BPPE Institutions Annual Report for 2012

Please Review your data below before submitting it to the database. Additionally, please note that you have a few options in terms of receiving copies of this information:

1. **If you’d like an email containing this data sent to you, please enter your email address into the textbox located just above the Captcha section towards the bottom of this form.**
2. **After you click on the “Submit to Database” button below, please follow the instructions to complete this section of the annual report process.**
1. Report for Year: 2012

2. Institution Name: Everest College

3. Institution Code (Enter institutional code (main location)): 1924201

4. Street Address (Physical Location): 1231 Cabrillo Avenue, Suite 201

5. City: Torrance
   6. State: California

7. Zip Code: 90501

8. Number of Branch Locations: 0
9. Number of Satellite Locations: 0

10. Is this institution current with all assessments to the Student Tuition Recovery Fund?
    
    Yes ☐ No ☐

11. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Select from the drop down box, and refer to the online instructions for selecting more than one accrediting agency. Include only full institutional approval, not programmatic approval.

    Yes ☐ No ☐

*If you answered yes to the question above, please identify the accrediting agency. Please note that you can select more than one agency - in order to accomplish this make sure that you do the following:

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

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

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

    ASHP and ABHES

13. Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.

    Yes ☐ No ☐

14. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?

    Yes ☐ No ☐
Accrediting Commission for Acupuncture and Oriental Medicine
Accrediting Commission for Midwifery Education
Accrediting Bureau of Health Education Schools
Accrediting Commission of Career Schools and Colleges
Accrediting Council for Continuing Education and Training
Accrediting Council for Independent Colleges and Schools
American Bar Association, Council of the Section of Legal Education and Admissions to the Bar
American Board of Funeral Service Education, Committee on Accreditation
American Dietetic Association, American Commission on Education in Nutrition and Dietetics Education
American Osteopathic Association, Commission on Osteopathic College Accreditation
American Podiatric Medical Association, Council on Podiatric Medical Education
Association for Biblical Higher Education, Commission on Accreditation
Association of Advanced Rabbinical and Talmudic Schools, Accreditation Commission
Commission on Accrediting of the Association of Theological Schools
Commission on Massage Therapy Accreditation
Council on Accreditation of Nurse Anesthesia Educational Programs
Council on Chiropractic Education, Commission on Accreditation
Council on Occupational Education, Commission (Formerly SACS-COEI)
Distance Education and Training Council, Accrediting Commission
Joint Review Committee on Education in Radiologic Technology
Middle States Commission on High Education
Middle States Commission on Secondary Schools
Midwifery Education Accreditation Council
Montessori Accreditation Council for Teacher Education, Commission on Accreditation
National Accrediting Commission of Cosmetology Arts and Sciences
National Accrediting Commission of Career Arts and Sciences, Inc.
National Association of Schools of Art and Design, Commission on Accreditation
National Association of Schools of Dance, Commission on Accreditation
National Association of Schools of Music, Commission on Accreditation
National Association of Schools of Theater, Commission on Accreditation
National League for Nursing Accrediting Commission
New England Association of Schools and Colleges, Commission on Institutions of Higher Education
New England Association of Schools and Colleges, Commission on Technical and Career Institutions
New York State Board of Regents, and the Commissioner of Education
North Central Association Commission on Accreditation and School Improvement, Board of Trustees
North Central Association of Colleges and Schools, The Higher Learning Commission
Northwest Commission on Colleges and Universities
Southern Association of Colleges and Schools, Commission on Colleges
Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges
Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities

program? If yes, please provide the name of the financial aid program

20. What is the total amount of public funding received by your institution in 2012:

21. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution:

22. The percentage of the students who attended this institution in 2012 who received federal student loans to help pay their cost of education at the school was:

23. Number of Doctorate Degrees Offered:

24. Number of Students enrolled in Doctorate level programs at this Institution:
Institutions maintaining an internet web page are required to post on their website the most recent Annual Report submitted to the Bureau, Catalog, and School Performance Fact Sheet (CEC §94913).

Link:
- Institution website: [http://www.everest.edu/campus/torrance](http://www.everest.edu/campus/torrance)
- Performance Fact Sheet: [http://www.everest.edu/multimedia/fact-sheets/SPFS155-TORRANCE](http://www.everest.edu/multimedia/fact-sheets/SPFS155-TORRANCE)
- Catalog: [http://www.everest.edu/multimedia/catalogs/Torrance_Catalog_0501](http://www.everest.edu/multimedia/catalogs/Torrance_Catalog_0501)
- Annual Report: [http://www.everest.edu/multimedia/annual_reports/BPPE_2011_AnR](http://www.everest.edu/multimedia/annual_reports/BPPE_2011_AnR)

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I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

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BPPE Institutions Annual Report for 2012 - Programs

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2. After you click on the "Submit to Database" button below, please follow the instructions to complete this section of the annual report process.
Institution Information

1. Report for Year: **2012**
2. Institution Code (Enter institutional code (main location)):
   1924201

Information for each Educational Program Offered at the Institution

3. Degree/Program Level: Diploma/Certificate
   If “Other”, please specify:

4. Degree/Program Title: Diploma or Certificate
   If “Other Doctorate”, “Other Master”, “Other Bachelor”, “Other Associate” or “Other” was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.):
   MEDICAL ASSISTANT

6. Number of Degrees or Diplomas Awarded: 64
7. Total Charges for this program $ 23112
8. Number of Students Who Began the Program: 92
9. Students Available for Graduation: 92
10. Graduates: 5
11. Completion Rate: 5
12. 150% Completion Rate: 58

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
   Yes  No

Placement

15. Graduates Employed in the Field: 1
16. Placement Rate: 20
17. Graduates employed in the field an average of less than 32 hours per week:
   0
18. Graduates employed in the field an average of 32 or more hours per week:
   1

Exam Passage Rate

19. Does this educational program lead to an occupation that requires licensing?
   Yes  No
   If “Yes”, please provide the information below:
   *(For each of the last two years):*
First Data Year

20. Year (YYYY): [*Select the Year*]  
21. Name of the licensing entity that licenses this field:  
22. Name of Exam:  
23. Number of Students Taking Exam:  
24. Number Who Passed the Exam:  
25. Number Who Failed the Exam:  
26. Passage Rate:  
27. Is this data from the licensing agency that administered the exam?  
   ☐ Yes  ☐ No  
   Name of Agency:  
28. If the response was “no” provide a description of the process used for attempting to contact students:

Second Data Year

29. Year (YYYY): [*Select the Year*]  
30. Name of the licensing entity that licenses this field:  
31. Name of Exam:  
32. Number of Students Taking Exam:  
33. Number Who Passed the Exam:  
34. Number Who Failed the Exam:  
35. Passage Rate:  
36. Is this data from the licensing agency that administered the exam?  
   ☐ Yes  ☐ No  
   Name of Agency:  
37. If the response was “no” provide a description of the process used for attempting to contact students:

38. ☐ If graduates have the option or requirement for more than one type of licensing exam click this box and provide the names of other licensing exam options:  
   Name of Option/Requirement:  
   Name of Option/Requirement:
Name of Option/Requirement: 

### Salary Data

40. Graduates Employed in the Field: 1
41. Graduates Employed in the Field Reported receiving the following Salary or Wage:

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 – $5,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$5001.00 – $10,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$10,001.00 - $15,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$15,001.00 - $20,000.00</td>
<td>1</td>
</tr>
<tr>
<td>$20,001.00 - $25,000.00</td>
<td>0</td>
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<tr>
<td>$25,001.00 - $30,000.00</td>
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<td>$30,001.00 - $35,000.00</td>
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<td>$35,001.00 - $40,000.00</td>
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<td>$40,001.00 - $45,000.00</td>
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<td>$50,001.00 - $55,000.00</td>
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<td>$60,001.00 - $65,000.00</td>
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<tr>
<td>$90,001.00 - $95,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$95,001.00 - $100,000.00</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000.00</td>
<td>0</td>
</tr>
</tbody>
</table>

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**Institution Information**

1. Report for Year: **2012**
2. Institution Code (Enter institutional code (main location)): 1924201

**Information for each Educational Program Offered at the Institution**

3. Degree/Program Level: Diploma/Certificate
   - If “Other”, please specify: 
4. Degree/Program Title: Diploma or Certificate
   - If “Other” Doctorate”, “Other Master”, “Other Bachelor”, “Other Associate” or “Other” was chosen, please specify: 
5. Name of Program (e.g. Business Administration, Massage, etc.): PHARMACY TECHNICI

6. Number of Degrees or Diplomas Awarded: 56
7. Total Charges for this program $16,478
8. Number of Students Who Began the Program: 60
9. Students Available for Graduation: 60
10. Graduates: 2
11. Completion Rate: 3%
12. 150% Completion Rate: 75%

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
   - Yes  No

**Placement**

14. Graduates Available for Employment: 2
15. Graduates Employed in the Field: 1
16. Placement Rate: 50%
17. Graduates employed in the field an average of less than 32 hours per week: 0
18. Graduates employed in the field an average of 32 or more hours per week: 1

**Exam Passage Rate**

19. Does this educational program lead to an occupation that requires licensing?
   - Yes  No
   If “Yes”, please provide the information below:

   *(For each of the last two years):*
First Data Year

20. Year (YYYY): *Select the Year*  
21. Name of the licensing entity that licenses this field:  
22. Name of Exam:  
23. Number of Students Taking Exam:  
24. Number Who Passed the Exam:  
25. Number Who Failed the Exam:  
26. Passage Rate:  
27. Is this data from the licensing agency that administered the exam?  
   ○ Yes  ○ No  
   Name of Agency:  
28. If the response was “no” provide a description of the process used for attempting to contact students:  

Second Data Year

29. Year (YYYY): *Select the Year*  
30. Name of the licensing entity that licenses this field:  
31. Name of Exam:  
32. Number of Students Taking Exam:  
33. Number Who Passed the Exam:  
34. Number Who Failed the Exam:  
35. Passage Rate:  
36. Is this data from the licensing agency that administered the exam?  
   ○ Yes  ○ No  
   Name of Agency:  
37. If the response was “no” provide a description of the process used for attempting to contact students:  

38. ☐ If graduates have the option or requirement for more than one type of licensing exam click this box and provide the names of other licensing exam options:  
   Name of Option/Requirement:  
   Name of Option/Requirement:  

https://www.dca.ca.gov/webapps/bppe/programs_confirm.php  8/15/2013
Name of Option/Requirement: Salary Data

39. Graduates Available for Employment: 2
40. Graduates Employed in the Field: 1
41. Graduates Employed in the Field Reported receiving the following Salary or Wage:

- $0 – $5,000.00: 0
- $5001.00 – $10,000: 0
- $10,001.00 - $15,000.00: 0
- $15,001.00 - $20,000.00: 0
- $20,001.00 - $25,000.00: 0
- $25,001.00 - $30,000.00: 0
- $30,001.00 - $35,000.00: 0
- $35,001.00 - $40,000.00: 0
- $40,001.00 - $45,000.00: 0
- $45,001.00 - $50,000.00: 0
- $50,001.00 - $55,000.00: 0
- $55,001.00 - $60,000.00: 0
- $60,001.00 - $65,000.00: 0
- $65,001.00 - $70,000.00: 0
- $70,001.00 - $75,000.00: 0
- $75,001.00 - $80,000.00: 0
- $80,001.00 - $85,000.00: 0
- $85,001.00 – $90,000.00: 0
- $90,001.00 - $95,000.00: 0
- $95,001.00 - $100,000.00: 0
- Over $100,000.00 : 0

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