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

1. Report Year *
   2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

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

6. State *
   CA

7. Zip Code *
   94804

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

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

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

Fees / Accreditation

2020 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)
Not Checked

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? *
   Yes

11b. Is this institution current on Annual Fees? *
   Yes

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? *
   Yes

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key.
FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key.

12a. Accrediting Agency (more than one agency may be selected) *
   WASC Senior College and University Commission
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**

**2020 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? *

$39,542.00

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? *

$18,821.00

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?

$14,598.00

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

If none, indicate "0".

1

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

Yes

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

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

4

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

$0.00

Offerings

2020 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)
Not Checked

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

245
28. Number of Doctorate Degree Programs Offered?
Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) *
If none, indicate "0".
0

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

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

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

32. Number of Bachelor Degree Programs Offered?
Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) *
If none, indicate "0".
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 in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. *
If none, indicate "0".
161
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".

0

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

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".

4

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

84

Total Program Count
7

Website / Uploads

2020 BPPE Annual Report - Institution - Website and
Required Uploads

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

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

**Institution's Website**

www.kpsahs.edu

38. Upload School Performance Fact Sheet *
   Required file format = PDF
   1a-2019 - 2020 SPFS for 2020 Offered Programs (Upload 38).pdf

39. Upload Catalog *
   Required file format = PDF
   1b-2020 Academic Catalog PUBLISHED (v9-21-20) (Upload 39).pdf

40. Upload Enrollment Agreement *
    Required file format = PDF
    1c-Enrollment Agreements 2020 (with Cover Sheet) (Upload 40).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

2020 Annual Report
Program Data Workflow
(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
   If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name
2020 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

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

1

9. Total Charges for this Program *

$525.00

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".
   1

13. Number of Students Available for Graduation *
   If none, indicate "0".
   1

14. Number of On-time Graduates *
   If none, indicate "0".
   1

15. Completion Rate
   This is a calculated field based on #14 and #13.
   100

16. 150% Graduates?
   No

17. 150% Completion Rate
   This is a calculated field based on #16 and #13.
   0

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   1

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

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

22. Graduates employed in the field...

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

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

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

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
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>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
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<tr>
<td>$15,001 - $20,000</td>
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<td>$20,001 - $25,000</td>
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<tr>
<td>$25,001 - $30,000</td>
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<td>$30,001 - $35,000</td>
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<td>$75,001 - $80,000</td>
<td>0</td>
</tr>
<tr>
<td>Income Range</td>
<td>Count</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<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>
2020 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
   If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

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)

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

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

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

21

9. Total Charges for this Program *

$31,260.00

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".
   26

13. Number of Students Available for Graduation *
   If none, indicate "0".
   26

14. Number of On-time Graduates *
   If none, indicate "0".
   4

15. Completion Rate
   This is a calculated field based on #14 and #13.
   15.38462

16. 150% Graduates?
   No

17. 150% Completion Rate
   This is a calculated field based on #16 and #13.
   0

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   20

20. Graduates Employed in the Field *
   If none, indicate "0".
   14

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".
   2

22b. at least 30 hours per week *
   If none, indicate "0".
   12
23. Indicate the number of graduates employed...

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

   13

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

   1

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".

   5

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

   Yes

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

   Diagnostic Medical Sonographer

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

<table>
<thead>
<tr>
<th>Site Name</th>
<th>License or FIE N #</th>
<th>Program Name</th>
<th>Total Number of Students</th>
<th>Number of Students Proficient in Languages Other than English</th>
</tr>
</thead>
</table>

https://dca.prod.simpligov.com/prod/portal/Print
| Name of Medical Facility | Phone Number | Type of Degree | Year of Graduation | # of Years 
|-------------------------|--------------|----------------|-------------------|---------
| Adventist Hos pital Sonora (HOSP) | 030000094 | BS in Diagnost ic Medical Sociology | 1 | 0 
| Alta Bates Summit (HOSP) (Berkeley) | 140000004 | BS in Diagnosis Medical Sociology | 1 | 1 
| John Muir Con cord (HOSP) | 140000128 | BS in Diagnosis Medical Sociology | 1 | 0 
| KP - Antioch (HOSP) | 550000614 | BS in Diagnosis Medical Sociology | 1 | 1 
| KP - Antioch Delta Fair (M OB) | 94-2728480 | BS in Diagnosis Medical Sociology | 1 | 0 
| KP - Dublin (MOB) | 94-2728480 | BS in Diagnosis Medical Sociology | 1 | 1 
| KP - Fremont (HOSP) | 140000053 | BS in Diagnosis Medical Sociology | 2 | 0 
| KP - Modesto (HOSP) | 30000393 | BS in Diagnosis Medical Sociology | 2 | 2 
| KP - Oakland (HOSP) | 140000052 | BS in Diagnosis Medical Sociology | 1 | 0 
| KP - Redwood City (HOSP) | 220000021 | BS in Diagnosis Medical Sociology | 1 | 1 
| KP - Roseville - Riverside (M OB) | 94-2728480 | BS in Diagnosis Medical Sociology | 2 | 0 
| KP - Roseville (HOSP) | 550001681 | BS in Diagnosis Medical Sociology | 2 | 1 
| KP - Sacramento [Morse Av enue] (HOSP) | 30000052 | BS in Diagnosis Medical Sociology | 3 | 2 
| KP - San Jose (Santa Teresa) (HOSP) | 70000117 | BS in Diagnosis Medical Sociology | 2 | 2 
<p>| KP - San Leandro (HOSP) | 550002678 | BS in Diagnosis Medical Sociology | 3 | 1 |</p>
<table>
<thead>
<tr>
<th>Site Name</th>
<th>Donation or Compensation Amount</th>
<th>Type of Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventist Hospital Sonora (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Alta Bates Summit (HOSP) (Berkeley)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>John Muir Concord (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Antioch (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Antioch Delta Fair</td>
<td>0</td>
<td>Not applicable</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.
Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked
26. Does this educational program lead to an occupation that requires State licensing? *

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
20

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
14

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>
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</tr>
<tr>
<td>Over $100,000</td>
<td>7</td>
</tr>
</tbody>
</table>
2020 Annual Report
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
   If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name
Instructions

(Printer Friendly Annual Report Instructions Document)

4. Name of Program? Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Master, Bachelor, Associate, diploma/certificate or other.) If you indicate 'Other', please enter the Program Level in #5a.

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

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

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)

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

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".
   19

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".
    20

13. Number of Students Available for Graduation *
    If none, indicate "0".
    20

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

15. Completion Rate
    This is a calculated field based on #14 and #13.
    0

16. 150% Graduates?

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked
19. Graduates Available for Employment *
   If none, indicate "0".

   19

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

   14

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

   73.68421

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".

     14

23. Indicate the number of graduates employed...

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

     14

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".

     5

Allied Health

2020 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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology Aide. The program selected must be the same program selected at #4 listed above.

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.
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 FIE N #</th>
<th>Program Name</th>
<th>Total Number of Students</th>
<th>Number of Students Proficient in Languages Other than English</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP Davis (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>KP Fremont (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>KP Hayward Sleepy Hollow (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>KP Martinez (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>KP Oakland (HOSP)</td>
<td>1400000052</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>KP Roseville - Riverside (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>KP Tracy (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>KP San Leandro (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>KP Santa Rosa (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>KP Walnut Creek (MOB)</td>
<td>94-2728480</td>
<td>Medical Assisting Certificate</td>
<td>2</td>
<td>1</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>KP Davis (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Fremont (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Hayward Sleepy Hollow (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Martinez (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Oakland (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Roseville - Riverside (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Tracy (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP San Leandro (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Santa Rosa (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP Walnut Creek (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

Salary Data

2020 BPPE Annual Report - Program - Salary Data
43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
19

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
14

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>2</td>
</tr>
<tr>
<td>$45,001 - $50,000 *</td>
<td>1</td>
</tr>
<tr>
<td>$50,001 - $55,000 *</td>
<td>2</td>
</tr>
<tr>
<td>$55,001 - $60,000 *</td>
<td>1</td>
</tr>
<tr>
<td>$60,001 - $65,000 *</td>
<td>2</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 - $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>
2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
   If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name
2020 BPPE Annual Report - Program - Program Name

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

4. Name of Program *
   Bachelor of Science in 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)
   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

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

Display Instructions for #8 - #18 (Toggle)
Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

8. Number of Degrees, Diplomas or Certificates Awarded to graduates scheduled to complete in the reporting year? "Number of Graduates" refers to the number of graduates in the reporting calendar year, who were scheduled to complete in said reporting calendar year. This is on-time grads, 150% grads and anyone else who was "scheduled to complete" in the calendar year.

9. Total Charges for this program? Indicate the total charges, in the reporting year, for the student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program, including books, uniforms
and other charges, if the charges are required for participation in the educational program.

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program. Indicate the percentage of students enrolled in this program who received federal student loans to pay for this program. Divide the total number of students enrolled in this program, who received federal student loans to pay for this program, by the total number of students enrolled in this program.

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program. Indicate the percentage of graduates from this program, who received federal student loans to pay for this program. Divide the total number of graduates, who in the reporting year, took out federal student loans to pay for this program, by the total number graduates from this program in the reporting year.

12. Number of Students Who Began the Program? Indicate the number of students who were scheduled to complete the program in the reporting year, excluding all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). Institutions with Bureau approved branches and/or satellites locations must combine the total number of students enrolled in all locations.

13. Students Available for Graduation? Indicate the number of students available for graduation in the reporting year for the program being reported. This number should be the number of students who began the program (#12 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)).

14. On-Time Completion? Of the students available for graduation (#13 above), indicate the number of students who completed the program within 100% of the published length in the reporting year being reported (5 CCR §74112(d)(2)).

15. Completion Rate? Divide the number of On-Time Graduates (#14 above) by the number of Students Available for Graduation (#13 above).

16. 150% Graduates? Of the students available for graduation (#13 above), provide the number of students who completed the program within 150% of the published program length in the calendar year, this includes “On-Time Graduates” (5 CCR §74112(h)(l)).

17. 150% Completion Rate? If the institution tracks 150% completion rate, provide the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates (#16 above), divided by the number of students available for graduation (#13 above). A “rate” is a percentage and should never be more than 100% (5 CCR §74112(h)(l)).

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? Indicate “yes” if the information was taken from the data that was reported to IPEDS; Indicate “no” if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.
8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".

10

9. Total Charges for this Program *

$24,883.00

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".

12

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

12

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

10

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

83.33333

16. 150% Graduates?

No

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

0

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

No

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Checked

Instructions

(Printer Friendly Annual Report Instructions Document)
CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

19. Graduates Available for Employment? Indicate the number of individuals awarded a degree, diploma or certificate in the reporting year minus the number of graduates that either died, became incarcerated, were called to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f)).

20. Graduates Employed in the Field? Of the Graduates Available for Employment (#19 above), provide the number of graduates employed in the field, who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e)).

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

<table>
<thead>
<tr>
<th>19. Graduates Available for Employment *</th>
<th>20. Graduates Employed in the Field *</th>
</tr>
</thead>
<tbody>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

21. Placement Rate
This is a calculated field based on #17 and #18.
60

22. Graduates employed in the field...

<table>
<thead>
<tr>
<th>22a. 20 to 29 hours per week *</th>
<th>22b. at least 30 hours per week *</th>
</tr>
</thead>
<tbody>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td>0</td>
<td>6</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".
   5

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
   If none, indicate "0".
   1

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
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, Surgical Technician and Technologist programs Cardiovascular Technologist, Certified Nurse Assistant, Dialysis Technician, Diagnostic Medical Sonographer, Medical Lab Technician, Orthopedic Assistant, Physical Therapy Aide and Assistant, Psychiatric Technologist, Radiologic Therapist, Speech Language Pathology
Aide. The program selected must be the same program selected at #4 listed above.

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? *

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.

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

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

26. Does this educational program lead to an occupation that requires State licensing? *
   Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

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

Name of Option/Requirement (1) *
   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

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

Display Instructions for #27-34 (Toggle)
   Checked

Instructions

(Printer Friendly Annual Report Instructions Document)
CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.

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

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

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

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

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

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

32. **Passage Rate?** Enter the passage rate for graduates who took the first available State exam and passed it on the first attempt.

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

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

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

   California Department of Public Health · Radiologic Health Branch

28. Name of State Exam

   ARRT Nuclear Medicine Technology Exam

29. Number of Graduates Taking State Exam

   If none, indicate "0".
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 #33 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. This test is one of two required by the California Department of Public Health - Radiologic Health Branch for licensure as a nuclear medicine technician.

Exam Passage Rate - Year 2

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

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

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

California Department of Public Health - Radiologic Health Branch

36. Name of State Exam *

ARRT Nuclear Medicine Technology Exam

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

10
38. Number Who Passed the State Exam *
If none, indicate "0".

10

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 #41 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. This test is one of two required by the California Department of Public Health - Radiologic Health Branch for licensure as a nuclear medicine technician.

Salary Data

2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

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

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

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

45. Graduates Employed in the Field Reported receiving the following Salary or Wage: Enter the number of graduates employed in the field reporting to receive

https://dca.prod.simpligov.com/prod/portal/Print
the annual salary between the lowest number indicated and the highest number indicated. Example: If one student reports that they are receiving $4,010 a year and a second student reports they are receiving $2,999 a year, enter the number “2” in the space next to $0 - $5,000, because there are 2 students who are receiving between $0-$5,000 a year.

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.
6

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>
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<tr>
<td>$10,001 - $15,000</td>
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<td>$85,001 - $90,000</td>
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<td>$90,001 - $95,000</td>
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</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>1</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
   If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name
2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

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

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

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

9. Total Charges for this Program *

$785.00

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

0

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

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

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

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

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

16. 150% Graduates?

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

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

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

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

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

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

22. Graduates employed in the field...

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

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

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

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *
You have indicated "No" for question #22, please proceed to 'Salary Data'.

### Salary Data

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

Display Instructions for #43-45 (Toggle)

Not Checked

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

0

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

0

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

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

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

Bureau for Private Postsecondary Edu
Department of Consumer Affairs

2020 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2020

2. Institution Code *

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

0703211

3. Institution Name (auto-populated) *

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name
2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Certificate of Completion in Basic & 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)

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

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

16

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".
   18

13. Number of Students Available for Graduation *
   If none, indicate "0".
   18

14. Number of On-time Graduates *
   If none, indicate "0".
   6

15. Completion Rate
   This is a calculated field based on #14 and #13.
   33.33333

16. 150% Graduates?
   No

17. 150% Completion Rate
   This is a calculated field based on #16 and #13.
   0

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   16

20. Graduates Employed in the Field *
   If none, indicate "0".
   4

21. Placement Rate
   This is a calculated field based on #17 and #18.
   25

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".
   3
23. Indicate the number of graduates employed...

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

   4

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

   0

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

   0

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

   1

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

   No
Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

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

Yes

Name of Option/Requirement (1) *
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

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

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

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

California 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".

12
30. Number Who Passed the State Exam *
   If none, indicate "0".
   12

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 #33 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

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

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

35. Name of the State licensing entity that licenses this field *
   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".
   26
38. Number Who Passed the State Exam *
If none, indicate "0".

26

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

Survey via email (three email requests sent)

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

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

16

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

4

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

For graduates employed in the field, indicate their salaries/earnings below. If there
are none in any specific range, indicate "0."
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</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 Edu
Department of Consumer Affairs

2020 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   0703211

3. Institution Name (auto-populated) *
   If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

   Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name
2020 BPPE Annual Report - Program - Program Name

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

4. Name of Program *
Bachelor of Science in 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)
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

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

Display Instructions for #8 - #18 (Toggle)
Not Checked

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

9. Total Charges for this Program *

23
$30,545.00

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

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

0
0
12. Number of Students Who Began the Program *
   If none, indicate "0".
   42

13. Number of Students Available for Graduation *
   If none, indicate "0".
   42

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

15. Completion Rate
   This is a calculated field based on #14 and #13.
   0

16. 150% Graduates?

17. 150% Completion Rate
   This is a calculated field based on #16 and #13.
   0

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
   If none, indicate "0".
   23

20. Graduates Employed in the Field *
   If none, indicate "0".
   10

21. Placement Rate
   This is a calculated field based on #17 and #18.
   43.47826

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".
   9
23. Indicate the number of graduates employed...

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

10

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

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

Yes

24a. Select the Allied Health Professions requiring clinical training.
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>Hospital Name</th>
<th>Area Code</th>
<th>Years of Experience</th>
<th>Education</th>
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</thead>
<tbody>
<tr>
<td>KP - Antioch (HOSP)</td>
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<td>BS in Radiologic Technology</td>
</tr>
<tr>
<td>KP - Fremont (HOSP)</td>
<td>140000053</td>
<td>1</td>
<td>BS in Radiologic Technology</td>
</tr>
<tr>
<td>KP - Manteca (HOSP)</td>
<td>30000393</td>
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<td>KP - Modesto (HOSP)</td>
<td>30000393</td>
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</tr>
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<td>KP - Oakland (HOSP)</td>
<td>140000052</td>
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</tr>
<tr>
<td>KP - Richmond (HOSP)</td>
<td>140000052</td>
<td>6</td>
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</tr>
<tr>
<td>KP - Roseville (HOSP)</td>
<td>55001681</td>
<td>2</td>
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</tr>
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<td>KP - Sacramento [Morse Ave] (HOSP)</td>
<td>30000052</td>
<td>3</td>
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</tr>
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<td>KP - San Francisco (HOSP)</td>
<td>220000112</td>
<td>4</td>
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</tr>
<tr>
<td>KP - San Jose (Santa Teresa) (HOSP)</td>
<td>70000117</td>
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</tr>
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<td>KP - San Leandro (HOSP)</td>
<td>55002678</td>
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</tr>
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<td>KP - San Rafael (HOSP)</td>
<td>11000357</td>
<td>0</td>
<td>BS in Radiologic Technology</td>
</tr>
<tr>
<td>KP - Santa Clara (HOSP)</td>
<td>70000661</td>
<td>0</td>
<td>BS in Radiologic Technology</td>
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<tr>
<td>KP - South Sacramento (HOSP)</td>
<td>30000228</td>
<td>2</td>
<td>BS in Radiologic Technology</td>
</tr>
<tr>
<td>KP - Stockton (MOB)</td>
<td>94-2728480</td>
<td>0</td>
<td>BS in Radiologic Technology</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>KP - Antioch (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Fremont (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Manteca (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Modesto (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Oakland (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Richmond (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Roseville (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Sacramento [Morse Ave] (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - San Francisco (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - San Jose (Santa Teresa) (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - San Leandro (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - San Rafael (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Santa Clara (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - South Sacramento (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Stockton (MOB)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Vacaville (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
<tr>
<td>KP - Vallejo (HOSP)</td>
<td>0</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

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

No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

Not Checked

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

California 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".
   17

30. Number Who Passed the State Exam *
   If none, indicate "0".
   17

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

Exam Passage Rate - Year 2

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

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

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

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
   This field is auto-populated based on your entry in #17.
   23

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   10

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>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
</tr>
<tr>
<td>$30,001 - $35,000</td>
<td>0</td>
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<tr>
<td>$40,001 - $45,000</td>
<td>0</td>
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<tr>
<td>$50,001 - $55,000</td>
<td>0</td>
</tr>
<tr>
<td>$60,001 - $65,000</td>
<td>1</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
<td>1</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>1</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>1</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
# Satellite Location Data

## 2020 Annual Report

### Satellite Location Data Workflow

*(Printer Friendly Annual Report Instructions Document)*

---

### 2020 BPPE Annual Report - Satellite Location Data

1. **Report Year** *
   - **2020**

2. **Institution Code** *
   - Enter Institutional Code, main or branch, associated with this satellite location. Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #4.
   - **0703211**

3. **School Code** *
   - Enter school code (Satellite Location)
   - **0703211**

4. **Institution Name (auto-populated)** *
   - If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.
   - **Kaiser Permanente School of Allied Health Sciences (KPSAHS)**

---

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

2020 Annual Report
Submit to BPPE
(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Submit Annual Report Package to BPPE

1. Report Year *

2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

0703211

3. Institution Name (auto-populated) *
If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

Kaiser Permanente School of Allied Health Sciences (KPSAHS)

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**

---

**2020 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

[X] James Fitzgibbon
11/29/2021
Annual Report Submission Confirmation

Kaiser Permanente School of Allied Health Sciences (KPSAHS)

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-005785
Institution Name: Kaiser Permanente School of Allied Health Sciences (KPSAHS)
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) 574-8900, press ‘6’ when prompted.