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**BPPE Annual Report for 2016 - Institution**

**Tracking Number:** 2017110241535

**Report for Year:** 2016

**Institution Name:** Annenberg School of Nursing

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 85210191

**Street Address (Physical Location):** 19300 Sherman Way

**City:** Reseda

**State:** California

**Zip Code:** 91335

**Check all that apply to this institution:**

**For profit institution:**

**Sole Proprietor:**

**Corporation:**

**Non-profit institution:** Non-profit institution

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**Is this institution current on Annual Fees?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval:** yes

**If you answered yes to the question above, please identify the accrediting agency:**  
Accrediting Bureau of Health Education Schools

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

**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.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?:** yes

**What is the total amount of Title IV funds received by your institution in 2016?:**  
180057

**Does your institution participate in veteran's financial aid education programs?:**  
no

**What is the total amount of veteran's financial aid funds received by your institution in 2016?:**

**Does your institution participate in the Cal Grant program?:** no

**What is the total amount of Cal Grant funds received by your institution in 2015?:**

**Is your institution on the California Eligible Training Provider List (ETPL)?:** no

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** no

**What is the total amount of WIOA funds received by your institution in 2016?:**

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** yes

**If yes, please indicate the name of the financial aid program:** Los Angeles Jewish Home, Jewish Free Loan Association

**The percentage of institutional income in 2016 that was derived from public funding:** 41

**Enter the most recent three-year Cohort Default Rate reported by the US Department of Education, for this institution:**

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was: 85**

**Total number of students enrolled at this institution: 60**

**Number of Doctorate Degrees programs Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees programs Offered: 0**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees programs Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees programs Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 3**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 60**

**Institution's website:** [www.asn.edu](http://www.asn.edu)

**Performance Fact Sheet:** [www.asn.edu](http://www.asn.edu)

**2016 Catalog:** [www.asn.edu](http://www.asn.edu)

**Annual Report:** [www.asn.edu](http://www.asn.edu)



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017110242429

**Report for Year:** 2016

**Institution Name:** Annenberg School of Nursing

**Institution Code:** 85210191

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** Other

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** Home Health Aide

**Name of Program (e.g. Business Administration, Massage, etc.):** Home Health  
Aide

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 500

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

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

no

#### **PLACEMENT**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

**Placement Rate:** 0

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 0

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):**  
0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** yes

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** California Department of Public Health

**Name of Exam:** HHA

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** 0

**Number Who Failed the State Exam:** 0

**Passage Rate:** 0

**Is this data from the State licensing agency that administered the exam?:** yes

**Name of Agency:** California Department of Public Health

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** California Department of Public Health

**Name of State Exam:** HHA

**Number of Graduates Taking State Exam:** 5

**Number Who Passed the State Exam:** 5

**Number Who Failed the State Exam:** 0

**Passage Rate:** 100

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

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

**\$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**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

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**BPPE Annual Report for 2016 – Programs****Tracking Number:** 2017110243312**Report for Year:** 2016**Institution Name:** Annenberg School of Nursing**Institution Code:** 85210191**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT  
THE INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:** Certified Nurse Assistant**Degree/Program Title:** Other**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** Certified Nurse Assistant**Name of Program (e.g. Business Administration, Massage, etc.):** Certified Nurse  
Assistant**Number of Degrees or Diplomas Awarded:** 94**Total Charges for this program (Report whole dollars only):** \$ 1400**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 0**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 0**Number of Students Who Began the Program:** 94**Students Available for Graduation:** 94



**On-time Graduates:** 94

**Completion Rate:** 100

**150% Completion Rate:** 0

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

no

**PLACEMENT**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

**Placement Rate:** 0

**Graduates employed in the field 20 to 29 hours per week:** 0

**Graduates employed in the field at least 30 hours per week:** 0

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):**  
0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:** 0

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?:** yes

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** California Department of Public Health

**Name of Exam:** Certified Nurse Assistant

**Number of Graduates Taking State Exam:** 49

**Number Who Passed the State Exam:** 49

**Number Who Failed the State Exam:** 0

**Passage Rate:** 100

**Is this data from the State licensing agency that administered the exam?:** yes

**Name of Agency:** California Department of Public Health

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** California Department of Public Health

**Name of State Exam:** Certified Nurse Assistant

**Number of Graduates Taking State Exam:** 43

**Number Who Passed the State Exam:** 43

**Number Who Failed the State Exam:** 2

**Passage Rate:** 96

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** California Department of Public Health

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

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

**\$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**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017110244101

**Report for Year:** 2016

**Institution Name:** Annenberg School of Nursing

**Institution Code:** 85210191

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Vocational Nurse

**Number of Degrees or Diplomas Awarded:** 11

**Total Charges for this program (Report whole dollars only):** \$ 25000

**The percentage of enrolled students in 2016 receiving federal student loans to pay  
for this program.** 85

**The percentage of graduates in 2016 who took out federal student loans to pay for  
this program.** 85

**Number of Students Who Began the Program:** 11

**Students Available for Graduation:** 8

**On-time Graduates: 8**

**Completion Rate: 73**

**150% Completion Rate: 0**

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

no

**PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time):**  
0

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:** Board of Vocational Nursing and Psychiatric Technicians

**Name of Exam:** NCLEX-PN

**Number of Graduates Taking State Exam: 8**

**Number Who Passed the State Exam: 8**

**Number Who Failed the State Exam: 0**

**Passage Rate: 100**

**Is this data from the State licensing agency that administered the exam?:** yes

**Name of Agency:** Board of Vocational Nursing and Psychiatric Technicians

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** Board of Vocational Nursing and Psychiatric Technicians

**Name of State Exam:** NCLEX-PN

**Number of Graduates Taking State Exam:** 6

**Number Who Passed the State Exam:** 6

**Number Who Failed the State Exam:** 0

**Passage Rate:** 100

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** Board of Vocational Nursing and Psychiatric Technicians

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

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

**\$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**