Institution Data

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *
2024

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.
2700541

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.
Central Coast College

4. Street Address (Physical Location) *
1450 N. Main Street

5. City *
Salinas

6. State *
CA

7. Zip Code *
93906

8. Select the type of business organization for this institution *
For profit corporation

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

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

Graduate Identification Data

2024 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_2024 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, 2024 and December 31, 2024. 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_2024 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_2024.xlsx

Upload completed Excel or CSV here *
AR_LaborMarketData_2024.xlsx

Fees / Accreditation

2024 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 Council for Continuing Education and Training

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

BVNPT, AVMA, CDPH

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

2024 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)
Checked

Instructions

(Printer Friendly Annual Report Instructions Document)

21. Provide the percentage of institutional income in the Report Year derived from public funding. (Add #15, #16, #17, and #19. Divide the sum by Institution's Total Revenue) All money that is generated by the government to provide services to the general public is "public funding."

23. Provide the percentage of institutional income during this reporting year derived from any non-government financial aid. All non-government financial aid divided by total revenue.

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

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? *

$6,945,511.00

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? *

$65,446.91

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

Yes

17a. What is the total amount of Cal Grant Funds received by your institution in this Reporting Year? *

$261,305.00

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? *

$88,728.50

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

No

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

83

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

Yes

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

Private Loans

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

2

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".

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

$11,532.00

Offerings

2024 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".
942

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

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

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

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

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) *
If none, indicate "0".
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".
5

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".
201

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".
13

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".
741

Total Program Count
18

Website / Uploads

2024 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.centralcoastcollege.edu

38. Upload School Performance Fact Sheet *
Required file format = PDF
2023-24 CCCsal all.pdf

39. Upload Catalog *
Required file format = PDF
CCC Catalog Updated 12 9 2024.pdf

40. Upload Enrollment Agreement *
Required file format = PDF
CCC EA 6 19 2025.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

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Advanced Phlebotomy

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. *

Other

5a. If "Other" was indicated in #5, please specify *

Avocational

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)

51.1009 - Phlebotomy/Phlebotomist.

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

31-9097 - Phlebotomists

Financial and Graduation

2024 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 *

$2,040.00

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".

6

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

6

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

5

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

83.33333

16. 150% Graduates?

5

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

83.33333

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

No

Placement Data

2024 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

2024 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

2024 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

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Computer Specialist: Accounting

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)

52.0302 - Accounting Technology/Technician and Bookkeeping.

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

43-3031 - Bookkeeping, Accounting, and Auditing Clerks

Financial and Graduation

2024 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".

8

9. Total Charges for this Program *

$19,340.00

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

62

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".

11

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

11

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

1

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

9.09091

16. 150% Graduates?

8

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

72.72727

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

No

Placement Data

2024 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".
0

22b. at least 30 hours per week *
If none, indicate "0".
5

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
5

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

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

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

Allied Health

2024 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

2024 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

2024 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.
6

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
5

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

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

$0 - $5,000 *
0

$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 *
4

$40,001 - $45,000 *
0

$45,001 - $50,000 *
1

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Cardiac Sonography Associate of Applied Science

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

Associate

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

51.0901 - Cardiovascular Technology/Technologist.

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

29-2031 - Cardiovascular Technologists and Technicians

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

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

0

9. Total Charges for this Program *

$0.00

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

0

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

0

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

0

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

0

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

0

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

16. 150% Graduates?

0

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

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

No

Placement Data

2024 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

2024 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

2024 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

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Dental Assisting

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

Diploma/Certificate

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

51.0601 - Dental Assisting/Assistant.

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

31-9091 - Dental Assistants

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

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

0

9. Total Charges for this Program *

$0.00

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

0

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

0

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

0

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

0

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

0

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

16. 150% Graduates?

0

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

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

No

Placement Data

2024 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

2024 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

2024 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

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Medical Assisting

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

Diploma/Certificate

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

51.0801 - Medical/Clinical Assistant.

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

31-9092 - Medical Assistants

Financial and Graduation

2024 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".

177

9. Total Charges for this Program *

$19,340.00

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 *

90

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

218

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

212

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

121

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

57.07547

16. 150% Graduates?

177

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

83.49057

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
If none, indicate "0".
151

20. Graduates Employed in the Field *
If none, indicate "0".
106

21. Placement Rate
This is a calculated field based on #17 and #18.
70.19868

22. Graduates employed in the field...

22a. 20 to 29 hours per week *
If none, indicate "0".
5

22b. at least 30 hours per week *
If none, indicate "0".
101

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
106

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

2024 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 Students	Number of Students Proficient in Languages Other than English

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

Site Name	Donation or Compensation Amount	Type of Consideration

Exam Passage Rate

2024 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

2024 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.
151

44. Graduates Employed in the Field
This field is auto-populated based on your entry in #18.
106

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 *

4

$20,001 - $25,000 *

1

$25,001 - $30,000 *

0

$30,001 - $35,000 *

7

$35,001 - $40,000 *

20

$40,001 - $45,000 *

29

$45,001 - $50,000 *

38

$50,001 - $55,000 *

4

$55,001 - $60,000 *

2

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Medical Administrative Assistant

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)

51.0716 - Medical Administrative/Executive Assistant and Medical Secretary.

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

43-6013 - Medical Secretaries and Administrative Assistants

Financial and Graduation

2024 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 *

$19,340.00

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

2024 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

2024 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

2024 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

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Magnetic Resonance Imaging Associate of Applied Science

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

Associate

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

51.0920 - Magnetic Resonance Inmaging (MRI) Technology/Technician

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

29-2035 - Magnetic Resonance Imaging Technologists

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

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

0

9. Total Charges for this Program *

$0.00

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

0

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

0

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

0

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

0

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

0

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

16. 150% Graduates?

0

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

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

No

Placement Data

2024 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

2024 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

2024 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

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Nursing Assistant

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)

51.1614 - Nurse/Nursing Assistant/Aide and Patient Care Assistant.

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

31-1131 - Nursing Assistants

Financial and Graduation

2024 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".

102

9. Total Charges for this Program *

$3,255.00

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".

105

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

105

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

94

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

89.52381

16. 150% Graduates?

102

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

97.14286

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
If none, indicate "0".
94

20. Graduates Employed in the Field *
If none, indicate "0".
70

21. Placement Rate
This is a calculated field based on #17 and #18.
74.46809

22. Graduates employed in the field...

22a. 20 to 29 hours per week *
If none, indicate "0".
15

22b. at least 30 hours per week *
If none, indicate "0".
55

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
70

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

2024 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.
Certified Nurse 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 Students	Number of Students Proficient in Languages Other than English

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

Site Name	Donation or Compensation Amount	Type of Consideration

Exam Passage Rate

2024 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

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

CDPH

28. Name of State Exam *

NNAAP

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

99

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

84

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.

84.84848

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

Yes

33a. Name of Agency *

CDPH

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

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

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

CDPH

36. Name of State Exam *

NNAAP

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

103

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

99

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

4

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

96.1165

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

Yes

41a. Name of Agency *

NNAAP

Salary Data

2024 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.

94

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

70

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 *

4

$20,001 - $25,000 *

10

$25,001 - $30,000 *

1

$30,001 - $35,000 *

2

$35,001 - $40,000 *

3

$40,001 - $45,000 *

17

$45,001 - $50,000 *

25

$50,001 - $55,000 *

5

$55,001 - $60,000 *

2

$60,001 - $65,000 *

0

$65,001 - $70,000 *

1

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Phlebotomy 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. *

Other

5a. If "Other" was indicated in #5, please specify *

Avocational

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)

51.1009 - Phlebotomy/Phlebotomist.

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

31-9097 - Phlebotomists

Financial and Graduation

2024 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".

14

9. Total Charges for this Program *

$4,400.00

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".

15

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

15

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

1

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

6.66667

16. 150% Graduates?

14

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

93.33333

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

No

Placement Data

2024 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

2024 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.

Phlebotomist

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 Students	Number of Students Proficient in Languages Other than English
Central Coast Total Wellness	N/A	Phlebotomy Technician	1	0

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

Site Name	Donation or Compensation Amount	Type of Consideration

Exam Passage Rate

2024 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

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

CDPH

28. Name of State Exam *

CPT

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

11

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

9

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

2

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

81.81818

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

Yes

33a. Name of Agency *

CDPH

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

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

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

CDPH

36. Name of State Exam *

CPT

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

6

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

5

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

1

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

83.33333

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

Yes

41a. Name of Agency *

CDPH

Salary Data

2024 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

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

0

$20,001 - $25,000 *

0

$25,001 - $30,000 *

0

$30,001 - $35,000 *

0

$35,001 - $40,000 *

0

$40,001 - $45,000 *

0

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 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)

51.0805 - 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)

29-2052 - Pharmacy Technicians

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

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

0

9. Total Charges for this Program *

$0.00

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

0

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

0

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

0

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

0

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

0

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

16. 150% Graduates?

0

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

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

No

Placement Data

2024 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

2024 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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

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

Site Name	Donation or Compensation Amount	Type of Consideration

Exam Passage Rate

2024 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

2024 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

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

0

$20,001 - $25,000 *

0

$25,001 - $30,000 *

0

$30,001 - $35,000 *

0

$35,001 - $40,000 *

0

$40,001 - $45,000 *

0

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Sterile Processing 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)

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

31-9093 - Medical Equipment Preparers

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

8. Number of Degrees, Diplomas or Certificates Awarded *

If none, indicate "0".

0

9. Total Charges for this Program *

$0.00

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

0

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

0

12. Number of Students Who Began the Program *

If none, indicate "0".

0

13. Number of Students Available for Graduation *

If none, indicate "0".

0

14. Number of On-time Graduates *

If none, indicate "0".

0

15. Completion Rate

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

16. 150% Graduates?

0

17. 150% Completion Rate

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

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

Placement Data

2024 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

2024 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

2024 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

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Associate of Applied Science in Surgical Technology

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

Associate

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

51.0909 - Surgical Technology/Technologist.

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

29-2055 - Surgical Technologists

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

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

0

9. Total Charges for this Program *

$0.00

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

0

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

0

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

0

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

0

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

0

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

16. 150% Graduates?

0

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

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

No

Placement Data

2024 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

2024 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.
Surgical 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 FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English

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

Site Name	Donation or Compensation Amount	Type of Consideration

Exam Passage Rate

2024 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

2024 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

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

0

$20,001 - $25,000 *

0

$25,001 - $30,000 *

0

$30,001 - $35,000 *

0

$35,001 - $40,000 *

0

$40,001 - $45,000 *

0

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

0

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0

Institution Information | Program Name | Financial and Graduation | Placement Data | Allied Health | Exam Passage Rate | Salary Data

Bureau for Private Postsecondary Education
Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document) (https://www.bppe.ca.gov/annual_report/instructions.pdf)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Save Next

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Ultrasound Technician Associate of Applied Science

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

Associate

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

51.0910 - Diagnostic Medical Sonography/Sonographer and Ultrasound Technician.

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

29-2032 - Diagnostic Medical Sonographers

Financial and Graduation

2024 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".

28

9. Total Charges for this Program *

$59,120.00

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

89

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

93

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

36

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

36

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

19

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

52.77778

16. 150% Graduates?

28

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

77.77778

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

No

Placement Data

2024 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *
If none, indicate "0".
24

20. Graduates Employed in the Field *
If none, indicate "0".
16

21. Placement Rate
This is a calculated field based on #17 and #18.
66.66667

22. Graduates employed in the field...

22a. 20 to 29 hours per week *
If none, indicate "0".
7

22b. at least 30 hours per week *
If none, indicate "0".
9

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
16

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

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked

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

24a. Select the Allied Health Professions requiring clinical training.
Diagnostic Medical Sonographer

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
4D Little Miracle	N/A	Ultrasound Technician Associate of Applied Science	1	0
Associates for Women's health	N/A	Ultrasound Technician Associate of Applied Science	1	0
Babyview Ultrasounds	N/A	Ultrasound Technician Associate of Applied Science	1	0
Cardiovascular Associates of Santa Cruz	N/A	Ultrasound Technician Associate of Applied Science	4	0
CHOMP	N/A	Ultrasound Technician Associate of Applied Science	3	0
Med Pixels	N/A	Ultrasound Technician Associate of Applied Science	18	0
Salinas Pediatrics Medical Group	N/A	Ultrasound Technician Associate of Applied Science	2	0
Salinas Valley Imaging Center	N/A	Ultrasound Technician Associate of Applied Science	2	0
Scanbabies	N/A	Ultrasound Technician Associate of Applied Science	8	0
Secret Stork Ultrasound	N/A	Ultrasound Technician Associate of Applied Science	2	0
Soledad Medical Clinic	N/A	Ultrasound Technician Associate of Applied Science	10	0
Take A Peek Boutique	N/A	Ultrasound Technician Associate of Applied Science	26	0

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

Site Name	Donation or Compensation Amount	Type of Consideration
4D Little Miracle	500	Per Student Per Month
Scanbabies	600	Per Student Per Month
Secret Stork Ultrasound	500	Per Student Per Month
Soledad Medical Clinic	500	Per Student Per Month
Take A Peek Boutique	700	Per Student Per Month

Exam Passage Rate

2024 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

2024 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.

24

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

16

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 *
7

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
2

$35,001 - $40,000 *
1

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
1

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
3

$90,001 - $95,000 *
0

$95,001 - $100,000 *
2

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Veterinary Assistant

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)

51.0808 - Veterinary/Animal Health Technology/Technician and Veterinary Assistant.

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

31-9096 - Veterinary Assistants and Laboratory Animal Caretakers

Financial and Graduation

2024 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".

37

9. Total Charges for this Program *

$19,340.00

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 *

70

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

50

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

50

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

19

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

38

16. 150% Graduates?

37

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

74

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

No

Placement Data

2024 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".
25

21. Placement Rate
This is a calculated field based on #17 and #18.
75.75758

22. Graduates employed in the field...

22a. 20 to 29 hours per week *
If none, indicate "0".
7

22b. at least 30 hours per week *
If none, indicate "0".
18

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *
If none, indicate "0".
25

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

2024 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

2024 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

2024 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.
25

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 *
3

$20,001 - $25,000 *
3

$25,001 - $30,000 *
1

$30,001 - $35,000 *
4

$35,001 - $40,000 *
6

$40,001 - $45,000 *
6

$45,001 - $50,000 *
1

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Vocational Nursing

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

Diploma/Certificate

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

51.1613 - Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert., Dipl, AAS).

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

29-2061 - Licensed Practical and Licensed Vocational Nurses

Financial and Graduation

2024 BPPE Annual Report - Program - Financial Data and Graduation Rates

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

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

0

9. Total Charges for this Program *

$0.00

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

0

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

0

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

0

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

0

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

0

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

16. 150% Graduates?

0

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

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

No

Placement Data

2024 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

2024 BPPE Annual Report - Program - Allied Health Professionals

Display Instructions for #24-25 (Toggle)
Not Checked

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

24a. Select the Allied Health Professions requiring clinical training.
Licensed Vocational Nurse

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

Site Name	License or FIEN #	Program Name	Total Number of Students	Number of Students Proficient in Languages Other than English
Windsor The Ridge Rehabilitation Center	N/A	Vocational Nursing	11	0
Pacific Coast Post Acute	N/A	Vocational Nursing	11	0
Doctors on Duty: Marina	N/A	Vocational Nursing	6	0
Doctors on Duty: Seaside	N/A	Vocational Nursing	5	0
Doctors on Duty: Monterey	N/A	Vocational Nursing	6	0
Gonzales Medical Group	N/A	Vocational Nursing	5	0
Clinica de Salud	N/A	Vocational Nursing	3	0
Pacific Coast Pediatrics	N/A	Vocational Nursing	1	0

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

Site Name	Donation or Compensation Amount	Type of Consideration

Exam Passage Rate

2024 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

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

28. Name of State Exam *
NCLEX-VN

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 *
BVNPT

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

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

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

36. Name of State Exam *
NCLEX-VN

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

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

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

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

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

41a. Name of Agency *
BVNPT

Salary Data

2024 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

$5,001 - $10,000 *
0

$10,001 - $15,000 *
0

$15,001 - $20,000 *
0

$20,001 - $25,000 *
0

$25,001 - $30,000 *
0

$30,001 - $35,000 *
0

$35,001 - $40,000 *
0

$40,001 - $45,000 *
0

$45,001 - $50,000 *
0

$50,001 - $55,000 *
0

$55,001 - $60,000 *
0

$60,001 - $65,000 *
0

$65,001 - $70,000 *
0

$70,001 - $75,000 *
0

$75,001 - $80,000 *
0

$80,001 - $85,000 *
0

$85,001 - $90,000 *
0

$90,001 - $95,000 *
0

$95,001 - $100,000 *
0

Over $100,000 *
0

Institution Information

Bureau for Private Postsecondary Education

Department of Consumer Affairs

2024 Annual Report

Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

2024 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 *

2024

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.

2700541

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.

Central Coast College

Program Name

2024 BPPE Annual Report - Program - Program Name

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

4. Name of Program *

Veterinary Technology

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

Associate

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

51.0808 - Veterinary/Animal Health Technology/Technician and Veterinary Assistant.

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

29-2056 - Veterinary Technologists and Technicians

Financial and Graduation

2024 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

9. Total Charges for this Program *

$40,220.00

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

77

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".

7

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

7

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

0

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

0

16. 150% Graduates?

6

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

85.71429

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

No

Placement Data

2024 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".
2

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".
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

2024 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

2024 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

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

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

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

28. Name of State Exam *
VTNE

29. Number of Graduates Taking State Exam *
If none, indicate "0".
4

30. Number Who Passed the State Exam *
If none, indicate "0".
3

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.
75

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

33a. Name of Agency *
AVMA

Exam Passage Rate - Year 2

2024 BPPE Annual Report - Program - Exam Passage Rate Data - 2024

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

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

AVMA

36. Name of State Exam *

VTNE

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

4

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

1

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.

25

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

Yes

41a. Name of Agency *

AVMA

Salary Data

2024 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.

6

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

5

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

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

$0 - $5,000 *

0

$5,001 - $10,000 *

0

$10,001 - $15,000 *

0

$15,001 - $20,000 *

1

$20,001 - $25,000 *

1

$25,001 - $30,000 *

0

$30,001 - $35,000 *

0

$35,001 - $40,000 *

0

$40,001 - $45,000 *

2

$45,001 - $50,000 *

0

$50,001 - $55,000 *

0

$55,001 - $60,000 *

1

$60,001 - $65,000 *

0

$65,001 - $70,000 *

0

$70,001 - $75,000 *

0

$75,001 - $80,000 *

0

$80,001 - $85,000 *

0

$85,001 - $90,000 *

0

$90,001 - $95,000 *

0

$95,001 - $100,000 *

0

Over $100,000 *

0