# 2022 Institution Data



#### Thank You

#### 2022 Annual Report

Institution Data Submission:

Institution Name: Valley College of Medical Careers

Institution Code: 1921141

Your request number is DCA-BPPE-006325.

#### Next Steps:

- 1. Complete submission of Institution Data; OR
- 2. Complete submission of ALL approved Program Data; OR
- 3. Complete submission of Branch Location Data (if applicable); OR
- 4. Complete submission of Satellite Location Data (if applicable); OR
  - 5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 574-8900, press "7" when prompted.



# Bureau for Private Postsecondary Educat

**Department of Consumer Affairs** 

# 2022 Annual Report Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 BPPE Annual Report - Institution - General Info

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

1. Report Year \*

#### 2022

2. Institution Code \*

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

#### 1921141

3. Institution Name (auto-populated) \*

If a valid Institution Code is entered in question #2, the Institution Name will autopopulate. 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.

#### Valley College of Medical Careers

4. Street Address (Physical Location) \*

8399 Topanga Blvd, Suite 303

5. City \*

West Hills

6. State \*

CA

7. Zip Code \*

91304

8. Select the type of business organization for this institution

For profit corporation

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

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

Graduate Identification Data

2022 BPPE Annual Report - Institution - Graduate Identification Data

New Reporting Requirement: California Education Code section 94892.6 requires that institutions approved to operate by the Bureau collect, retain, and report specified information about each graduate completing a program on or after January 1, 2020. This includes identifying information for each graduate along with information about the program from which they graduated and the amount of student loan debt borrowed. Pursuant to Title 5, California Code of Regulations section 74110, beginning in 2022 institutions will report this information to the Bureau annually through the Annual Report submission process.

The AR\_LaborMarketData\_2022 reporting template linked below includes details about the data required to be reported for each student who graduated from the institution's education program(s) between January 1, 2022 and December 31, 2022. Click on the link to the template and save to your computer to fill out. After adding the required information to the "Data" tab, press the "Select files" button at the bottom of the portal Graduate Identification Data page to upload and attach your completed AR\_LaborMarketData\_2021 report to the institution's Annual Report submission. Uploaded files must be in Excel or CSV formats.

Please contact Jennifer Jones (Jennifer.jones@dca.ca.gov) with questions about this requirement.

AR\_LaborMarketData\_2022.xlsx

Upload completed Excel or CSV here \*

**BPPE Report 2023.xisx** 

# Fees / Accreditation

# 2022 BPPE Annual Report - Institution - Fees/Accreditation

Display Instructions for #11 - #14 (Toggle)

#### **Not Checked**

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

#### Yes

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

#### Yes

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

#### Yes

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

Follow the tips below to select more than one agency:

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

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

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

#### **Accrediting Bureau of Health Education Schools**

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

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

No

### **Financial**

# 2022 BPPE Annual Report - Institution - Financial

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? \*

\$981,515.00

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? \*

\$30,900.00

17. Does your institution participate in the Cal Grant program? \*

No

18. Is your institution on California's Eligible Training Provider List (ETPL)? \*

Yes

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? \*

Yes

19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? \*

\$5,900.00

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. \*

#### voc rehab

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. \*
If none, indicate "0".

0

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

na

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) \*

#### Yes

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

\$5,500.00

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

No

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

0

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \* If Not Applicable, indicate "0".

0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. \* If none, indicate "0".

81

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

\$8,902.00

# Offerings

## 2022 BPPE Annual Report - Institution - Offerings

Display Instructions for #27 - #37 (Toggle)

**Not Checked** 

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st . \* If none, indicate "0".

117

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".

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

0

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

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

0

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

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".

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",

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".

2

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".

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".

115

**Total Program Count** 

4

# Website / Uploads

2022 BPPE Annual Report - Institution - Website and Required Uploads

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

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

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

Institution's Website

www.vcmc.edu

38. Upload School Performance Fact Sheet \*
Required file format = PDF

SPFS 2023 11132023121728.PDF 39. Upload Catalog \*
Required file format = PDF

New Catalog June 2023.pdf

40. Upload Enrollment Agreement \*
Required file format = PDF

MA VCMC EA 110223.pdf

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

41. General File Upload (only use as directed by BPPE staff)
Recommended file format = PDF

Pursuant to 5 CCR § 74110 (f)(6), financial statements are required to be submitted via mail in hard copy format to the Bureau and attention to the Annual Report Unit; however, the institution may in addition upload an electronic version. This is optional.

**42. Upload Financial Statements** Recommended file format = PDF

VCMC 2022 Audited Financial Statements.pdf



#### Thank You

#### 2022 Annual Report

Program Data Submission:

Institution Name: Valley College of Medical Careers
Institution Code: 1921141

Program Name: Pharmacy Technician

Your request number is DCA-BPPE-Program-039122.

#### Next Steps:

- 1. Complete submission of Institution Data; OR
- 2. Complete submission of ALL approved Program Data; OR
- 3. Complete submission of Branch Location Data (if applicable); OR
- 4. Complete submission of Satellite Location Data (if applicable); OR
  - 5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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# 2022 Program Data

### Institution Information



# 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

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

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

1. Report Year \*

2022

#### 2. Institution Code \*

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

1921141

#### 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.

Valley College of Medical Careers

## 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

#### **Not Checked**

4. Name of Program \*

#### **Pharmacy Technician**

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)

#### Pharmacy Technician/Assistant.

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

### Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

#### **Not Checked**

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

6

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

9. Total Charges for this Program \*

\$15,950.00

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

100

71

12. Number of Students Who Began the Program \*

If none, indicate "0".

7

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

4

16. 150% Graduates?

2

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

No

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

6

15. Completion Rate

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

66.66667

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

33.33333

# Placement Data

# 2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked** 

19. Graduates Available for

**Employment \*** 

If none, indicate "0".

6

20. Graduates Employed in the Field

\*

If none, indicate "0".

5

21. Placement Rate

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

83.33333

22. Graduates employed in the field...

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

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

0

5

23. Indicate the number of graduates employed...

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

5

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

0

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

0

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

0

### Allied Health

### 2022 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

#### **Not Checked**

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

Yes

24a. Select the Allied Health Professions requiring clinical training.

#### **Pharmacy Technician and Technologist**

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name License or FI Program Nam Total Number of St EN# e of Students udents Profici ent in Langua

			ges Other tha n English
walgreens	361924025	Pharmacy Tec hnician	0
Rite- Aid	95-3571558	Pharmacy Tec hnician	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name

Donation or Compensat ion Amount

Type of Consideration

# Exam Passage Rate

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

Display Instructions for #26 (Toggle)

**Not Checked** 

26. Does this educational program lead to an occupation that requires State licensing?  $^{\star}$ 

No

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

# Salary Data

# 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

**Not Checked** 

#### 43. Graduates Available for Employment

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

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

5

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

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

\$0 - \$5,000 *	\$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 *
5	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	



#### Thank You

#### 2022 Annual Report

Program Data Submission:

Institution Name: Valley College of Medical Careers

Institution Code: 1921141

Program Name: Medical Assisting

Your request number is DCA-BPPE-Program-038647.

#### Next Steps:

- 1. Complete submission of Institution Data; OR
- 2. Complete submission of ALL approved Program Data; OR
- 3. Complete submission of Branch Location Data (if applicable); OR
- 4. Complete submission of Satellite Location Data (if applicable); OR
  - 5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 574-8900, press "7" when prompted.

2022 Program Data

# Institution Information



# **Bureau for Private** Postsecondary Education

**Department of Consumer Affairs** 

# 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

# 2022 BPPE Annual Report - Program - Institution Data

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

1. Report Year \*

2022

2. Institution Code \*

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

1921141

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.

Valley College of Medical Careers

# Program Name

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

#### **Not Checked**

4. Name of Program \*

#### **Medical Assisting**

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

#### Diploma/Certificate

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

#### Medical/Clinical Assistant.

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

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

#### **Not Checked**

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

36

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

9. Total Charges for this Program \*

#### \$15,950.00

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

99

76

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

43

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

13

16. 150% Graduates?

24

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

No

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

37

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

35.13514

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

64,86486

# Placement Data

# 2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked** 

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

35

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

77.14286

20. Graduates Employed in the Field

\*

If none, indicate "0".

27

22. Graduates employed in the field...

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

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

23. Indicate the number of graduates employed...

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

#### 27

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

#### 0

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

#### 0

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

0

# Allied Health

# 2022 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

#### **Not Checked**

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

#### Yes

24a. Select the Allied Health Professions requiring clinical training.

#### **Medical Assistant**

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name License or FIEN # Program Name Total Number of S Number of Studen tudents ts Proficient in La

				nguages Other th an English
AME Medical Gro	95-4633209	Medical Assisting	2	0
Arleta Urgent Car e	473916303	Medical Assisting	1	0
Cardiovascular In situte of LA	90-0034697	Medical Assisting	2	0
CMR Wellness Ce nter	862507472	Medical Assisting	1	0
Del Carmen Medi cal Group	844-239-231	Medical Assisting	9	0
Mojden Zafaranch i MD Inc	954615851	Medical Assisting	2	0
Regatta Health	364599322	Medical Assisting	1	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Donation or Compensation Am

Type of Consideration

Site Name

ount

# Exam Passage Rate

# 2022 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

**Not Checked** 

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

No

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

# Salary Data

# 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

**Not Checked** 

#### 43. Graduates Available for Employment

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

35

#### 44. Graduates Employed in the Field

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

27

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 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>0</b>	<b>0</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>11</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
10	6

\$40,001 - \$45,000 \* \$45,001 - \$50,000 \* \$50,001 - \$55,000 \* \$55,001 - \$60,000 \* 0 0 \$60,001 - \$65,000 \* \$65,001 - \$70,000 \* 0 \$70,001 - \$75,000 \* \$75,001 - \$80,000 \* \$80,001 - \$85,000 \* \$85,001 - \$90,000 \* 0 0 \$95,001 - \$100,000 \* \$90,001 - \$95,000 \* 0 0 Over \$100,000 \* 0



#### Thank You

#### 2022 Annual Report

Program Data Submission:

Institution Name: Valley College of Medical Careers
Institution Code: 1921141

Program Name: Medical Billing and Coding

Your request number is DCA-BPPE-Program-038907.

#### Next Steps:

- 1. Complete submission of Institution Data; OR
- 2. Complete submission of ALL approved Program Data; OR
- 3. Complete submission of Branch Location Data (if applicable); OR
- 4. Complete submission of Satellite Location Data (if applicable); OR
  - 5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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### Institution Information



# 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2022 BPPE Annual Report - Program - Institution Data

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

1. Report Year \*

2022

2. Institution Code \*

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

1921141

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.

Valley College of Medical Careers

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

#### **Not Checked**

4. Name of Program \*

#### **Medical Billing and Coding**

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

#### **Diploma/Certificate**

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

#### 51.0714 - Medical Insurance Specialist/Medical Biller.

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

# Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

#### **Not Checked**

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

10

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

9, Total Charges for this Program \*

#### \$15,950.00

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".

13

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

4

16, 150% Graduates?

6

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

No

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

8

15. Completion Rate

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

50

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

75

### Placement Data

# 2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked** 

19. Graduates Available for

Employment \*

If none, indicate "0".

ጸ

20. Graduates Employed in the Field

\*

If none, indicate "0".

8

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".

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

0

8

23. Indicate the number of graduates employed...

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

8

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

0

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

0

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

0

### Allied Health

# 2022 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

**Not Checked** 

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

No

# Exam Passage Rate

2022 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

**Not Checked** 

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

No

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

# Salary Data

# 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

#### **Not Checked**

#### 43. Graduates Available for Employment

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

8

#### 44. Graduates Employed in the Field

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

8

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

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

\$0 - \$5,000 *	\$5,001 <b>-</b> \$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 *
2	6
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0



#### Thank You

#### 2022 Annual Report

Program Data Submission:

Institution Name: Valley College of Medical Careers
Institution Code: 1921141

Program Name: AAS Health Administration

Your request number is DCA-BPPE-Program-038903.

#### Next Steps:

- 1. Complete submission of Institution Data; OR
- 2. Complete submission of ALL approved Program Data; OR
- 3. Complete submission of Branch Location Data (if applicable); OR
- 4. Complete submission of Satellite Location Data (if applicable); OR
  - 5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 574-8900, press "7" when prompted.

### Institution Information



# 2022 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

# 2022 BPPE Annual Report - Program - Institution Data

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

1. Report Year \*

2022

2. Institution Code \*

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

1921141

Institution Name (auto-populated) \*

If a valid Institution Code is entered in question #2, the Institution Name will autopopulate. 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.

Valley College of Medical Careers

# 2022 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

#### **Not Checked**

4. Name of Program \*

#### **AAS 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. \*

#### **Associate**

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 Administration.

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

### Financial and Graduation

# 2022 BPPE Annual Report - Program - Financial Data and Graduation Rates

Display Instructions for #8 - #18 (Toggle)

#### **Not Checked**

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

2

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

9. Total Charges for this Program \*

#### \$25,950.00

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

100

100

12. Number of Students Who Began the Program \*

If none, indicate "0".

3

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

2

16, 150% Graduates?

0

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

No

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

2

15. Completion Rate
This is a calculated field based on

100

#14 and #13.

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

0

## Placement Data

# 2022 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked** 

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

2

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

100

20. Graduates Employed in the Field

If none, indicate "0".

2

22. Graduates employed in the field...

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

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

2

0

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

# 2022 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)

**Not Checked** 

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

No

# Exam Passage Rate

# 2022 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)

**Not Checked** 

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

No

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

# Salary Data

# 2022 BPPE Annual Report - Program - Salary Data

Display Instructions for #43-45 (Toggle)

#### **Not Checked**

#### 43. Graduates Available for Employment

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

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 *	\$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 *
2	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

# Submit Annual Report Package to BPPE



# **Bureau for Private Postsecondary Educat**

**Department of Consumer Affairs** 

# 2022 Annual Report Submit to BPPE

(Printer Friendly Annual Report Instructions Document)

# 2022 BPPE Annual Report - Submit Annual Report Package to BPPE

1. Report Year \*

#### 2022

#### 2. Institution Code \*

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

#### 1921141

#### 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.

#### Valley College of Medical Careers

4. Name of Responsible Officer submitting online Annual Report? \*

#### STEPHANIE CALNEK

5. Responsible Officer - Phone \*

#### (818) 883-9002

6. Responsible Officer - Email \*

#### Scalnek@vcmc.edu

7. Have you completed ONE Institution Data workflow for this Annual Report online submission? \*

#### Yes

8. Have you completed ONE Program Data workflow PER OFFERED PROGRAM for this Annual Report online submission? \*

#### Yes

9. Have you completed ONE Branch Data workflow PER BRANCH LOCATION for this Annual Report online submission? \*

#### No Branch Locations

10. Have you completed ONE Satellite Data workflow PER SATELLITE LOCATION for this Annual Report online submission? \*

No Satellite Locations

# 2022 Annual Report Certification

The certification must be signed by a responsible officer of the institution.

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report.

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

#### Signature



# 2022 Submit To BPPE



#### "Submit to BPPE" Workflow Confirmation

This notice is a confirmation that the Bureau for Private Postsecondary Education (Bureau) has received the "Submit to BPPE" workflow for the (1. Report Year: 2022) Annual Report.

The "Submit to BPPE" workflow will update all completed workflows from "Ready to Send" status to "Analyst Review". During the analyst review process, you may be contacted by email to log into the <u>Annual Report Portal (https://dca.prod.simpligov.com/)</u> if any deficiencies are found in your submission.

You are reminded that Pursuant to 5 CCR §74110 (f)(6), financial statements are not permitted to be filed via the Bureau's online portal and shall be filed by providing or mailing hard copies directly to:

Bureau for Private Postsecondary Education

Attn: Annual Report Unit

- 1747 North Market Blvd, Suite 225, Sacramento, CA 95834; or
- P.O. Box 980818, West Sacramento, CA 95798-0818

Failure to submit a complete annual report pursuant to California Education Code section 94934 and Title 5 of the California Code of Regulations section 74110 may result in a citation and fine of up to \$5,000.00 per violation and/or additional disciplinary action.

If you have any questions, please contact the Annual Report Unit by email at <a href="mailto:bppe.annualreport@dca.ca.gov">bppe.annualreport@dca.ca.gov</a>) or by phone at (916) 574-8900, press "7" when prompted. Please reference the following:

Request #: DCA-BPPE-Finalize-010662

Institution Name: Valley College of Medical Careers

Institution Code: 1921141

Rec	uest:		

POST: https://bppews.dca.ca.gov/v1/batchsubmit-customer

Authorization: Bearer

eyJhbGciOiJIUzI1NiIsInR5cCl6lkpXVCJ9.eyJkZXNjcmlwdGlvbil6lmF1dG8tZ2VuZXJhdGVkliwiaWF0ljoxNTQ1MzI0OTU2LCJleHAiOjl0OTE0MDQ5NTYsImlzcyl6lkNBLURDQS1CUFBFliwic3ViljoiYXV0by1nZW5lcmF0ZWQifQ.9s

U4zQgTVr34W1jiPsgP0Wim-7ZFeDOnave5493a\_Bg

Content-Type: application/json

{"institutionCode": "1921141", "year": 2022}

#### Response:

200 OK

X-Powered-By:Express

ETag:W/"2-nOO9QiTIwXgNtWtBJezz8kv3SLc"

Date:Tue, 28 Nov 2023 22:17:07 GMT

Keep-Alive:timeout=5

Set-Cookie:91490a2cbca3d10205c1f1b85f481b11=00bab74c1174362ac431bea39b739c47; Path=/; Version=1;

Secure; Httponly,

BIGipServerpool\_openshift4b\_apps\_80=!MtBCqk1MlQlj8TGhCTbd6YP11tir5qzFDikEpveYiUeOeJQzbch425EPW

HVjAUM98iUHGFlb+e49Wts=; Path=/; Version=1; Secure; Httponly

X-XSS-Protection:1; mode=block X-Frame-Options:SAMEORIGIN

X-Content-Type-Options:nosniff

Referrer-Policy:strict-origin-when-cross-origin

Strict-Transport-Security:max-age=16070400; includeSubdomains; preload

Cache-Control:max-age=16070400; includeSubdomains; preload

Transfer-Encoding:chunked

Content-Type:text/html; charset=utf-8

OK	

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