

Institution Data



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Institution - General Info

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

1. Report Year *

2019

2. Institution Code *

Enter institutional code (main location)

14961335

3. Institution Name (Enter Bureau approved institution name, if entering manually) *

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Integrity College of Health

4. Street Address (Physical Location) *

1460 N Lake Ave, Suite 102

5. City *

Pasadena

6. State *

CA

7. Zip Code *

91104

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

Limited Liability Corporation (LLC)

9. Number of Branch Locations *

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

0

10. Number of Satellite Locations *

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

0

Fees / Accreditation

2019 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

Checked

Instructions

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

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? Indicate "Yes" if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate "No" if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.

11b. Is this institution current on Annual Fees? Indicate "Yes" if the institution has paid its Annual Fees. Indicate "No" if the institution has not paid its Annual Fees.

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional accreditation, not programmatic accreditation. **Enter the name of the accrediting agency.** Refer to the attached list of accrediting agencies recognized by the United States Department of Education.

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

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.

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

Yes

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

Yes

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

Yes

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

Follow the tips below to select more than one agency:

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

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

12a. Accrediting Agency (more than one agency may be selected) *

Accrediting Bureau of Health Education Schools

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

Not Applicable

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. *

No

Financial

2019 BPPE Annual Report - Institution - Financial

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

Display Instructions for #15 - #26 (Toggle)

Checked

Instructions

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

21. The percentage of institutional income in the Report Year that was derived from public funding. (Add #15, #16, #17, and #19. Divide the sum by Institution's Total Revenue) All money that is generated by the government to provide services to the general public is "public funding."

23. Provide the percentage of institutional income during this reporting year that was derived from any non-government financial aid. All non-government financial aid divided by total revenue.

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. The Cohort Default Rate (CDR) represents the percentage of this institution's students that

failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

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

Yes

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

\$460,578.76

16. Does your institution participate in veterans' financial aid education programs? *

No

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...) *

No

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 that was derived from public funding. *
If none, indicate "0".

87

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

No

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

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

0

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".

100

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

\$

Offerings

2019 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Checked

Instructions

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

27. Total number of students currently enrolled at this institution. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students who cancelled during the cancellation period) January 1st through December 31st .

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)

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

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)

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

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)

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

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students)

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

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)

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

27. Total number of students currently enrolled at this institution. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students who cancelled during the cancellation period) January 1st through December 31st . *

If none, indicate "0".

56

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

30. Number of Master Degree Programs Offered?
Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

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".

0

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

If none, indicate "0".

0

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

If none, indicate "0".

0

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

If none, indicate "0".

0

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

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".

2

Total Program Count

2

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

If none, indicate "0".

0

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

If none, indicate "0".

56

Website / Uploads

2019 BPPE Annual Report - Institution - Website and Required Uploads

An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913).**

****The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.**

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

Institution's Website

www.ich.edu

38. Upload School Performance Fact Sheet *

Required file format = PDF

All SPFS.pdf

39. Upload Catalog *

Required file format = PDF

**ICH-Jan-Dec-2019-Catalog-
updated-013019.pdf**

40. Upload Enrollment Agreement *

Required file format = PDF

**2018 MA VN Enrollment
Agreement with Emerg Contact
and Disclosure Packet.pdf**

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

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

Recommended file format = PDF

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2019

2. Institution Code *

Enter institutional code (main location)

14961335

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Integrity College of Health

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Medical Insurance Coding and Billing Specialist

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)

51.0714 - Medical Insurance Specialist/Medical Biller

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

43-6013 - Medical Secretaries and Administrative Assistants

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

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

If none, indicate "0".

0**10. The percentage of enrolled
students in the reporting year
receiving federal student loans to
pay for this program *****0****12. Number of Students Who Began
the Program ***

If none, indicate "0".

0**14. Number of On-time Graduates ***

If none, indicate "0".

0**16. 150% Graduates?****0****18. Is the above data taken from the
Integrated Postsecondary Education
Data System (IPEDS) of the United
States Department of Education? *****No****9. Total Charges for this Program *****\$0.00****11. The percentage of graduates in
the reporting year who took out
federal student loans to pay for this
program *****0****13. Number of Students Available
for Graduation ***

If none, indicate "0".

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

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

If none, indicate "0".

0

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked**43. Graduates Available for Employment**

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

0**44. Graduates Employed in the Field**

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

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

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

\$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

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

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

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

0

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

0

0

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2019

2. Institution Code *

Enter institutional code (main location)

14961335

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Integrity College of Health

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

RN-BSN

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)

51.3801 - Nursing/Registered Nurse (RN, ASN, BSN, MSN)

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

29-1141 - Registered Nurses

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

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

If none, indicate "0".

0**9. Total Charges for this Program *****\$0.00****10. The percentage of enrolled
students in the reporting year
receiving federal student loans to
pay for this program *****0****11. The percentage of graduates in
the reporting year who took out
federal student loans to pay for this
program *****0****12. Number of Students Who Began
the Program ***

If none, indicate "0".

0**13. Number of Students Available
for Graduation ***

If none, indicate "0".

0**14. Number of On-time Graduates ***

If none, indicate "0".

0**15. Completion Rate**This is a calculated field based on
#12 and #13.**16. 150% Graduates?****0****17. 150% Completion Rate****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

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

If none, indicate "0".

0

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked**43. Graduates Available for Employment**

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

0**44. Graduates Employed in the Field**

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

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

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

\$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

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

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

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

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

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2019

2. Institution Code *

Enter institutional code (main location)

14961335

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Integrity College of Health

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

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. *

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)

51.0910 - 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

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

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

If none, indicate "0".

0**9. Total Charges for this Program *****\$0.00****10. The percentage of enrolled
students in the reporting year
receiving federal student loans to
pay for this program *****0****11. The percentage of graduates in
the reporting year who took out
federal student loans to pay for this
program *****0****12. Number of Students Who Began
the Program ***

If none, indicate "0".

0**13. Number of Students Available
for Graduation ***

If none, indicate "0".

0**14. Number of On-time Graduates ***

If none, indicate "0".

0**15. Completion Rate**This is a calculated field based on
#12 and #13.**16. 150% Graduates?****0****17. 150% Completion Rate****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

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field

*

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

If none, indicate "0".

0

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

If none, indicate "0".

0

23c. Freelance/self-employed *

If none, indicate "0".

0

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

If none, indicate "0".

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

No

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked**43. Graduates Available for Employment**

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

0**44. Graduates Employed in the Field**

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

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

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

\$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

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

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

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

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

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2019

2. Institution Code *

Enter institutional code (main location)

14961335

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Integrity College of Health

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

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

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

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

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

4. Name of Program *

Medical Assisting

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)

31-9092 - Medical Assistants

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or
Certificates Awarded *

If none, indicate "0".

5

9. Total Charges for this Program *

\$12,575.00

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

100

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

100

12. Number of Students Who Began
the Program *

If none, indicate "0".

6

13. Number of Students Available
for Graduation *

If none, indicate "0".

6

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

5

15. Completion Rate

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

83.33333

16. 150% Graduates?

5

17. 150% Completion Rate

83

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

No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for
Employment *

If none, indicate "0".

5

20. Graduates Employed in the Field

*

If none, indicate "0".

3

21. Placement Rate

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

60

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".

3

23. Indicate the number of graduates employed...

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

3

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

0

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

0

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

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

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 Non-English Proficient Students
Issac Haddad M.D.		Medical Assisting	1	0
Jason Boutros Internal Medicine		Medical Assisting	1	0
Washington Health care Center		Medical Assisting	1	0
Hollywood Urgent Care		Medical Assisting	1	0
White Memorial OB/GYN Health Center		Medical Assisting	1	0
Sierra Madre Community Med. Grp.		Medical Assisting	1	0
Dr. Sherry Xie		Medical Assisting	2	0
Baldwin Park Medical Clinic Inc		Medical Assisting	1	0
M.D. Medical Center, Inc.		Medical Assisting	1	0
Arete Family Medicine		Medical Assisting	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
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unt

None

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

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

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

5

44. Graduates Employed in the Field

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

3

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	1
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
2	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

Institution Information



Bureau for Private Postsecondary Education

Department of Consumer Affairs

2019 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2019 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2019

2. Institution Code *

Enter institutional code (main location)

14961335

3. Institution Name? (Enter Bureau approved institution name, if entering manually) *

If a valid institution code is entered in question #2, the institution name will auto-populate. If not, enter manually.

Integrity College of Health

Program Name

2019 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Checked

Instructions

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

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

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

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

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

4. Name of Program *

Vocational Nursing

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

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)

51.1699 - Nursing, Other

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

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or
Certificates Awarded *

If none, indicate "0".

18

9. Total Charges for this Program *

\$26,875.00

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

100

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

100

12. Number of Students Who Began
the Program *

If none, indicate "0".

29

13. Number of Students Available
for Graduation *

If none, indicate "0".

29

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

12

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

41.37931

16. 150% Graduates?

18

17. 150% Completion Rate

62

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

No

Placement Data

2019 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

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

10

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

7

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

70

22. Graduates employed in the field...

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

0

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

7

23. Indicate the number of graduates employed...

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

7

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

0

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

0

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

0

Allied Health

2019 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

Yes

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

Licensed Vocational Nurse

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Non-English Proficient Students
Burbank Health Care & Rehabilitation Center	920000008	Vocational Nursing	10	0
Rose Garden Healthcare Center	970000079	Vocational Nursing	27	0
San Fernando Post Acute Hospital	920000031	Vocational Nursing	14	0
Totally Kids Specialty Healthcare	920000129	Vocational Nursing	18	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
Totally Kids Specialty Healthcare	\$1800 \$100/student	Processing Fee

Exam Passage Rate

2019 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

Yes

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

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

No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

Not Checked

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

BVNPT

28. Name of State Exam *

NCLEX

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

28

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

18

31. Number Who Failed the State Exam

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

10**32. Passage Rate**

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

64.28571

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

Yes**33a. Name of Agency *****BVNPT**

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)

Not Checked

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

BVNPT**36. Name of State Exam *****NCLEX**

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

26

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

18

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

8

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

69.23077

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

Yes**41a. Name of Agency *****BVNPT**

Salary Data

2019 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

10

44. Graduates Employed in the Field

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

7

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

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

\$0 - \$5,000 *

0

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

0

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

0

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

0

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

1

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

2

\$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 *

2

\$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