

## 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 one Program 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.

3708721

## 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.

**PhlebotomyU**

## Program Name

## 2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

## 4. Name of Program \*

**Phlebotomy Full Course**

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)

**51.1009 - 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 *	9. Total Charges for this Program *	10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program *
If none, indicate "0".		If none, indicate "0".
<b>168</b>	<b>\$2,464.00</b>	<b>0</b>
11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program *	12. Number of Students Who Began the Program *	13. Number of Students Available for Graduation *
If none, indicate "0".	If none, indicate "0".	If none, indicate "0".
<b>0</b>	<b>202</b>	<b>202</b>
14. Number of On-time Graduates *	15. Completion Rate	16. 150% Graduates?
If none, indicate "0".	This is a calculated field based on #14 and #13.	
<b>166</b>	<b>82.17822</b>	<b>168</b>
17. 150% Completion Rate	18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? *	
This is a calculated field based on #16 and #13.		
<b>83.16832</b>	<b>No</b>	

## Placement Data

### 2024 BPPE Annual Report - Program - Placement Data

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

19. Graduates Available for Employment *	20. Graduates Employed in the Field *	21. Placement Rate
If none, indicate "0".	If none, indicate "0".	This is a calculated field based on #17 and #18.
<b>168</b>	<b>8</b>	<b>4.7619</b>

22. Graduates employed in the field...

22a. 20 to 29 hours per week *	22b. at least 30 hours per week *
If none, indicate "0".	If none, indicate "0".
<b>1</b>	<b>7</b>

23. Indicate the number of graduates employed...

23a. In a single position in the field of study *	23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) *
If none, indicate "0".	If none, indicate "0".
<b>6</b>	<b>2</b>
23c. Freelance/self-employed *	23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution *
If none, indicate "0".	If none, indicate "0".
<b>0</b>	<b>0</b>

## 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
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than English				
Marine Corps Recruit Depot	DOD9214001	Phlebotomy	78	0
Palomar Health-Escondido	05D2044832	Phlebotomy	8	0
Palomar Health-Poway	05D0668540	Phlebotomy	15	0
San Ysidro Health-King Chavez Health Center	05D0568712	Phlebotomy	12	0
Scripps Health-Carlsbad	05D1071362	Phlebotomy	2	0
Scripps Health-Carmel Valley	05D1071362	Phlebotomy	2	0
Scripps Health-Eastlake	05D1071362	Phlebotomy	3	0
Scripps Health-Encinitas	05D1071362	Phlebotomy	2	0
Scripps Health-Hillcrest	05D1071362	Phlebotomy	5	0
Scripps Health-Jefferson	05D0691203	Phlebotomy	3	0
Scripps Health-La Jolla AMP	05D1071362	Phlebotomy	5	0
Scripps Health-Mission Valley	05D1071362	Phlebotomy	7	0
Scripps Health-Oceanside	05D1071362	Phlebotomy	1	0
Scripps Health-Rancho Bernardo	05D0571647	Phlebotomy	1	0
Scripps Health-Rancho San Diego	05D1071362	Phlebotomy	4	0
Scripps Health-San Marcos	05D1071362	Phlebotomy	3	0
Scripps Health-Santee	05D1071362	Phlebotomy	5	0
Scripps Health-Torrey Pines	05D2081499	Phlebotomy	2	0
Scripps Health-Vista	05D1071362	Phlebotomy	2	0
San Diego LGBT Community Center	05D2104005	Phlebotomy	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
Marine Corps Recruit Depot	0	N/A
Palomar Health-Escondido	0	N/A
Palomar Health-Poway	0	N/A
San Ysidro Health-King Chavez Health Center	0	N/A
Scripps Health-Carlsbad	0	N/A
Scripps Health-Carmel Valley	0	N/A
Scripps Health-Eastlake	0	N/A
Scripps Health-Encinitas	0	N/A
Scripps Health-Hillcrest	0	N/A
Scripps Health-Jefferson	0	N/A
Scripps Health-La Jolla AMP	0	N/A
Scripps Health-Mission Valley	0	N/A
Scripps Health-Oceanside	0	N/A
Scripps Health-Rancho Bernardo	0	N/A
Scripps Health-Rancho San Diego	0	N/A
Scripps Health-San Marcos	0	N/A
Scripps Health-Santee	0	N/A
Scripps Health-Torrey Pines	0	N/A
Scripps Health-Vista	0	N/A
San Diego LGBT Community Center	0	N/A

## 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? \*

**Yes**

Name of Option/Requirement (1) \*

**National Center for Competency Testing (NCCT/MMCI)**

Name of Option/Requirement (2)

**National Healthcareer Association (NHA)**

Name of Option/Requirement (3)

**American Medical Technologists (AMT)**

Name of Option/Requirement (4)

**American Society of Clinical Pathology (ASCP)**

## 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 \*

**California Department of Public Health - Laboratory Field Services**

28. Name of State Exam \*

**Phlebotomy Technician**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**102**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**102**

31. Number Who Failed the State Exam

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

**0**

32. Passage Rate

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

**100**

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

**Yes**

33a. Name of Agency \*

**National Center for Competency Testing (NCCT/MMCI)**

## 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 \*

**California Department of Public Health - Laboratory Field Services**

36. Name of State Exam \*

**Phlebotomy Technician**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**166**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**166**

39. Number Who Failed the State Exam

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

**0**

40. Passage Rate

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

**100**

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

**Yes**

41a. Name of Agency \*

**National Center for Competency Testing (NCCT/MMCI)**

## 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.

**168****44. Graduates Employed in the Field**

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

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

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

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

## 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 one Program 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.

3708721

## 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.

PhlebotomyU

## Program Name

## 2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

Not Checked

## 4. Name of Program \*

Phlebotomy Didactic Only Course

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)

51.1009 - 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".

0

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

0

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

0

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

9. Total Charges for this Program \*  
If none, indicate "0".

\$1,489.00

10. The percentage of enrolled students in the reporting year receiving 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

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

16. 150% Graduates?

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

No

0

## 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
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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? \*

**Yes**

Name of Option/Requirement (1) \*

**National Center for Competency Testing (NCCT/MMCI)**

Name of Option/Requirement (2)

**National Healthcareer Association (NHA)**

Name of Option/Requirement (3)

**American Medical Technologists (AMT)**

Name of Option/Requirement (4)

**American Society of Clinical Pathology (ASCP)**

## 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 \*

**California Department of Public Health -  
Laboratory Field Services**

28. Name of State Exam \*

**Phlebotomy Technician**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**2**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**2**

31. Number Who Failed the State Exam

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

**0**

32. Passage Rate

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

**100**

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

**Yes**

33a. Name of Agency \*

**National Center for Competency Testing (NCCT/MMCI)**

## 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 \*

**California Department of Public Health -  
Laboratory Field Services**

36. Name of State Exam \*

**Phlebotomy Technician**

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**

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

**No**

42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students \*

**We did not have any students enroll in this course in the 2024 reporting period. No data to collect.**

## 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 *	\$5,001 - \$10,000 *	\$10,001 - \$15,000 *
<b>0</b>	<b>0</b>	<b>0</b>
\$15,001 - \$20,000 *	\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>0</b>	<b>0</b>	<b>0</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *	\$40,001 - \$45,000 *
<b>0</b>	<b>0</b>	<b>0</b>
\$45,001 - \$50,000 *	\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *	\$70,001 - \$75,000 *
<b>0</b>	<b>0</b>	<b>0</b>
\$75,001 - \$80,000 *	\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
<b>0</b>	<b>0</b>	<b>0</b>
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *	Over \$100,000 *
<b>0</b>	<b>0</b>	<b>0</b>

## 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 one Program 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.

3708721

## 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.

PhlebotomyU

## Program Name

## 2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

## 4. Name of Program \*

**Online Phlebotomy Advanced Course**

## 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)

**51.1009 - 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".

**28**

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

**0**

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

**28**

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

**0**

9. Total Charges for this Program \*

**\$939.00**

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

**0**

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

**29**

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

**29**

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

**96.55172**

16. 150% Graduates?

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".

**28**

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

**0**

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

**0**

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
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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? \*

**Yes**

Name of Option/Requirement (1) \*

**National Center for Competency Testing (NCCT/MMCI)**

Name of Option/Requirement (2)

**National Healthcareer Association (NHA)**

Name of Option/Requirement (3)

**American Medical Technologists (AMT)**

Name of Option/Requirement (4)

**American Society of Clinical Pathology (ASCP)**

## 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 \*

**California Department of Public Health - Laboratory Field Services**

28. Name of State Exam \*

**Phlebotomy Technician**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**41**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**41**

31. Number Who Failed the State Exam

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

**0**

32. Passage Rate

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

**100**

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

**No**

34. If the response to #33 was "No" provide a description of the process used for Attempting to Contact Students \*

**Some students provided copy of exam certificate upon registration. Other students were sent follow up emails after course completion about National Exam status. The Admin also checked the CDPH database for license status of students and those who were issued a license were determined to pass the National Exam since it is a requirement for licensure.**

## 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 \*

**California Department of Public Health - Laboratory Field Services**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**28**

36. Name of State Exam \*

**Phlebotomy Technician**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**20**

39. Number Who Failed the State Exam

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

**8**

40. Passage Rate

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

**71.42857**

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

**No**

42. If the response to #41 was "No" provide a description of the process used for Attempting to Contact Students \*

**Some students provided copy of exam certificate upon registration. Other students were sent follow up emails after course completion about National Exam status. The Admin also checked the CDPH database for license status of students and those who were issued a license were determined to pass the National Exam since it is a requirement for licensure.**

## 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.

**28**

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

## 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 one Program 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.

**3708721**

## 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.

**PhlebotomyU**

## Program Name

## 2024 BPPE Annual Report - Program - Program Name

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

## 4. Name of Program \*

**Blood Withdrawal Course**

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)

**51.1009 - 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".

9

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

0

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

9

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

0

9. Total Charges for this Program \*

\$620.00

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

0

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

9

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

9

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

100

16. 150% Graduates?

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".

9

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

0

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

0

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.

**9**

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