

Institution Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2023 Annual Report

Institution Data Workflow

[\(Printer Friendly Annual Report Instructions Document\)](#)

2023 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 *

2023

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. Select the type of business organization for 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

Graduate Identification Data

2023 BPPE Annual Report - Institution - Graduate Identification Data

New Reporting Requirement: California Education Code section 94892.6 requires that institutions approved to operate by the Bureau collect, retain, and report specified information about each graduate completing a program on or after January 1, 2020. This includes identifying information for each graduate along with information about the program from which they graduated and the amount of student loan debt borrowed. Pursuant to Title 5, California Code of Regulations section 74110, beginning in 2022 institutions will report this information to the Bureau annually through the Annual Report submission process.

The AR_LaborMarketData_2023 reporting template linked below includes details about the data required to be reported for each student who graduated from the institution's education program(s) between January 1, 2023 and December 31, 2023. Click on the link to the template and save to your computer to fill out. After adding the required information to the "Data" tab, press the "Select files" button at the bottom of the portal Graduate Identification Data page to upload and attach your completed AR_LaborMarketData_2023 report to the institution's Annual Report submission. Uploaded files must be in Excel or CSV formats.

Please contact Jennifer Jones (Jennifer.jones@dca.ca.gov) with questions about this requirement.

[AR_LaborMarketData_2023.xlsx](#)

Upload completed Excel or CSV here *

**Grad_ID_Data_2023(10312024)
(UPLOADED).xlsx**

Fees / Accreditation

2023 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

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

2023 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? *

\$22,058.00

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

No

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

No

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

No

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 Rehab

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

\$0.00

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

0

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. *

3

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

2023 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".

417

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".

1

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".

60

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".

213

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".

5

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

If none, indicate "0".

144

Total Program Count

9

Website / Uploads

2023 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_2022-2023 SPFSs for 2023 AR (v11042024)(UPLOAD).pdf

39. Upload Catalog *

Required file format = PDF

39_2023_Academic_Catalog(v10312023)(UPLOAD).pdf

40. Upload Enrollment Agreement *

Required file format = PDF

40_EnrollmentAgreement(2023)(v10312024)(UPLOAD).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

Pursuant to 5 CCR § 74110 (f)(6), **financial statements are required to be submitted via mail in hard copy format to the Bureau and attention to the Annual Report Unit**; however, the institution may in addition upload an electronic version. This is optional.

42. Upload Financial Statements

Recommended file format = PDF

Institution Information



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

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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.

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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

2023 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

2023 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".

45

9. Total Charges for this Program *

\$5,418.50

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".

52

13. Number of Students Available for Graduation *

If none, indicate "0".

52

14. Number of On-time Graduates *

If none, indicate "0".

44

15. Completion Rate

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

84.61538

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

2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment

*

If none, indicate "0".

45

20. Graduates Employed in the Field *

If none, indicate "0".

5

21. Placement Rate

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

11.11111

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

1

22b. at least 30 hours per week *

If none, indicate "0".

4

23. Indicate the number of graduates employed...

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

If none, indicate "0".

5

23b. In concurrent aggregated positions in the field of study

(2 or more positions at the same time) *

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

3

Allied Health

2023 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.

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

			her than Englis h
Kaiser Foundati on Hospital Fre mont Laborator y	00003421	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	5 2
Kaiser Foundati on Hospital Rich mond Laborator y	00001063	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	7 3
Kaiser Foundati on Hospital San Leandro Laborat ory	00345929	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	4 2
Kaiser Foundati on Hospital San Rafael Laborato ry	00001069	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1 0
Kaiser Foundati on Hospital San ta Rosa Laborat ory	00003586	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1 0
Kaiser Foundati on Hospital Sou th Sacramento L ab	00004213	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	5 0
Kaiser Foundati on Hospital Sou th San Francisc o Lab	00320648	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	2 1
Kaiser Foundati on Hospital Vac aville Laborator y	00011254	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	2 0

Kaiser Foundati on Hospital Vall ejo POCT Lab	00335783	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	3	0
KP - Santa Rosa (HOSP)	110000213	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1	1
TPMG Alameda Laboratory	00326865	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1	0
TPMG Berkeley (MOB) Laborato ry	90003903	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	2	1
TPMG Broadwa y Laboratory (O akland)	00338518	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	3	2
TPMG Inc. San Francisco 2238 Medical Office L ab	00326306	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1	0
TPMG Inc. San Francisco Missi on Bay	00348814	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1	0
TPMG Inc. Stoc kton	00313945	Certificate of C ompletion in Ba sic and Advanc ed Phlebotomy Technician	1	0
TPMG Inc. UNIO N CITY LABORA TORY	00322317	Certificate of C ompletion in Ba sic and Advanc	2	1

TPMG Laboratory Stockton	00004457	ed Phlebotomy Technician Certificate of Completion in Basic and Advanced Phlebotomy Technician	1	1
TPMG Pinole MOB PPMP Laboratory	90005682	ed Phlebotomy Technician Certificate of Completion in Basic and Advanced Phlebotomy Technician	1	1
TPMG Point West MOB (Sacramento)	00000295	ed Phlebotomy Technician Certificate of Completion in Basic and Advanced Phlebotomy Technician	1	0
TPMG, Inc Homestead Medical Office Nursing	00308371	ed Phlebotomy Technician Certificate of Completion in Basic and Advanced Phlebotomy Technician	1	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
Kaiser Foundation Hospital Fremont Laboratory	0	n/a
Kaiser Foundation Hospital Richmond Laboratory	0	n/a
Kaiser Foundation Hospital San Leandro Laboratory	0	n/a
Kaiser Foundation Hospital San Rafael Laboratory	0	n/a
Kaiser Foundation Hospital Santa Rosa Laboratory	0	n/a
Kaiser Foundation Hospital South Sacramento Lab	0	n/a
Kaiser Foundation Hospital South San Francisco Lab	0	n/a

Kaiser Foundation Hospital Vacaville Laboratory	0	n/a
Kaiser Foundation Hospital Vallejo POCT Lab	0	n/a
KP - Santa Rosa (HOSP)	0	n/a
TPMG Alameda Laboratory	0	n/a
TPMG Berkeley (MOB) Lab oratory	0	n/a
TPMG Broadway Laborator y (Oakland)	0	n/a
TPMG Inc. San Francisco 2 238 Medical Office Lab	0	n/a
TPMG Inc. San Francisco Mission Bay	0	n/a
TPMG Inc. Stockton	0	n/a
TPMG Inc. UNION CITY LA BORATORY	0	n/a
TPMG Laboratory Stockton	0	n/a
TPMG Pinole MOB PPMP L aboratory	0	n/a
TPMG Point West MOB (Sa cramento)	0	n/a
TPMG, Inc Homestead Me d Office Nursing	0	n/a

Exam Passage Rate

2023 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? *

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 Society of Clinical Pathology (ASCP)

Exam Passage Rate - Year 1

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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".

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

Paper surveys distributed to students after examination by phlebotomy program director and/or instructor.

Exam Passage Rate - Year 2

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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".

44

38. Number Who Passed the State Exam *

If none, indicate "0".

43

39. Number Who Failed the State Exam

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

1

40. Passage Rate

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

97.72727

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 *

Paper surveys distributed to students after examination by phlebotomy program director and/or instructor.

Salary Data

2023 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.

45

44. Graduates Employed in the Field

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

5

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

1

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

3

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

0

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

0

Over \$100,000 *

0

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

1

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

0

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

0

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

0

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

0

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

0

Institution Information



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

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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Kaiser Permanente School of Allied Health Sciences (KPSAHS)

Program Name

2023 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Breast Ultrasound Post-Graduate 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)

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

2023 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 *

\$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".

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

2023 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

2023 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

2023 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

2023 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

0

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

0

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

0

Institution Information



Bureau for Private Postsecondary Education Department of Consumer Affairs

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Master of Science in Counseling (Distance)

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. *

Master

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)

51.1505 - Marriage and Family Therapy/Counseling

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

21-1013 - Marriage and Family Therapists

Financial and Graduation

2023 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".

22

9. Total Charges for this Program *

\$40,570.50

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".

22

15. Completion Rate

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

84.61538

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

2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment

*

If none, indicate "0".

22

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

2023 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

2023 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

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

Display Instructions for #27-34 (Toggle)

Not Checked

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

Board of Behavioral Sciences

28. Name of State Exam *

**California Licensed Marriage and Family Therapist (LMFT)
Clinical Exam**

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

Not applicable - In 2022, KPSAHS did not have any program graduates, and enrolled students were not eligible to take the exam.

Exam Passage Rate - Year 2

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

Display Instructions for #35-42 (Toggle)

Not Checked

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

Board of Behavioral Sciences

36. Name of State Exam *

**California Licensed Marriage and Family Therapist (LMFT)
Clinical Exam**

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? *

Yes

41a. Name of Agency *

Board of Behavioral Sciences

Salary Data

2023 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.

22

44. Graduates Employed in the Field

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

0

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

0

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

0

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

0

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

0

Institution Information



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

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

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

2023 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".

34

9. Total Charges for this Program *

\$31,838.50

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".

37

13. Number of Students Available for Graduation *

If none, indicate "0".

37

14. Number of On-time Graduates *

If none, indicate "0".

32

15. Completion Rate

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

86.48649

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

2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

34

20. Graduates Employed in the Field *

If none, indicate "0".

14

21. Placement Rate

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

41.17647

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

6

22b. at least 30 hours per week *

If none, indicate "0".

8

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".

7

Allied Health

2023 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.

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

			her than English
			h
Dignity Health - Woodland Memorial (HOSP)	030000115	Bachelor of Science in Diagnostic Medical Sonography	1
John Muir Concord (HOSP)	140000128	Bachelor of Science in Diagnostic Medical Sonography	0
John Muir Walnut Creek (HOSP)	140000265	Bachelor of Science in Diagnostic Medical Sonography	0
KP - Antioch (HOSP)	550000614	Bachelor of Science in Diagnostic Medical Sonography	0
KP - Dublin (MOB)	94-2728480	Bachelor of Science in Diagnostic Medical Sonography	1
KP - Fremont (HOSP)	140000053	Bachelor of Science in Diagnostic Medical Sonography	1
KP - Modesto (HOSP)	030000393	Bachelor of Science in Diagnostic Medical Sonography	1
KP - Oakland (HOSP)	140000052	Bachelor of Science in Diagnostic Medical Sonography	1
KP - Pleasanton (MOB)	94-2728480	Bachelor of Science in Diagnostic Medical Sonography	1
KP - Redwood City (HOSP)	220000021	Bachelor of Science in Diagnostic Medical Sonography	1

KP - Richmond (HOSP)	140000052	Bachelor of Science in Diagnostic Medical Sonography	2	1
KP - Roseville (HOSP)	550001681	Bachelor of Science in Diagnostic Medical Sonography	1	1
KP - Sacramento [Morse Ave] (HOSP)	030000052	Bachelor of Science in Diagnostic Medical Sonography	1	0
KP - San Francisco (HOSP)	220000112	Bachelor of Science in Diagnostic Medical Sonography	1	0
KP - San Jose (Santa Teresa) (HOSP)	070000117	Bachelor of Science in Diagnostic Medical Sonography	3	0
KP - San Leandro (HOSP)	550002678	Bachelor of Science in Diagnostic Medical Sonography	4	0
KP - San Rafael (HOSP)	110000357	Bachelor of Science in Diagnostic Medical Sonography	1	0
KP - San Rafael (MOB)	94-2728480	Bachelor of Science in Diagnostic Medical Sonography	1	1
KP - Santa Clara (HOSP)	070000661	Bachelor of Science in Diagnostic Medical Sonography	3	2
KP - Santa Rosa (HOSP)	110000213	Bachelor of Science in Diagnostic Medical Sonography	3	2
KP - South Sacramento (HOSP)	030000228	Bachelor of Science in Diagnos	1	0

		tic Medical Sonography		
KP - South San Francisco (HOSP)	220000022	Bachelor of Science in Diagnostic Medical Sonography	1	0
KP - Stockton (MOB)	94-2728480	Bachelor of Science in Diagnostic Medical Sonography	3	0
KP - Vacaville (HOSP)	550001207	Bachelor of Science in Diagnostic Medical Sonography	1	0
KP - Vallejo (HOSP)	110000026	Bachelor of Science in Diagnostic Medical Sonography	3	2
KP - Walnut Creek (HOSP)	140000290	Bachelor of Science in Diagnostic Medical Sonography	3	0
Mills Peninsula (HOSP)	220000037	Bachelor of Science in Diagnostic Medical Sonography	2	0
Providence Santa Rosa Memorial (HOSP)	140000648	Bachelor of Science in Diagnostic Medical Sonography	1	0
Sutter Folsom	68-0273974	Bachelor of Science in Diagnostic Medical Sonography	1	1
Sutter Imaging (Sacramento, L-Street)	68-0273974	Bachelor of Science in Diagnostic Medical Sonography	1	0
Sutter Roseville (HOSP)	030000083	Bachelor of Science in Diagnostic Medical Sonography	3	0

Sutter Solano (HOSP)	110000082	Bachelor of Science in Diagnostic Medical Sonography	1	0
UC Davis (HOSP)	030000086	Bachelor of Science in Diagnostic Medical Sonography	4	1
UC San Francisco (HOSP)	220000091	Bachelor of Science in Diagnostic Medical Sonography	1	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
Dignity Health - Woodland Memorial (HOSP)	0	n/a
John Muir Concord (HOSP)	0	n/a
John Muir Walnut Creek (HOSP)	0	n/a
KP - Antioch (HOSP)	0	n/a
KP - Dublin (MOB)	0	n/a
KP - Fremont (HOSP)	0	n/a
KP - Modesto (HOSP)	0	n/a
KP - Oakland (HOSP)	0	n/a
KP - Pleasanton (MOB)	0	n/a
KP - Redwood City (HOSP)	0	n/a
KP - Richmond (HOSP)	0	n/a
KP - Roseville (HOSP)	0	n/a
KP - Sacramento [Morse Avenue] (HOSP)	0	n/a
KP - San Francisco (HOSP)	0	n/a
KP - San Jose (Santa Teresa) (HOSP)	0	n/a
KP - San Leandro (HOSP)	0	n/a

KP - San Rafael (HOSP)	0	n/a
KP - San Rafael (MOB)	0	n/a
KP - Santa Clara (HOSP)	0	n/a
KP - Santa Rosa (HOSP)	0	n/a
KP - South Sacramento (HOSP)	0	n/a
KP - Stockton (MOB)	0	n/a
KP - Vacaville (HOSP)	0	n/a
KP - Vallejo (HOSP)	0	n/a
KP - Walnut Creek (HOSP)	0	n/a
Mills Peninsula (HOSP)	0	n/a
Providence Santa Rosa Memorial (HOSP)	0	n/a
Sutter Folsom	0	n/a
Sutter Imaging (Sacramento, L-Street)	0	n/a
Sutter Roseville (HOSP)	0	n/a
Sutter Solano (HOSP)	0	n/a
UC Davis (HOSP)	0	n/a
UC San Francisco (HOSP)	0	n/a
KP - South San Francisco	0	n/a

Exam Passage Rate

2023 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

2023 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.

34

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."**

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
1	1
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0

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

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

0

0

Over \$100,000 *

9

Institution Information



Bureau for Private Postsecondary Education Department of Consumer Affairs

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Certificate in Mammography

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)

51.0919 - Mammography Technician/Technology

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

2023 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 *

\$1,564.50

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

2023 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

2023 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

2023 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? *

Yes

Name of Option/Requirement (1) *

**American Registry of Radiologic Technologists (ARRT)
examination in Mammography**

Name of Option/Requirement (2)

**Mammographic Radiologic Technology examination
(administered by ARRT for CA Certification only)**

Name of Option/Requirement (3)

Name of Option/Requirement (4)

Exam Passage Rate - Year 1

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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 (CDPH-RHB)**

28. Name of State Exam *

**Mammographic Radiologic Technology examination
(administered by ARRT for CA Certification only)**

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

n/a - (a) Students neither enrolled nor graduated in 2022 and (b) program not approved by BPPE in 2023.

Exam Passage Rate - Year 2

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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 (CDPH-RHB)

36. Name of State Exam *

Mammographic Radiologic Technology examination (administered by ARRT for CA Certification only)

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

n/a - Students neither enrolled nor graduated in 2023

Salary Data

2023 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

0

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

0

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

0

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

0

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

0

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

0

Institution Information



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

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

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

2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

42

9. Total Charges for this Program *

\$7,485.00

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".

48

13. Number of Students Available for Graduation *

If none, indicate "0".

48

14. Number of On-time Graduates *

If none, indicate "0".

40

15. Completion Rate

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

83.33333

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

2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment

*

If none, indicate "0".

42

20. Graduates Employed in the Field *

If none, indicate "0".

26

21. Placement Rate

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

61.90476

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".

25

23. Indicate the number of graduates employed...

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

If none, indicate "0".

26

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".

20

Allied Health

2023 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

Yes

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

Medical Assistant

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

				her than English
KP - Fremont (MOB)	94-2728480	Medical Assisting Certificate	9	4
KP - Hayward Sleepy Hollow (MOB)	94-2728480	Medical Assisting Certificate	1	1
KP - Livermore (MOB)	94-2728480	Medical Assisting Certificate	1	0
KP - Martinez (MOB)	94-2728480	Medical Assisting Certificate	2	1
KP - Oakland (HOSP)	140000052	Medical Assisting Certificate	6	1
KP - Redwood City (MOB)	94-2728480	Medical Assisting Certificate	4	2
KP - Sacramento (Downtown Commons) (MOB)	94-2728480	Medical Assisting Certificate	2	1
KP - San Leandro (MOB)	94-2728480	Medical Assisting Certificate	6	5
KP - Walnut Creek (MOB)	94-2728480	Medical Assisting Certificate	4	4
KP - San Mateo (MOB)	94-2728480	Medical Assisting Certificate	1	1
KP - Davis (MOB)	94-2728480	Medical Assisting Certificate	2	1
KP - San Rafael (MOB)	94-2728480	Medical Assisting Certificate	2	1
KP - Dublin (MOB)	94-2728480	Medical Assisting Certificate	1	1
KP - Manteca (HOSP)	030000393	Medical Assisting Certificate	1	1

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
KP - Fremont (MOB)	0	n/a
KP - Hayward Sleepy Hollow (MOB)	0	n/a

KP - Livermore (MOB)	0	n/a
KP - Martinez (MOB)	0	n/a
KP - Oakland (HOSP)	0	n/a
KP - Redwood City (MOB)	0	n/a
KP - Sacramento (Downtown Commons) (MOB)	0	n/a
KP - San Leandro (MOB)	0	n/a
KP - Walnut Creek (MOB)	0	n/a
KP - San Mateo (MOB)	0	n/a
KP - Davis (MOB)	0	n/a
KP - San Rafael (MOB)	0	n/a
KP - Dublin (MOB)	0	n/a
KP - Manteca (HOSP)	0	n/a

Exam Passage Rate

2023 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

2023 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

42

44. Graduates Employed in the Field

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

26

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

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

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	1
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
1	3
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
1	4
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
4	8
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
1	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

Institution Information



Bureau for Private Postsecondary Education Department of Consumer Affairs

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 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)

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

2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

11

9. Total Charges for this Program *

\$29,261.50

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

13. Number of Students Available for Graduation *

If none, indicate "0".

13

14. Number of On-time Graduates *

If none, indicate "0".

11

15. Completion Rate

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

84.61538

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

2023 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment

*

If none, indicate "0".

11

20. Graduates Employed in the Field *

If none, indicate "0".

6

21. Placement Rate

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

54.54545

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".

6

23. Indicate the number of graduates employed...

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

If none, indicate "0".

6

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

2023 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.

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

			her than Englis
			h
California Pacific Med Center - Van Ness (HOSP)	220000197	Bachelor of Science in Nuclear Medicine	6 4
KP - Dublin (MOB)	94-2728480	Bachelor of Science in Nuclear Medicine	2 1
KP - Modesto (HOSP)	030000393	Bachelor of Science in Nuclear Medicine	4 2
KP - Roseville (HOSP)	550001681	Bachelor of Science in Nuclear Medicine	2 2
KP - San Leandro (HOSP)	550002678	Bachelor of Science in Nuclear Medicine	2 0
KP - San Rafael (HOSP)	110000357	Bachelor of Science in Nuclear Medicine	1 1
KP - Santa Clara (HOSP)	070000661	Bachelor of Science in Nuclear Medicine	2 1
KP - Santa Rosa (HOSP)	110000213	Bachelor of Science in Nuclear Medicine	7 3
KP - South Sacramento (HOSP)	030000228	Bachelor of Science in Nuclear Medicine	1 1
KP - Stockton (MOB)	94-2728480	Bachelor of Science in Nuclear Medicine	4 1
KP - Walnut Creek (HOSP)	140000290	Bachelor of Science in Nuclear Medicine	2 1
Providence Santa Rosa Memorial (HOSP)	140000648	Bachelor of Science in Nuclear Medicine	2 1
Sutter Roseville (HOSP)	030000083	Bachelor of Science in Nuclear Medicine	6 5

UC Davis (HOSP)	030000086	Bachelor of Science in Nuclear Medicine	2
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25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
California Pacific Med Center - Van Ness (HOSP)	0	n/a
KP - Dublin (MOB)	0	n/a
KP - Modesto (HOSP)	0	n/a
KP - Roseville (HOSP)	0	n/a
KP - San Leandro (HOSP)	0	n/a
KP - San Rafael (HOSP)	0	n/a
KP - Santa Clara (HOSP)	0	n/a
KP - Santa Rosa (HOSP)	0	n/a
KP - South Sacramento (HOSP)	0	n/a
KP - Stockton (MOB)	0	n/a
KP - Walnut Creek (HOSP)	0	n/a
Providence Santa Rosa Memorial (HOSP)	0	n/a
Sutter Roseville (HOSP)	0	n/a
UC Davis (HOSP)	0	n/a

Exam Passage Rate

2023 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? *

Yes

Name of Option/Requirement (1) *

Nuclear Medicine Technology Exam (ARRT)

Name of Option/Requirement (2)

Nuclear Medicine Technologist (NMTCB)

Name of Option/Requirement (3)

Name of Option/Requirement (4)

Exam Passage Rate - Year 1

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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".

11

30. Number Who Passed the State Exam *

If none, indicate "0".

11**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 (ARRT).**

Exam Passage Rate - Year 2

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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".

11**38. Number Who Passed the State Exam ***

If none, indicate "0".

11

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 (ARRT).

Salary Data

2023 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

11

44. Graduates Employed in the Field

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

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."**

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

4

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

0

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

0

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

0

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

0

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

0

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

1

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

0

Institution Information



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

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Pediatric Ultrasound Post-Graduate 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)

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

2023 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

2023 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

2023 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

2023 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

2023 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

0

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

0

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

0

Institution Information



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

2023 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2023 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 *

2023

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

2023 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)

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

2023 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".

19

9. Total Charges for this Program *

\$33,075.00

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".

35

13. Number of Students Available for Graduation *

If none, indicate "0".

35

14. Number of On-time Graduates *

If none, indicate "0".

19

15. Completion Rate

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

54.28571

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

2023 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".

8

21. Placement Rate

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

42.10526

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".

8

23. Indicate the number of graduates employed...

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

If none, indicate "0".

8

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".

6

Allied Health

2023 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.

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

		her than English		
		h		
KP - Antioch (HOSP)	550000614	Bachelor of Science in Radiologic Technology	10	5
KP - Fremont (HOSP)	140000053	Bachelor of Science in Radiologic Technology	10	5
KP - Modesto (HOSP)	030000393	Bachelor of Science in Radiologic Technology	8	1
KP - Richmond (HOSP)	140000052	Bachelor of Science in Radiologic Technology	10	5
KP - Roseville (HOSP)	550001681	Bachelor of Science in Radiologic Technology	9	2
KP - Sacramento [Morse Ave] (HOSP)	030000052	Bachelor of Science in Radiologic Technology	12	3
KP - San Francisco (HOSP)	220000112	Bachelor of Science in Radiologic Technology	12	6
KP - San Jose (Santa Teresa) (HOSP)	070000117	Bachelor of Science in Radiologic Technology	6	3
KP - San Leandro (HOSP)	550002678	Bachelor of Science in Radiologic Technology	12	6
KP - San Rafael (HOSP)	110000357	Bachelor of Science in Radiologic Technology	1	0
KP - Santa Clara (HOSP)	070000661	Bachelor of Science in Radiologic Technology	5	3
KP - South Sacramento (HOSP)	030000228	Bachelor of Science in Radiologic Technology	14	4
KP - Stockton (MOB)	94-2728480	Bachelor of Science in Radiologic Technology	4	1
KP - Vacaville (HOSP)	550001207	Bachelor of Science in Radiologic Technology	10	2

		gic Technology		
KP - Vallejo (HOSP)	110000026	Bachelor of Science in Radiologic Technology	10	6
KP - Walnut Creek (HOSP)	140000290	Bachelor of Science in Radiologic Technology	10	7
KP - Oakland (HOSP)	140000052	Bachelor of Science in Radiologic Technology	4	2
KP - Manteca (HOSP)	030000393	Bachelor of Science in Radiologic Technology	3	2

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration
KP - Antioch (HOSP)	0	n/a
KP - Fremont (HOSP)	0	n/a
KP - Modesto (HOSP)	0	n/a
KP - Richmond (HOSP)	0	n/a
KP - Roseville (HOSP)	0	n/a
KP - Sacramento [Morse Ave] (HOSP)	0	n/a
KP - San Francisco (HOSP)	0	n/a
KP - San Jose (Santa Teresa) (HOSP)	0	n/a
KP - San Leandro (HOSP)	0	n/a
KP - San Rafael (HOSP)	0	n/a
KP - Santa Clara (HOSP)	0	n/a
KP - South Sacramento (HOSP)	0	n/a
KP - Stockton (MOB)	0	n/a
KP - Vacaville (HOSP)	0	n/a
KP - Vallejo (HOSP)	0	n/a
KP - Walnut Creek (HOSP)	0	n/a

KP - Oakland (HOSP)	0	n/a
KP - Manteca (HOSP)	0	n/a

Exam Passage Rate

2023 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

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

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".

2

30. Number Who Passed the State Exam *

If none, indicate "0".

2**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

2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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".

13**38. Number Who Passed the State Exam ***

If none, indicate "0".

13

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

2023 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.

19

44. Graduates Employed in the Field

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

8

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 *

5

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Satellite Location Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2023 Annual Report

Satellite Location Data Workflow

[\(Printer Friendly Annual Report Instructions Document\)](#)

2023 BPPE Annual Report - Satellite Location Data

1. Report Year *

2023

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) *

177 Bovet Road

6. City *

San Mateo

7. State *

CA

8. Zip Code *

94402