2020 BPPE Annual Report - Institution - General Info

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

4. Street Address (Physical Location) *
   700 Windy Point Drive

5. City *
   San Marcos

6. State *
   CA

7. Zip Code *
   92069

8. Check all that apply to the form of business organization of this institution: *
   For profit corporation, Limited Liability Company (LLC)

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

10. Number of Satellite Locations *
    Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")
    0
11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? *

Yes

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

Yes

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

Yes

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

Follow the tips below to select more than one agency:

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

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

WASC Senior College and University Commission

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

Commission on Accreditation in Physical Therapy Education, Accreditation Council for Occupational Therapy Education, Commission on Collegiate Nursing Education, Council on Academic Accreditation in Audiology and Speech-Language Pathology

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

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.
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? *

$39,130,092.00

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? *

$567,666.60

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. *

WICHE

$0.00

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

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. *

If none, indicate "0".

0

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

Yes

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

Private Student Loans

17.7

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

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".

09

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".

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

$133,977.00
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".
1477

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".
8

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".
1204

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".
5

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".
273

32. Number of Bachelor Degree Programs Offered?
Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) *
If none, indicate "0".
0
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".

0

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) * If none, indicate "0".

0

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".

3

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".

0

Total Program Count 16

Website / Uploads

2020 BPPE Annual Report - Institution - Website and Required Uploads

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

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

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.
38. Upload School Performance Fact Sheet *
   Required file format = PDF
   Performance Fact Sheets.pdf

39. Upload Catalog *
   Required file format = PDF

40. Upload Enrollment Agreement *
    Required file format = PDF
    Enrollment Agreements.pdf

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

41. General File Upload (only use as directed by BPPE staff)
    Recommended file format = PDF
Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *
   
   2020

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

   14961302

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.

   University of St. Augustine for Health Sciences

Program Name

4. Name of Program *

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

   Master

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

   Occupational Therapy/Therapist.

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

   25-1071 - Health Specialties Teachers, Postsecondary, 29-1122 - Occupational Therapists

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".

   67

9. Total Charges for this Program *

   $92,572.00

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

    71

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".

    67

13. Number of Students Available for Graduation *
   If none, indicate "0".

    67

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

    58

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

    86.56716

16. 150% Graduates?

    67

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

#### 2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment *
   If none, indicate "0".  
   **67**

20. Graduates Employed in the Field *
   If none, indicate "0".  
   **46**

21. Placement Rate
   This is a calculated field based on #17 and #18.
   **68.65672**

22. Graduates employed in the field...

   22a. 20 to 29 hours per week *
   If none, indicate "0".  
   **6**

   22b. at least 30 hours per week *
   If none, indicate "0".  
   **40**

23. Indicate the number of graduates employed...

   23a. In a single position in the field of study *
   If none, indicate "0".  
   **45**

   23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
   If none, indicate "0".  
   **1**

   23c. Freelance/self-employed *
   If none, indicate "0".  
   **1**

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

### Allied Health

#### 2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

**Not Checked**
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *
   No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

Not Checked

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

28. Name of State Exam *
   Occupational Therapy License Exam

29. Number of Graduates Taking State Exam *
   If none, indicate "0".
   79

30. Number Who Passed the State Exam *
   If none, indicate "0".
   78

31. Number Who Failed the State Exam
   This is a calculated field based on #25 and #26.
   1
32. Passage Rate
This is a calculated field based on #25 and #26.
98.73418

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

33a. Name of Agency *
National Board for Certification in Occupational Therapy

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)
Not Checked

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

36. Name of State Exam *
Occupational Therapy Licensing Exam

37. Number of Graduates Taking State Exam *
If none, indicate "0".
99

38. Number Who Passed the State Exam *
If none, indicate "0".
96

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.
3

40. Passage Rate
This is a calculated field based on #33 and #34.
96.9697

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

41a. Name of Agency *
National Board for Certification in Occupational Therapy

Salary Data
### 2020 BPPE Annual Report - Program - Salary Data

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

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

67

#### 44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.

46

#### 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."

<table>
<thead>
<tr>
<th>Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
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<tr>
<td>Over $100,000</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
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Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2020

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

14961302

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.

University of St. Augustine for Health Sciences

Program Name

4. Name of Program *

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

   Master

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

   Occupational Therapy/Therapist.

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

   25-1071 - Health Specialties Teachers, Postsecondary, 29-1122 - Occupational Therapists

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".
   0

9. Total Charges for this Program *
   $82,512.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *
   38

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
2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

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

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

22. Graduates employed in the field...

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

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

23. Indicate the number of graduates employed...

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

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *
   No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)
Not Checked

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

28. Name of State Exam *
   Occupational Therapist Licensing Exam

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

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

31. Number Who Failed the State Exam
   This is a calculated field based on #25 and #26.
   0
32. Passage Rate
   This is a calculated field based on #25 and #26.

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

33a. Name of Agency *
   National Board for Certification in Occupational Therapy

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)
Not Checked

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

36. Name of State Exam *
   Occupational Therapist Licensing Exam

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

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

39. Number Who Failed the State Exam
   This is a calculated field based on #33 and #34.
   0

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

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

41a. Name of Agency *
   National Board for Certification in Occupational Therapy

Salary Data
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."**

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<td>$90,001 - $95,000</td>
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<tr>
<td>Over $100,000</td>
<td>0</td>
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</table>
2020 BPPE Annual Report - Program - Institution Data

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

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   14961302

3. Institution Name (auto-populated) *
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   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *
   Doctor of Occupational Therapy
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. *

Doctorate

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)

Occupational Therapy/Therapist.

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

25-1071 - Health Specialties Teachers, Postsecondary, 29-1122 - Occupational Therapists

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

33

9. Total Charges for this Program *

$104,984.00

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

79

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

83

12. Number of Students Who Began the Program *
If none, indicate "0".

33

13. Number of Students Available for Graduation *
If none, indicate "0".

33

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

29

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

87.87879

16. 150% Graduates?

33

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
2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

19. Graduates Available for Employment *
   If none, indicate "0".
   33

20. Graduates Employed in the Field *
   If none, indicate "0".
   29

21. Placement Rate
   This is a calculated field based on #17 and #18.
   87.87879

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".
    21

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
    If none, indicate "0".
    28

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
    If none, indicate "0".
    1

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

26a. Do graduates have the option or requirement for more than one type of licensing State exam? *
   No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)
Not Checked

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

28. Name of State Exam *
   Occupational Therapy License Exam

29. Number of Graduates Taking State Exam *
   If none, indicate "0".
   23

30. Number Who Passed the State Exam *
   If none, indicate "0".
   23

31. Number Who Failed the State Exam
   This is a calculated field based on #25 and #26.
   0
32. Passage Rate
This is a calculated field based on #25 and #26.
100

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

33a. Name of Agency *
National Board for Certification in Occupational Therapy

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)
Not Checked

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

36. Name of State Exam *
Occupational Therapy License Exam

37. Number of Graduates Taking State Exam *
If none, indicate "0".
10

38. Number Who Passed the State Exam *
If none, indicate "0".
10

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.
0

40. Passage Rate
This is a calculated field based on #33 and #34.
100

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

41a. Name of Agency *
National Board for Certification in Occupational Therapy

Salary Data
### 43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.

33

### 44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.

29

### 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.”**

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number</th>
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<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Information

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2020 Annual Report
Program Data Workflow
(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *

2020

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

14961302

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.

University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Doctor of Physical Therapy
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.*

Doctorate

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)

Physical Therapy/Therapist.

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

25-1071 - Health Specialties Teachers, Postsecondary, 29-1123 - Physical Therapists

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)
Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

198

9. Total Charges for this Program *

$119,566.00

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

76

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

79

12. Number of Students Who Began the Program *
If none, indicate "0".

200

13. Number of Students Available for Graduation *
If none, indicate "0".

200

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

181

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

90.5

16. 150% Graduates?

198

17. 150% Completion Rate
This is a calculated field based on #16 and #13.

99

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

No
2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

19. Graduates Available for Employment *
   If none, indicate "0".
   198

20. Graduates Employed in the Field *
   If none, indicate "0".
   157

21. Placement Rate
   This is a calculated field based on #17 and #18.
   79.29293

22. Graduates employed in the field...

22a. 20 to 29 hours per week *
   If none, indicate "0".
   1

22b. at least 30 hours per week *
   If none, indicate "0".
   156

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
   If none, indicate "0".
   151

23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
   If none, indicate "0".
   6

23c. Freelance/self-employed *
   If none, indicate "0".
   2

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *
   If none, indicate "0".
   2

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

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

Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

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

No

Exam Passage Rate - Year 1

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

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

The Federation of State Boards of Physical Therapy

28. Name of State Exam *

National Physical Therapy Examination

29. Number of Graduates Taking State Exam *

If none, indicate "0".

204

30. Number Who Passed the State Exam *

If none, indicate "0".

168

31. Number Who Failed the State Exam

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

36
32. Passage Rate
This is a calculated field based on #25 and #26.
82.35294

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

33a. Name of Agency *
The Federation of State Boards of Physical Therapy

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)
Not Checked

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

36. Name of State Exam *
National Physical Therapy Examination

37. Number of Graduates Taking State Exam *
If none, indicate "0".
111

38. Number Who Passed the State Exam *
If none, indicate "0".
102

39. Number Who Failed the State Exam
This is a calculated field based on #33 and #34.
9

40. Passage Rate
This is a calculated field based on #33 and #34.
91.89189

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

41a. Name of Agency *
The Federation of State Boards of Physical Therapy

Salary Data
43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
   198

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
   157

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."**

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<thead>
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<td>7</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Information

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2020 Annual Report
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *
   Flex Doctor of Physical Therapy
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.

- Doctorate

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)

- Physical Therapy/Therapist

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

- 25-1071 - Health Specialties Teachers, Postsecondary, 29-1123 - Physical Therapists

**Financial and Graduation**

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

<table>
<thead>
<tr>
<th>Display Instructions for #8 - #18 (Toggle)</th>
<th>Not Checked</th>
</tr>
</thead>
</table>

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".
   - 45

9. Total Charges for this Program *
   - $111,213.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *
    - 73

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *
    - 80

12. Number of Students Who Began the Program *
    If none, indicate "0".
    - 52

13. Number of Students Available for Graduation *
    If none, indicate "0".
    - 52

14. Number of On-time Graduates *
    If none, indicate "0".
    - 38

15. Completion Rate
    This is a calculated field based on #14 and #13.
    - 73.07692

16. 150% Graduates?  
    - 45

17. 150% Completion Rate
    This is a calculated field based on #16 and #13.
    - 86.53846

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
    - No
## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

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<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td>45</td>
<td>28</td>
</tr>
</tbody>
</table>

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

62.22222

### 22. Graduates employed in the field...

<table>
<thead>
<tr>
<th>22a. 20 to 29 hours per week *</th>
<th>22b. at least 30 hours per week *</th>
</tr>
</thead>
<tbody>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td>1</td>
<td>27</td>
</tr>
</tbody>
</table>

### 23. Indicate the number of graduates employed...

<table>
<thead>
<tr>
<th>23a. In a single position in the field of study *</th>
<th>23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *</th>
<th>23c. Freelance/self-employed *</th>
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</thead>
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<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td>If none, indicate &quot;0&quot;.</td>
<td>If none, indicate &quot;0&quot;.</td>
</tr>
<tr>
<td>28</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Allied Health

### 2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

Not Checked

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

   Yes

You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)

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

   No

Exam Passage Rate - Year 1

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

Display Instructions for #27-34 (Toggle)

Not Checked

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

   The Federation of State Boards of Physical Therapy

28. Name of State Exam *

   National Physical Therapy Exam

29. Number of Graduates Taking State Exam *

   If none, indicate "0".

   45

30. Number Who Passed the State Exam *

   If none, indicate "0".

   30

31. Number Who Failed the State Exam

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

   15
32. Passage Rate  
This is a calculated field based on #25 and #26.

66.66667

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

Yes

33a. Name of Agency *

The Federation of State Boards of Physical Therapy

Exam Passage Rate - Year 2

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

Display Instructions for #35-42 (Toggle)  
Not Checked

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

The Federation of State Boards of Physical Therapy

36. Name of State Exam *

National Physical Therapy Exam

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

31

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

19

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

12

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

61.29032

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

Yes

41a. Name of Agency *

The Federation of State Boards of Physical Therapy

Salary Data
43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.

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."**

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</table>
2020 Annual Report
Program Data Workflow

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   
   14961302

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.
   
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *

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

* Master

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

Hospital and Health Care Facilities Administration/Management.

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

11-9111 - Medical and Health Services Managers

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".  
   4

9. Total Charges for this Program *
   $28,314.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *
   71

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".  
   5

13. Number of Students Available for Graduation *
   If none, indicate "0".  
   5

14. Number of On-time Graduates *
   If none, indicate "0".  
   2

15. Completion Rate  
   This is a calculated field based on #14 and #13.  
   40

16. 150% Graduates?  
   4

17. 150% Completion Rate  
   This is a calculated field based on #16 and #13.  
   80

18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *
   No
Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

19. Graduates Available for Employment *
   If none, indicate "0".
   4

20. Graduates Employed in the Field *
   If none, indicate "0".
   3

21. Placement Rate
   This is a calculated field based on #17 and #18.
   75

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".
   2

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
   If none, indicate "0".
   3

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
   4

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
   3

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

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

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
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<tr>
<td>$25,001 - $30,000</td>
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<td>$30,001 - $35,000</td>
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<td>$35,001 - $40,000</td>
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<td>1</td>
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<tr>
<td>$45,001 - $50,000</td>
<td>0</td>
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<tr>
<td>$50,001 - $55,000</td>
<td>0</td>
</tr>
<tr>
<td>$55,001 - $60,000</td>
<td>0</td>
</tr>
<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *
   Master of Health 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. *

   Master

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

   Health Services/Allied Health/Health Sciences, General.

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

   21-1091 - Health Education Specialists, 21-1094 - Community Health Workers

---

**Financial and Graduation**

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

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".

   4

9. Total Charges for this Program *

   $23,112.00

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

    63

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".

    5

13. Number of Students Available for Graduation *
   If none, indicate "0".

    5

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

    3

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

    60

16. 150% Graduates?

    4

17. 150% Completion Rate
   This is a calculated field based on #16 and #13.

    80

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

   No
## 2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment *
   If none, indicate "0".
   4

20. Graduates Employed in the Field *
   If none, indicate "0".
   2

21. Placement Rate
   This is a calculated field based on #17 and #18.
   50

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".
       2

23. Indicate the number of graduates employed...

   23a. In a single position in the field of study *
       If none, indicate "0".
       2

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

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

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

## Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

**Not Checked**
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

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

43. Graduates Available for Employment
   This field is auto-populated based on your entry in #17.
   4

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   2

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
   $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 * 1
   $45,001 - $50,000 * 0
   $50,001 - $55,000 * 1
   $55,001 - $60,000 * 0
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<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
<td>0</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2020 BPPE Annual Report - Program - Salary Data

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

2

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.

1

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."**

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
<td>0</td>
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<tr>
<td>$10,001 - $15,000</td>
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<tr>
<td>$15,001 - $20,000</td>
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<td>$20,001 - $25,000</td>
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<td>$45,001 - $50,000</td>
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<td>0</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$65,001 - $70,000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *
   Doctor of Nursing Practice
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.

   Doctorate

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

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

   11-9111 - Medical and Health Services Managers, 29-1141 - Registered Nurses, 29-1171 - Nurse Practitioners

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)
Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

   5

9. Total Charges for this Program *

   $70,466.00

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

    6

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".

    11

13. Number of Students Available for Graduation *
If none, indicate "0".

    11

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

    3

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

    27.27273

16. 150% Graduates?

    5

17. 150% Completion Rate
This is a calculated field based on #16 and #13.

    45.45455

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

   No
Placement Data

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

19. Graduates Available for Employment *
If none, indicate "0".  
5

20. Graduates Employed in the Field *
If none, indicate "0".  
4

21. Placement Rate
This is a calculated field based on #17 and #18.
80

22. Graduates employed in the field...

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

22b. at least 30 hours per week *
If none, indicate "0".  
3

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".  
4

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
   This field is auto-populated based on your entry in #17.
   5

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   4

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."

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
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</tr>
<tr>
<td>$15,001 - $20,000</td>
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<tr>
<td>$20,001 - $25,000</td>
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<tr>
<td>$25,001 - $30,000</td>
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</tr>
<tr>
<td>$30,001 - $35,000</td>
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<tr>
<td>$45,001 - $50,000</td>
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<tr>
<td>$50,001 - $55,000</td>
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<tr>
<td>$55,001 - $60,000</td>
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<td></td>
</tr>
<tr>
<td>Salary Range</td>
<td>Number of People</td>
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<td>------------------</td>
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<tr>
<td>$60,001 - $65,000</td>
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<td>$70,001 - $75,000</td>
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<td>$80,001 - $85,000</td>
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</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

Program Name

4. Name of Program *
   Transitional Doctor of Physical Therapy
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.

   Doctorate

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)

   Physical Therapy/Therapist.

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

   (Optional)

   29-1123 - Physical Therapists

Financial and Graduation

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

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".

   2

9. Total Charges for this Program *

   $19,468.00

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".

    2

13. Number of Students Available for Graduation *
   If none, indicate "0".

    2

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

    2

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

    100

16. 150% Graduates?
    2

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

2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

19. Graduates Available for Employment *
   If none, indicate "0".
   2

20. Graduates Employed in the Field *
   If none, indicate "0".
   2

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".
   2

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
   If none, indicate "0".
   2

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

43. Graduates Available for Employment
   This field is auto-populated based on your entry in #17.
   2

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   2

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

   $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
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Number of Cases</th>
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</thead>
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<tr>
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<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *
   
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   
   14961302

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.
   
   University of St. Augustine for Health Sciences

Program Name

4. Name of Program *
   
   Doctor of Occupational Therapy, Post Professional
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.*

   Doctorate

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)

   Occupational Therapy/Therapist.

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

   29-1122 - Occupational Therapists

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)
Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".
   2

9. Total Charges for this Program *
   $35,271.00

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *
    48

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".
    3

13. Number of Students Available for Graduation *
    If none, indicate "0".
    3

14. Number of On-time Graduates *
    If none, indicate "0".
    1

15. Completion Rate
    This is a calculated field based on #14 and #13.
    33.33333

16. 150% Graduates?
    2

17. 150% Completion Rate
    This is a calculated field based on #16 and #13.
    66.66667

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

   No
2020 BPPE Annual Report - Program - Placement Data

19. Graduates Available for Employment *
   If none, indicate "0".
   2

20. Graduates Employed in the Field *
   If none, indicate "0".
   2

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".
   1

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
   If none, indicate "0".
   2

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

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

43. Graduates Available for Employment
   This field is auto-populated based on your entry in #17.
   2

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   2

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."**
<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>$65,001 - $70,000</td>
<td>0</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
<td>0</td>
</tr>
<tr>
<td>$75,001 - $80,000</td>
<td>0</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$85,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *
   Doctor of Education
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.

Doctorate

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)

Higher Education/Higher Education Administration.

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

11-9033 - Education Administrators, Postsecondary

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

1

9. Total Charges for this Program *

$51,963.00

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

75

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".

1

13. Number of Students Available for Graduation *

If none, indicate "0".

1

14. Number of On-time Graduates *

If none, indicate "0".

1

15. Completion Rate

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

100

16. 150% Graduates?

1

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

## 2020 BPPE Annual Report - Program - Placement Data

**19. Graduates Available for Employment**
If none, indicate "0".
1

**20. Graduates Employed in the Field**
If none, indicate "0".
1

**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".
1

## 23. Indicate the number of graduates employed...

**23a. In a single position in the field of study**
If none, indicate "0".
1

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

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

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

## Allied Health

## 2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

No

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
This field is auto-populated based on your entry in #17.
1

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
1

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."

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
</tr>
<tr>
<td>$25,001 - $30,000</td>
<td>0</td>
</tr>
<tr>
<td>$30,001 - $35,000</td>
<td>0</td>
</tr>
<tr>
<td>$35,001 - $40,000</td>
<td>0</td>
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<td>$40,001 - $45,000</td>
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<td>$45,001 - $50,000</td>
<td>0</td>
</tr>
<tr>
<td>$50,001 - $55,000</td>
<td>0</td>
</tr>
<tr>
<td>$55,001 - $60,000</td>
<td>0</td>
</tr>
<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>Income Range</td>
<td>Count</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>$60,001 - $65,000</td>
<td>0</td>
</tr>
<tr>
<td>$70,001 - $75,000</td>
<td>0</td>
</tr>
<tr>
<td>$80,001 - $85,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
### 2020 BPPE Annual Report - Program - Financial Data and Graduation Rates

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Number of Degrees, Diplomas or Certificates Awarded *</td>
<td>0</td>
</tr>
<tr>
<td>9.</td>
<td>Total Charges for this Program *</td>
<td>$40,810.00</td>
</tr>
<tr>
<td>10.</td>
<td>The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *</td>
<td>0</td>
</tr>
<tr>
<td>11.</td>
<td>The percentage of graduates in the reporting year who took out federal student loans to pay for this program *</td>
<td>0</td>
</tr>
<tr>
<td>12.</td>
<td>Number of Students Who Began the Program *</td>
<td>0</td>
</tr>
<tr>
<td>13.</td>
<td>Number of Students Available for Graduation *</td>
<td>0</td>
</tr>
<tr>
<td>14.</td>
<td>Number of On-time Graduates *</td>
<td>0</td>
</tr>
<tr>
<td>15.</td>
<td>Completion Rate</td>
<td>0</td>
</tr>
<tr>
<td>16.</td>
<td>150% Graduates?</td>
<td>0</td>
</tr>
<tr>
<td>17.</td>
<td>150% Completion Rate</td>
<td>0</td>
</tr>
<tr>
<td>18.</td>
<td>Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *</td>
<td>Y</td>
</tr>
</tbody>
</table>
2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   
   14961302

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.
   
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

   Post Graduate Nursing Certificate - Nurse Executive
5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate ‘Other’, please enter the Program Level in #5a.

Diploma/Certificate

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

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

25-1072 - Nursing Instructors and Teachers, Postsecondary, 29-1141 - Registered Nurses

Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

Not Checked

8. Number of Degrees, Diplomas or Certificates Awarded *
If none, indicate "0".

0

9. Total Charges for this Program *

$8,996.00

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

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

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

22. Graduates employed in the field...

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

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

23. Indicate the number of graduates employed...

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

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *
   No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment
   This field is auto-populated based on your entry in #17.
   0

44. Graduates Employed in the Field
   This field is auto-populated based on your entry in #18.
   0

45. Graduates Employed in the Field Reported receiving the following Salary or Wage:
   For graduates employed in the field, indicate their salaries/earnings below. If there are none in any specific range, indicate "0."

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<tr>
<th>$0 - $5,000 *</th>
<th>$5,001 - $10,000 *</th>
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<tr>
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<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000 *</td>
<td>$15,001 - $20,000 *</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000 *</td>
<td>$25,001 - $30,000 *</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>$30,001 - $35,000 *</td>
<td>$35,001 - $40,000 *</td>
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<td>0</td>
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<tr>
<td>$40,001 - $45,000 *</td>
<td>$45,001 - $50,000 *</td>
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<tr>
<td>$50,001 - $55,000 *</td>
<td>$55,001 - $60,000 *</td>
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<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>----------------------</td>
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<td>$65,001 - $70,000</td>
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</tr>
<tr>
<td>$70,001 - $75,000</td>
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<tr>
<td>$75,001 - $80,000</td>
<td>0</td>
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<tr>
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<td>$85,001 - $90,000</td>
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</tr>
<tr>
<td>Over $100,000</td>
<td>0</td>
</tr>
</tbody>
</table>
Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.

1. Report Year *

2020

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

14961302

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.

University of St. Augustine for Health Sciences

Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

4. Name of Program *

Post Graduate Nursing Certificate - Nurse Educator
5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate ‘Other’, please enter the Program Level in #5a. *

Diploma/Certificate

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

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

25-1072 - Nursing Instructors and Teachers, Postsecondary

Financial and Graduation

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

<table>
<thead>
<tr>
<th>#8. Number of Degrees, Diplomas or Certificates Awarded</th>
<th>9. Total Charges for this Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>If none, indicate &quot;0&quot;.</td>
<td>$8,996.00</td>
</tr>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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

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 *

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
2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)
Not Checked

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

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

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

22. Graduates employed in the field...

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

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

23. Indicate the number of graduates employed...

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

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *

No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)
Not Checked

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

No

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

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

0

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.

0

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

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

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Count</th>
</tr>
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<tr>
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<td>0</td>
</tr>
<tr>
<td>$40,001 - $45,000</td>
<td>0</td>
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</table>
Institution Information

2020 Annual Report
Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2020 BPPE Annual Report - Program - Institution Data

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

1. Report Year *
   2020

2. Institution Code *
   Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.
   14961302

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.
   University of St. Augustine for Health Sciences

Program Name

2020 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)
Not Checked

4. Name of Program *
   Post Graduate Nursing Certificate - Family Nurse Practitioner
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)

**Family Practice Nurse/Nurse Practitioner.**

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

**29-1171 - Nurse Practitioners**

### Financial and Graduation

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

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded *
   If none, indicate "0".
   0

9. Total Charges for this Program *
   $26,208.00

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

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

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

22. Graduates employed in the field...

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

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

23. Indicate the number of graduates employed...

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

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

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

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

Allied Health

2020 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked
24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals that requires clinical training? *  
No

Exam Passage Rate

2020 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)  
Not Checked

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

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

Salary Data

2020 BPPE Annual Report - Program - Salary Data

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

43. Graduates Available for Employment  
This field is auto-populated based on your entry in #17.  
0

44. Graduates Employed in the Field  
This field is auto-populated based on your entry in #18.  
0

45. Graduates Employed in the Field Reported receiving the following Salary or Wage:  
For graduates employed in the field, indicate their salaries/earnings below. If there are none in any specific range, indicate "0."

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<tr>
<th>Range</th>
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