

# Institution Data



## **Bureau for Private Postsecondary Educat** Department of Consumer Affairs

### 2022 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2022 BPPE Annual Report - Institution - General Info

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

1. Report Year \*

**2022**

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. 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")

**0**

## Graduate Identification Data

### 2022 BPPE Annual Report - Institution - Graduate Identification Data

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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\_2022 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, 2022 and December 31, 2022. 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\_2021 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](mailto:Jennifer.jones@dca.ca.gov)) with questions about this requirement.

[AR\\_LaborMarketData\\_2022.xlsx](#)

Upload completed Excel or CSV  
here \*

**AR\_LaborMarketData\_2022.xlsx**

## Fees / Accreditation

### 2022 BPPE Annual Report - Institution - Fees/Accreditation

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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.

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

### 2022 BPPE Annual Report - Institution - Financial

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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? \*

**\$1,589,848.47**

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? \*

**\$0.00**

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. \*

**Vocational 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".

**86**

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.

**Private Loans, Institutional Loans**

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".

**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".

**90**

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

**\$9,816.00**

## Offerings

### 2022 BPPE Annual Report - Institution - Offerings

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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".

**192**

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".

**4**

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".

**188**

Total Program Count

**5**

## Website / Uploads

### 2022 BPPE Annual Report - Institution - Website and Required Uploads

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**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

**<https://ich.edu>**

38. Upload School Performance

Fact Sheet \*

Required file format = PDF

**ICH SPFS Template 2023 - All  
Programs.pdf**

39. Upload Catalog \*

Required file format = PDF

**ICH Catalog Updated 12 21  
22.docx**

40. Upload Enrollment Agreement \*

Required file format = PDF

**ICH EA 072723.pdf**

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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

## 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2022 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 \*

**2022**

2. Institution Code \*

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**14961335**

3. Institution Name (auto-populated) \*

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**Integrity College of Health**

## Program Name

## 2022 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

### 2022 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 \*

**\$46,965.00**

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

**90**

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".

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

### 2022 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

### 2022 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 Nam e	Total Number of Students	Number of St udents Profici ent in Langua
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ges Other tha  
n 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

## Exam Passage Rate

### 2022 BPPE Annual Report - Program - Exam Passage Rate

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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

### 2022 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

## 2022 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2022 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 \*

**2022**

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



## 2022 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)

**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

### 2022 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".

**25**

9. Total Charges for this Program \*

**\$18,795.00**

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

**92**

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

**92**

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".

**5**

15. Completion Rate

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

**13.51351**

16. 150% Graduates?

**25**

17. 150% Completion Rate

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

**67.56757**

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

**No**

## Placement Data

### 2022 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".

**19**

21. Placement Rate

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

**86.36364**

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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".

**19**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**19**

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

### 2022 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 Nam e	Total Number of Students	Number of St udents Profici ent in Langua
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				ges Other tha n English
Agape Chiropractic	Unknown	Medical Assisting	1	0
Baldwin Park - El Monte Medical Group	Unknown	Medical Assisting	1	0
Cedars Sinai	Unknown	Medical Assisting	1	0
Clinica Mi Pueblo	Unknown	Medical Assisting	1	0
Comprehensive Community Health Center	Unknown	Medical Assisting	1	0
Dr. Irina Jasper	Unknown	Medical Assisting	2	0
Dr. Lorna Kong-Thien	Unknown	Medical Assisting	2	0
First Aid Urgent Care	Unknown	Medical Assisting	1	0
Flow Health	Unknown	Medical Assisting	2	0
Interventional Anesthesia Pain Management	Unknown	Medical Assisting	1	0
James C. Ho, MD	Unknown	Medical Assisting	1	0
Kids & Teens	Unknown	Medical Assisting	2	0
La Paz Medical Clinic	Unknown	Medical Assisting	1	0
Legacy Go Health Urgent Care	Unknown	Medical Assisting	1	0
Optum	Unknown	Medical Assisting	7	0
Planned Parenthood	Unknown	Medical Assisting	5	0
Retina-Vitreous Association Medical Grp	Unknown	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

## Exam Passage Rate

### 2022 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

### 2022 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.

**19**

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 \*

**2**

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

**1**

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

**1**

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

**1**

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

**0**

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

**0**

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

**0**

Over \$100,000 \*

**0**

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

**0**

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

**0**

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

**0**

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

**13**

\$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

## 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2022 BPPE Annual Report - Program - Institution Data

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**14961335**

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**Integrity College of Health**

## Program Name

## 2022 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)

**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

### 2022 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 \*

**\$17,575.00**

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

**86**

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

**86**



12. Number of Students Who Began the Program \*

If none, indicate "0".

**5**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**5**

14. Number of On-time Graduates \*

If none, indicate "0".

**1**

15. Completion Rate

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

**20**

16. 150% Graduates?

**5**

17. 150% Completion Rate

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

**100**

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

**No**

## Placement Data

### 2022 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".

**5**

21. Placement Rate

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

**100**

---

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".

**5**

---

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".

**1**

## Allied Health

### 2022 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

### 2022 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

### 2022 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.

**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 \*

**2**

\$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 \*

**3**

\$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

## 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2022 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 \*

**2022**

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

## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**RNBSN**

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)

**51.1601 - 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

### 2022 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 \*

**\$10,270.00**

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

### 2022 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

### 2022 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

### 2022 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

### 2022 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

\$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

## 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2022 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 \*

**2022**

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

## 2022 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

### 2022 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 \*

**\$30,728.00**

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

**97**

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

### 2022 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

### 2022 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 Nam e	Total Number of Students	Number of St udents Profici ent in Langua
-----------	-----------------------	------------------	-----------------------------	---

ges Other tha  
n 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

## Exam Passage Rate

### 2022 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

### 2022 BPPE Annual Report - Program - Exam Passage Rate Data - 2021

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".

**10**

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

**7**

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

**3**

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

**70**

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

**Yes**

33a. Name of Agency \*

**BVNPT**

## Exam Passage Rate - Year 2

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

---

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".

**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 \*

**BVNPT**

## Salary Data

### 2022 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

## 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2022 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 \*

**2022**

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

## 2022 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Vocational Nursing Associate of Applied Science**

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

**Associate**

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

**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

### 2022 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

### 2022 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

### 2022 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

### 2022 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

### 2022 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

\$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