



# Bureau for Private Postsecondary Education

Department of Consumer Affairs

## 2020 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Institution - General Info

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

1. Report Year *	2. Institution Code *
2020	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.	
<b>University of St. Augustine for Health Sciences</b>	
4. Street Address (Physical Location) *	
<b>700 Windy Point Drive</b>	
5. City *	6. State *
San Marcos	CA
7. Zip Code *	8. Check all that apply to the form of business organization of this institution: *
92069	<b>For profit corporation , Limited Liability Company (LLC)</b>
9. Number of Branch Locations *	10. Number of Satellite Locations *
Indicate the number of branch locations associated with the main location. If none, enter zero ("0")	Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")
0	0

# Fees / Accreditation

## 2020 BPPE Annual Report - Institution - Fees/Accreditation

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Display Instructions for #11 - #14 (Toggle)

**Not Checked**

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

**Yes**

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

**Yes**

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

**Yes**

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

Follow the tips below to select more than one agency:

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

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

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

**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

## 2020 BPPE Annual Report - Institution - Financial

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

Display Instructions for #15 - #26 (Toggle)

**Not Checked**

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

**Yes**

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

**\$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**

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

**\$0.00**

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

If none, indicate "0".

**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**

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

**17.7**

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".

**66**

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

**\$133,977.00**

# Offerings

## 2020 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

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

If none, indicate "0".

**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.

**www.usa.edu**

38. Upload School Performance

Fact Sheet \*

Required file format = PDF

**Performance Fact Sheets.pdf**

39. Upload Catalog \*

Required file format = PDF

**2019-2020 Catalog-Handbook  
with Addenda.pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**Enrollment Agreements.pdf**

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

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

Recommended file format = PDF



## **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 \*

**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."**

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	2
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	2
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
1	1
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
2	1
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
3	1
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	4
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
2	1
Over \$100,000 *	
0	



## 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 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**

# Placement Data

## 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**0**

20. Graduates Employed in the Field

\*

If none, indicate "0".

**0**

21. Placement Rate

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

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**0**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

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

---

Display Instructions for #24-25 (Toggle)

**Not Checked**

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

No

## Exam Passage Rate

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

---

Display Instructions for #26 (Toggle)

**Not Checked**

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

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

# 2020 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

## 43. Graduates Available for Employment

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

**0**

## 44. Graduates Employed in the Field

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

**0**

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

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

---

\$0 - \$5,000 \*

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

Over \$100,000 \*

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**0**

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

**00**

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

**0**

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

**0**



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

### 2020 Annual Report

## Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

---

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2. Institution Code \*

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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**

# 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".

**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

# 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.

**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."**

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
1	1
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	5
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
4	9
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	



## **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**

# 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".

**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

---

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 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

# 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.

**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."**

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	2
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
2	1
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
4	7
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
14	12
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
12	9
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
7	9
Over \$100,000 *	
0	



## **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

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**45**

20. Graduates Employed in the Field \*

If none, indicate "0".

**28**

21. Placement Rate

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

**62.22222**

---

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".

**27**

---

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".

**0**

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 \*

**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

# 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.

**45**

## 44. Graduates Employed in the Field

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

**28**

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

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

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
1	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
1	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	1
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
1	1
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
1	1
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
4	3
Over \$100,000 *	
0	



## **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 \*

**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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

1

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

1

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

0

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

0

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

0



## **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 \*

**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**

# 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".

**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

---

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.

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 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	0
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
0	0
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	1
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
1	0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0

# 2020 Program Data

Institution Information

Program Name

Financial and Graduation

Placement Data



Allied Health

Exam Passage Rate

Salary Data

## 2020 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

### 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."**

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

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

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

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

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

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

Over \$100,000 \*

Save

Back

Submit



## **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 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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0



## **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 \*

**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

---

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 \*

**\$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

---

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.

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

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0



## **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 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**

# 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".

**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

---

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.

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

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0



## **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 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

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0

# 2020 Program Data

Institution Information	Program Name	<b>Financial and Graduation</b>	Placement Data
Allied Health	Exam Passage Rate	Salary Data	



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

Display Instructions for #8 - #18 (Toggle)

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

9. Total Charges for this Program \*

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 \*

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

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

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

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

16. 150% Graduates?

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? \*

Yes  No

[Save](#) [Back](#) [Next](#)



## **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 \*

**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**

# Placement Data

## 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**0**

20. Graduates Employed in the Field

\*

If none, indicate "0".

**0**

21. Placement Rate

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

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**0**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

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

---

Display Instructions for #24-25 (Toggle)

**Not Checked**

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

No

## Exam Passage Rate

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

---

Display Instructions for #26 (Toggle)

**Not Checked**

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

No

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

## Salary Data

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

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0



## **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 \*

**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

---

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**

# Placement Data

## 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**0**

20. Graduates Employed in the Field \*

If none, indicate "0".

**0**

21. Placement Rate

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

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**0**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

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

---

Display Instructions for #24-25 (Toggle)

**Not Checked**

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

No

## Exam Passage Rate

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

---

Display Instructions for #26 (Toggle)

**Not Checked**

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

No

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

## Salary Data

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

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0



## **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 \*

**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**

# Placement Data

## 2020 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for  
Employment \*

If none, indicate "0".

**0**

20. Graduates Employed in the Field

\*

If none, indicate "0".

**0**

21. Placement Rate

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

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**0**

---

23. Indicate the number of graduates employed...

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

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

23c. Freelance/self-employed \*

If none, indicate "0".

**0**

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

If none, indicate "0".

**0**

## Allied Health

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

---

Display Instructions for #24-25 (Toggle)

**Not Checked**

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

No

## Exam Passage Rate

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

---

Display Instructions for #26 (Toggle)

**Not Checked**

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

No

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

## Salary Data

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

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

0

44. Graduates Employed in the Field

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

0

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

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

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

0