



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in your [Program](#) data

### **BPPE Annual Report for 2016 - Institution**

**Tracking Number:** 20171201111705

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 14961302

**Street Address (Physical Location):** 700 Windy Point Drive

**City:** San Marcos

**State:** California

**Zip Code:** 92069

**Check all that apply to this institution:**

**For profit institution:** For profit institution

**Sole Proprietor:**

**Corporation:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):** Limited Liability Corporation (LLC)

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**Is this institution current on Annual Fees?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval:** yes

**If you answered yes to the question above, please identify the accrediting agency:**  
Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** Commission on Accreditation in Physical Therapy Education (CAPTE) and The Accreditation Council for Occupational Therapy Education (ACOTE)

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?:** yes

**What is the total amount of Title IV funds received by your institution in 2016?:**  
17008203

**Does your institution participate in veteran's financial aid education programs?:**  
yes

**What is the total amount of veteran's financial aid funds received by your institution in 2016?:** 351528

**Does your institution participate in the Cal Grant program?:** no

**What is the total amount of Cal Grant funds received by your institution in 2015?:**

**Is your institution on the California Eligible Training Provider List (ETPL)?:** no

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** no

**What is the total amount of WIOA funds received by your institution in 2016?:**

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** yes

**If yes, please indicate the name of the financial aid program:** CA Voc Rehab

**The percentage of institutional income in 2016 that was derived from public funding:** 23

**Enter the most recent three-year Cohort Default Rate reported by the US Department of Education, for this institution:** .2

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was: 45**

**Total number of students enrolled at this institution: 816**

**Number of Doctorate Degrees programs Offered: 9**

**Number of Students enrolled in Doctorate level programs at this Institution: 634**

**Number of Master Degrees programs Offered: 5**

**Number of Students enrolled in Master level programs at this institution: 182**

**Number of Bachelor Degrees programs Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees programs Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 0**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 0**

**Institution's website:** [www.usa.edu](http://www.usa.edu)

**Performance Fact Sheet:** <https://www.usa.edu/legal/state-licensure/>

**2016 Catalog:** <https://www.usa.edu/admissions-aid/catalog-student-handbook/>

**Annual Report:** <https://www.usa.edu/legal/state-licensure/>



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201112641

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** OtherMaster

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** MOT

**Name of Program (e.g. Business Administration, Massage, etc.):** Master of  
Occupational Therapy

**Number of Degrees or Diplomas Awarded:** 62

**Total Charges for this program (Report whole dollars only):** \$ 90874

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 73

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 27

**Number of Students Who Began the Program:** 68

**Students Available for Graduation:** 68

**On-time Graduates:** 49

**Completion Rate:** 72

**150% Completion Rate:** 91

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 60

**Graduates Employed in the Field:** 52

**Placement Rate:** 87

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 10

**Indicate the number of graduates employed:**

**Single position in field:** 25

**Concurrent aggregated positions in field (2 or more positions at the same time):**

2

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** yes

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** National Board for Certification in Occupational Therapy

**Name of Exam:** Occupational Therapy

**Number of Graduates Taking State Exam:** 148

**Number Who Passed the State Exam:** 146

**Number Who Failed the State Exam:** 2

**Passage Rate:** 99

**Is this data from the State licensing agency that administered the exam?:** yes

**Name of Agency:** National Board for Certification in Occupational Therapy

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** National Board for Certification in Occupational Therapy

**Name of State Exam:** Occupational Therapy

**Number of Graduates Taking State Exam:** 131

**Number Who Passed the State Exam:** 130

**Number Who Failed the State Exam:** 1

**Passage Rate:** 99

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** National Board for Certification in Occupational Therapy

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 60

**Graduates Employed in the Field:** 52

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

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 1**

**\$55,001 - \$60,000: 2**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 1**

**\$70,001 - \$75,000: 2**

**\$75,001 - \$80,000: 2**

**\$80,001 - \$85,000: 1**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 1**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201114648

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** OTD

**Name of Program (e.g. Business Administration, Massage, etc.):** Doctor of  
Occupational Therapy

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 105740

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0



**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

**Placement Rate:** 0

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 0

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):**

0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** yes

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** National Board for Certification in Occupational Therapy

**Name of Exam:** Occupational Therapy

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** 0

**Number Who Failed the State Exam:** 0

**Passage Rate:** 0

**Is this data from the State licensing agency that administered the exam?:** no

**Name of Agency:** National Board for Certification in Occupational Therapy

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

The program does not have any graduates yet to take the exam.

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** National Board for Certification in Occupational Therapy

**Name of State Exam:** Occupational Therapy

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** 0

**Number Who Failed the State Exam:** 0

**Passage Rate:** 0

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** National Board for Certification in Occupational Therapy

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

The program does not have any graduates yet to take the exam.

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201114033

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** DPT

**Name of Program (e.g. Business Administration, Massage, etc.):** Doctor of  
Physical Therapy

**Number of Degrees or Diplomas Awarded:** 159

**Total Charges for this program (Report whole dollars only):** \$ 117297

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 76

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 27

**Number of Students Who Began the Program:** 159

**Students Available for Graduation:** 159

**On-time Graduates:** 132

**Completion Rate:** 83

**150% Completion Rate:** 92

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 147

**Graduates Employed in the Field:** 127

**Placement Rate:** 86

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 29

**Indicate the number of graduates employed:**

**Single position in field:** 92

**Concurrent aggregated positions in field (2 or more positions at the same time):**

2

**Freelance/self-employed:** 1

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** yes

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** The Federation of State Boards of Physical Therapy

**Name of Exam:** Physical Therapy

**Number of Graduates Taking State Exam:** 151

**Number Who Passed the State Exam:** 149

**Number Who Failed the State Exam:** 2

**Passage Rate:** 99

**Is this data from the State licensing agency that administered the exam?:** yes

**Name of Agency:** The Federation of State Boards of Physical Therapy

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** The Federation of State Boards of Physical Therapy

**Name of State Exam:** Physical Therapy

**Number of Graduates Taking State Exam:** 164

**Number Who Passed the State Exam:** 162

**Number Who Failed the State Exam:** 2

**Passage Rate:** 99

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** The Federation of State Boards of Physical Therapy

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 147

**Graduates Employed in the Field:** 127

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

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 1**

**\$70,001 - \$75,000: 2**

**\$75,001 - \$80,000: 2**

**\$80,001 - \$85,000: 2**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201113543

**Report for Year:** 2016

**Institution Name:** University of St Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** Flex DPT

**Name of Program (e.g. Business Administration, Massage, etc.):** Flex Doctor of  
Physical Therapy

**Number of Degrees or Diplomas Awarded:** 21

**Total Charges for this program (Report whole dollars only):** \$ 108873

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 86

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 17

**Number of Students Who Began the Program:** 24

**Students Available for Graduation:** 24



**On-time Graduates:** 17

**Completion Rate:** 71

**150% Completion Rate:** 88

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 21

**Graduates Employed in the Field:** 15

**Placement Rate:** 71

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 3

**Indicate the number of graduates employed:**

**Single position in field:** 7

**Concurrent aggregated positions in field (2 or more positions at the same time):**  
0

**Freelance/self-employed:** 1

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** yes

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** The Federation of State Boards of Physical Therapy

**Name of Exam:** Physical Therapy

**Number of Graduates Taking State Exam:** 21

**Number Who Passed the State Exam:** 18

**Number Who Failed the State Exam:** 3

**Passage Rate:** 86

**Is this data from the State licensing agency that administered the exam?:** yes

**Name of Agency:** The Federation of State Boards of Physical Therapy

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** The Federation of State Boards of Physical Therapy

**Name of State Exam:** Physical Therapy

**Number of Graduates Taking State Exam:** 14

**Number Who Passed the State Exam:** 14

**Number Who Failed the State Exam:** 0

**Passage Rate:** 100

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** The Federation of State Boards of Physical Therapy

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 21

**Graduates Employed in the Field:** 15

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

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 1**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 1**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201121200

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** OtherMaster

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** MHS

**Name of Program (e.g. Business Administration, Massage, etc.):** Master of Health  
Science

**Number of Degrees or Diplomas Awarded:** 1

**Total Charges for this program (Report whole dollars only):** \$ 22620

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 1

**Students Available for Graduation:** 1

**On-time Graduates:** 1

**Completion Rate:** 100

**150% Completion Rate:** 0

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 1

**Graduates Employed in the Field:** 1

**Placement Rate:** 100

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 0

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):**  
0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** no

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 1**

**Graduates Employed in the Field: 1**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201115425

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** OtherMaster

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** MHA

**Name of Program (e.g. Business Administration, Massage, etc.):** Master of Health  
Administration

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 28002

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0



**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

0

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201115726

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** OtherMaster

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** MSN

**Name of Program (e.g. Business Administration, Massage, etc.):** Master of Science  
in Nursing

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

0

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201120052

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** DNP

**Name of Program (e.g. Business Administration, Massage, etc.):** Doctor of Nursing  
Practice

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 0

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0



**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):  
0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201120805

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:** OTD

**Name of Program (e.g. Business Administration, Massage, etc.):** Doctor of Occupational Therapy Post Professional

**Number of Degrees or Diplomas Awarded:** 3

**Total Charges for this program (Report whole dollars only):** \$ 43910

**The percentage of enrolled students in 2016 receiving federal student loans to pay for this program.** 33

**The percentage of graduates in 2016 who took out federal student loans to pay for this program.** 0

**Number of Students Who Began the Program:** 6

**Students Available for Graduation:** 3

**On-time Graduates:** 3

**Completion Rate:** 100

**150% Completion Rate:** 0

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 3

**Graduates Employed in the Field:** 3

**Placement Rate:** 100

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 0

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):**  
0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** no

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 3**

**Graduates Employed in the Field: 3**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201120444

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** DPT

**Name of Program (e.g. Business Administration, Massage, etc.):** Transitional  
Doctor of Physical Therapy

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 34810

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 2

**Students Available for Graduation:** 0



**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):  
0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201122109

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** DHSc

**Name of Program (e.g. Business Administration, Massage, etc.):** Doctor of Health  
Science

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 41900

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 1

**Students Available for Graduation:** 0

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):  
0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 20171201121738

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Doctorate

**If Other, please specify:**

**Degree/Program Title:** OtherDoctorate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** EdD

**Name of Program (e.g. Business Administration, Massage, etc.):** Doctor of  
Education

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 50675

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 33

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 3

**Students Available for Graduation:** 0



**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):  
0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

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

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Branch](#) data .....OR  
if you are finished, please fill out and print the [Annual Report Completion Check Sheet](#) (which must be mailed in to the Bureau).

### **BPPE Annual Report for 2016 – Branch Locations**

**Tracking Number:** 20171201122513

**Report for Year:** 2016

**Institution Name:** University of St. Augustine for Health Sciences

**Institution Code:** 14961302

**Total number of students at this branch location?** 0

**Name of programs offered at this branch locations?** 0

**Branch Address:** NA

**Branch City:** NA

**Branch State:** California

**Branch Zip Code:** 00000