 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.
40

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
1

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

For graduates employed in the field, indicate their salaries/earnings below. If there are none in any specific range, indicate "0."
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
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<td>$25,001 - $30,000</td>
<td>0</td>
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<td>$30,001 - $35,000</td>
<td>0</td>
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<tr>
<td>$35,001 - $40,000</td>
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</tr>
<tr>
<td>$40,001 - $45,000</td>
<td>0</td>
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<tr>
<td>$45,001 - $50,000</td>
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<tr>
<td>$50,001 - $55,000</td>
<td>0</td>
</tr>
<tr>
<td>$55,001 - $60,000</td>
<td>0</td>
</tr>
<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>$65,001 - $70,000</td>
<td>1</td>
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<td>$70,001 - $75,000</td>
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<tr>
<td>$75,001 - $80,000</td>
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<tr>
<td>$80,001 - $85,000</td>
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<tr>
<td>$85,001 - $90,000</td>
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<td>$90,001 - $95,000</td>
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<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Information

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2019 Annual Report
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
4. Name of Program *

**Bachelor of Science in Radiologic Technology**

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)

**51.0911 - Radiologic Technology/Science - Radiographer**

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

**29-2034 - Radiologic Technologists and Technicians**

## Financial and Graduation

###age and Graduation Rates

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

**47**

9. Total Charges for this Program *

**$30,124.00**

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".

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

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

15. Completion Rate
   This is a calculated field based on #12 and #13.

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

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

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

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

22b. at least 30 hours per week *
   If none, indicate "0".
23. Indicate the number of graduates employed...

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

20

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".

10

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked

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

Yes

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

Radiologic Technologist

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.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>License or FI EN #</th>
<th>Program Name</th>
<th>Total Number of Students</th>
<th>Number of Non-English Proficient Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente Antioch</td>
<td>550000614</td>
<td>BS in Radiologic Technolog</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Facility</td>
<td>Phone</td>
<td>Degree</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------</td>
<td>-------------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Antioch Delta Fair</td>
<td>94-27288480</td>
<td>BS in Radiologic Technology</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Fremont</td>
<td>140000053</td>
<td>BS in Radiologic Technology</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Manteca</td>
<td>30000393</td>
<td>BS in Radiologic Technology</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Martinez (MOB)</td>
<td>94-27288480</td>
<td>BS in Radiologic Technology</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Modesto</td>
<td>30000393</td>
<td>BS in Radiologic Technology</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Oakland</td>
<td>140000052</td>
<td>BS in Radiologic Technology</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Richmond</td>
<td>140000052</td>
<td>BS in Radiologic Technology</td>
<td>9</td>
<td></td>
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<tr>
<td>Kaiser Permanente Roseville</td>
<td>550001681</td>
<td>BS in Radiologic Technology</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Sacramento</td>
<td>30000052</td>
<td>BS in Radiologic Technology</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente San Francisco</td>
<td>220000112</td>
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<td>13</td>
<td></td>
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<tr>
<td>Kaiser Permanente San Jose (Santa Teresa)</td>
<td>70000117</td>
<td>BS in Radiologic Technology</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente San Leandro</td>
<td>550002678</td>
<td>BS in Radiologic Technology</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente San Rafael</td>
<td>94-27288480</td>
<td>BS in Radiologic Technology</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Santa Clara</td>
<td>70000661</td>
<td>BS in Radiologic Technology</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Donation or Compensation Amount</th>
<th>Type of Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente Antioch</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Antioch Delta Fair</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Fremont</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Manteca</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Martinez (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Modesto</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Oakland</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Richmond</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Roseville</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente Sacramento</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Kaiser Permanente San Francisco</td>
<td>0</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
26. Does this educational program lead to an occupation that requires State licensing? *

   Yes

You have indicated "Yes" for question #22, please complete #22a below and the following screens with the required Exam Passage Rate data for 2017 and 2018. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *

   No
27. Name of the State licensing entity that licenses this field *
   California Department of Public Health - Radiologic Health Branch

28. Name of State Exam *
   Radiography (ARRT)

29. Number of Graduates Taking State Exam *
   If none, indicate "0".
   35

30. Number Who Passed the State Exam *
   If none, indicate "0".
   35

31. Number Who Failed the State Exam
   This is a calculated field based on #25 and #26.
   0

32. Passage Rate
   This is a calculated field based on #25 and #26.
   100

33. Is this data from the State licensing agency that administered the exam? *
   No

34. If the response to #29 was "No" provide a description of the process used for Attempting to Contact Students *
   Survey via email (three email requests sent)

Exam Passage Rate - Year 2

2019 BPPE Annual Report - Program - Exam Passage Rate Data - 2019
35. Name of the State licensing entity that licenses this field *
   California Department of Public Health - Radiologic Health Branch

36. Name of State Exam *
   Radiography (ARRT)

37. Number of Graduates Taking State Exam *
   If none, indicate "0".
   25

38. Number Who Passed the State Exam *
   If none, indicate "0".
   25

39. Number Who Failed the State Exam
   This is a calculated field based on #33 and #34.
   0

40. Passage Rate
   This is a calculated field based on #33 and #34.
   100

41. Is this data from the State licensing agency that administered the State exam? *
   No

42. If the response to #37 was "No" provide a description of the process used for Attempting to Contact Students *
   Survey via email (four email requests sent)

Salary Data

2019 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.

   47

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

   20

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."**

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
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</tr>
<tr>
<td>$15,001 - $20,000</td>
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<td>1</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>2</td>
</tr>
</tbody>
</table>
Institution Information

2019 Annual Report
Program Data Workflow

(Please refer to the Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   
   2019

2. Institution Code *
   Enter institutional code (main location)
   
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   
   Kaiser Permanente School of Allied Health Sciences

Program Name
4. Name of Program *

**Bachelor of Science in Diagnostic Medical Sonography**

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate ‘Other’, please enter the Program Level in #5a. *

**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)

**51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician**

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

**29-2032 - Diagnostic Medical Sonographers**

---

### Financial and Graduation

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

- 21

9. Total Charges for this Program *

- $26,862.00

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".
   25

13. Number of Students Available for Graduation *
   If none, indicate "0".
   25

14. Number of On-time Graduates *
   If none, indicate "0".
   21

15. Completion Rate
   This is a calculated field based on #12 and #13.
   84

16. 150% Graduates?

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   21

20. Graduates Employed in the Field *
   If none, indicate "0".
   15

21. Placement Rate
   This is a calculated field based on #17 and #18.
   71.42857

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".
   15
23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
15

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".
10

Allied Health

2019 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

2019 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

2019 BPPE Annual Report - Program - Salary Data

<table>
<thead>
<tr>
<th>Field</th>
<th>2019 BPPE Annual Report - Program - Salary Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Display Instructions for #43-45 (Toggle)</td>
<td>Not Checked</td>
</tr>
</tbody>
</table>

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

21

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

15

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."**

<table>
<thead>
<tr>
<th>Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
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</tr>
<tr>
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<tr>
<td>$85,001 - $90,000</td>
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<tr>
<td>$95,001 - $100,000</td>
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</table>
Institution Information

Bureau for Private
Postsecondary Edu
Department of Consumer Affairs

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

Complete one 'Program Data' workflow (all applicable sections) for EACH educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code (main location)
   0703211

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Program Name
4. Name of Program *

**Student Success**

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)

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**

8. Number of Degrees, Diplomas or Certificates Awarded *
   
   If none, indicate "0".

   0

9. Total Charges for this Program *

   $0.00

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 #12 and #13.

16. 150% Graduates?
No

17. 150% Completion Rate

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No

Placement Data

2019 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

2019 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

2019 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

### 2019 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."**

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<tr>
<th>Salary Range</th>
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</tbody>
</table>
Branch Campus Workflow –

KPSAHS does not maintain a branch campus, so we will not report in this section (as in prior years).
Satellite Location Data

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2019 Annual Report

Satellite Location Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Satellite Location Data

1. Report Year *
   2019

2. Institution Code *
   Enter institutional code, main or branch, associated with this satellite location.
   0703211

3. School Code *
   Enter school code (main location or branch location)
   0703211

4. Institution Name *
   If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.
   Kaiser Permanente School of Allied Health Sciences

Satellite Location Data (California locations only)

5. Street Address (Physical Location) *
200 Muir Rd

6. City *
Martinez

7. State *
CA

8. Zip Code *
94553
Submit Annual Report Package to BPPE

2019 Annual Report
Submit to BPPE

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Submit Annual Report Package to BPPE

1. Report Year *
   2019

2. Institution Code *
   0703211

3. Institution Name *
   Kaiser Permanente School of Allied Health Sciences

4. Name of Responsible Officer submitting online Annual Report? *
   James Fitzgibbon, CEO/COO

5. Responsible Officer - Phone *
   (510) 231-4316

6. Responsible Officer - Email *
   james.x.fitzgibbon@kp.org

7. Have you completed ONE Institution Data workflow for this Annual Report online submission? *
   Yes
8. Have you completed ONE Program Data workflow PER OFFERED PROGRAM for this Annual Report online submission? *

   Yes

9. Have you completed ONE Branch Data workflow PER BRANCH LOCATION for this Annual Report online submission? *

   No Branch Locations

10. Have you completed ONE Satellite Data workflow PER SATELLITE LOCATION for this Annual Report online submission? *

    Yes

---

2019 Annual Report Certification

The certification must be signed by a responsible officer of the institution.

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report.

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

Signature

[Signature]

11/24/2020

James Fitzgibbon
Kaiser Permanente School of Allied Health Sciences

This is to confirm your Annual Report submission. If you have any questions, please reference the request number provided below communicating with the Bureau.

Request #: DCA-BPPE-Finalize-002982
Institution Name: Kaiser Permanente School of Allied Health Sciences
Institution Code: 0703211

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 431-6959, press “6” when prompted.

Submitted 11/24/20
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