

Institution Data



Bureau for Private Postsecondary Education Department of Consumer Affairs

2020 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 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 *

2020

2. Institution Code *

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

14961335

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.

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 Company (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 branch location. If none, enter zero ("0")

0

Fees / Accreditation

2020 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

Not Checked

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

Yes

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

Yes

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

Yes

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

Follow the tips below to select more than one agency:

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

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

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.

Bureua of Vocational Nursing and Psychiatric Technician

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

No

Financial

2020 BPPE Annual Report - Institution - Financial

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

Display Instructions for #15 - #26 (Toggle)

Not Checked

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

Yes

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

\$533,765.03

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

89

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 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".

4

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".

91

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

\$11,977.42

Offerings

2020 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

Not Checked

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period)

January 1st through December 31st. *

If none, indicate "0".

74

28. Number of Doctorate Degree Programs Offered?

Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

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

If none, indicate "0".

0

30. Number of Master Degree Programs Offered?

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

If none, indicate "0".

0

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

If none, indicate "0".

0

32. Number of Bachelor Degree Programs Offered?

Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

1

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".

2

34. Number of Associate Degree Programs Offered?

Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) *

If none, indicate "0".

0

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

If none, indicate "0".

0

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) *
If none, indicate "0".

4

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

72

Total Program Count

5

Website / Uploads

2020 BPPE Annual Report - Institution - Website and Required Uploads

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

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

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

Institution's Website

www.ich.edu

38. Upload School Performance

Fact Sheet *

Required file format = PDF

19-20 SPFS ICH.pdf

39. Upload Catalog *

Required file format = PDF

ICH Catalog 12 31 2020.pdf

40. Upload Enrollment Agreement *

Required file format = PDF

ICH EA 211130.pdf

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

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

Recommended file format = PDF

Institution Information



Bureau for Private Postsecondary Education Department of Consumer Affairs

2020 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

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Integrity College of Health

Program Name

2020 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)

Diagnostic Medical Sonography/Sonographer and Ultrasound Technician.

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

29-2032 - Diagnostic Medical Sonographers

Financial and Graduation

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

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 *

\$33,395.00

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.

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field *

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

0

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

0

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

0

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

0

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

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 FI EN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

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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Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

26. Does this educational program lead to an occupation that requires State licensing? *
No

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

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

2020 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2020

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3. Institution Name (auto-populated) *

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Integrity College of Health

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

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)

Clinical/Medical Laboratory 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

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

10

9. Total Charges for this Program *

\$13,360.00

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

93

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".

17

13. Number of Students Available for Graduation *

If none, indicate "0".

17

14. Number of On-time Graduates *

If none, indicate "0".

2

15. Completion Rate

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

11.76471

16. 150% Graduates?

10

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

58.82353

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

No

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

10

20. Graduates Employed in the Field *

*

If none, indicate "0".

8

21. Placement Rate

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

80

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".

0

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

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 FI EN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

Dr. Sherry Xie	unknown	MA	1	0
Foothill Uroge nital Health	unknown	MA	1	0
Baldwin Park Medical Clinic Inc.	unknown	MA	1	0
M.D. Medical Center, Inc.	unknown	MA	1	0
Areta Family Medicine	unknown	MA	1	0
Dr. Hubert Ch ow	unknown	MA	1	0
Dr. Gill	unknown	MA	1	0
WelbeHealth	unknown	MA	1	0
Infinity Health	unknown	MA	1	0
Kids and Teen s	unknown	MA	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 Compensat ion Amount	Type of Consideration
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Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

10

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 *	\$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	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

2020 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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Integrity College of Health

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Medical Billing and Coding

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

Diploma/Certificate

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

Medical 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)

29-2072 - Medical Records Specialists

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$17,575.00

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.

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

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

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field *

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

0

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

0

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

0

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

0

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

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:

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\$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	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 *

0

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

0

Over \$100,000 *

0

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

0

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

0

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Integrity College of Health

Program Name

2020 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)

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

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

\$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 #14 and #13.

16. 150% Graduates?

0

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

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

No

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

0

20. Graduates Employed in the Field *

If none, indicate "0".

0

21. Placement Rate

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

22. Graduates employed in the field...

22a. 20 to 29 hours per week *

If none, indicate "0".

0

22b. at least 30 hours per week *

If none, indicate "0".

0

23. Indicate the number of graduates employed...

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

0

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

0

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

0

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

0

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked

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

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

No

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

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 *	\$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	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 *

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

2020 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2020

2. Institution Code *

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

14961335

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.

Integrity College of Health

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

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)

Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert., Dipl, AAS).

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

29-2061 - Licensed Practical and Licensed Vocational Nurses

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

11

9. Total Charges for this Program *

\$30,728.00

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

95

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

83

12. Number of Students Who Began the Program *

If none, indicate "0".

21

13. Number of Students Available for Graduation *

If none, indicate "0".

16

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

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

0

16. 150% Graduates?

11

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

68.75

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

No

Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

Not Checked

19. Graduates Available for Employment *

If none, indicate "0".

10

20. Graduates Employed in the Field *

If none, indicate "0".

6

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".

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".

0

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

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

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

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 FI EN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

Rose Garden	unknown	VN	7	5
Burbank Heal thcare and R ehabilitation Center	unknown	VN	5	3
Rowland Con valescent Ho spital	unkown	VN	7	5
Bellagio in th e Desert	unknown	VN	6	4
San Marino in the Desert	unknown	VN	6	4
Mother and C hild Medical Clinical	Unknown	VN	12	10
Del Alto Hom e for Medicall y Fragile Chil dren	Unknown	VN	12	10

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 Compensat ion Amount	Type of Consideration
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Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam

Passage Rate – Year 2. (Two years of data is required.)

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

No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

Not Checked

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

BVNPT

28. Name of State Exam *

NCLEX

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

9

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

5

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

4

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

55.55556

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

Yes

33a. Name of Agency *

BVNPT

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)

Not Checked

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

BVNPT

36. Name of State Exam *

NCLEX

37. Number of Graduates Taking State Exam *

If none, indicate "0".

28

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.

10

40. Passage Rate

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

64.28571

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

Yes

41a. Name of Agency *

BVNPT

Salary Data

2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

Not Checked

43. Graduates Available for Employment

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

10

44. Graduates Employed in the Field

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

6

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

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

\$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	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 *

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