



Bureau for Private Postsecondary Education  
 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833  
 P.O. Box 980818, West Sacramento, CA 95798-0818  
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**NOTICE TO COMPLY – CA-93794235-0515 (Ed. Code § 94935, 5 CCR § 75010)**

Institution Name:	Valley School of Allied Health	Institution Telephone:	(818)206-5254
Institution Code:	93794235	Administrator Name:	Nonylon Pedraja and Cora Fajardo
Street Address:	18107 Sherman Way, Suite 101, Reseda, CA 91335	Date of Inspection:	5/06/2015

**Nature and Facts of the Violation(s):**

Education Code	Subsection and Description
§94902 - General Enrollment Requirements.	(a) A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement shall be signed by the student and by an authorized employee of the institution. <b>One sampled student file's enrollment agreement was not signed by the student.</b>



Code of Regulations	Subsection and Description
§71920 - Student Records.	(b) In addition to the requirements of section 94900, the file shall contain all of the following pertinent student records: (1) Written records and transcripts of any formal education or training, testing, or experience that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer credits including the following: (A) Verification of high school completion or equivalency or other documentation establishing the student's ability to do college level work, such as successful completion of an ability-to-benefit test. <b>Several sampled student files did not contain verification of high school completion or equivalency or other documentation establishing the student's ability to do college level work.</b>
§71920 - Student Records.	(b) In addition to the requirements of section 94900, the file shall contain all of the following pertinent student records: (10) A document specifying the amount of a refund, including the amount refunded for tuition and the amount for other itemized charges, the method of calculating the refund, the date the refund was made, and the name and address of the person or entity to which the refund was sent. <b>All withdrawn/dropped student files did not contain a document specifying the amount of a refund, including the amount refunded for tuition and the amount for other</b>

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Inspector's Initial: *LB*

Administrator's Initial: *M*


	itemized charges, the method of calculating the refund, the date the refund was made, and the name and address of the person or entity to which the refund was sent.
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Inspector's Name	Diana Boushteyn
Inspector's Signature	
Institution Administrator Name/Title:	Nonylon Pedraja/CEO
Institution Administrator's Signature:	

Education Code can be located at: [http://www.bppe.ca.gov/lawsregs/ppe\\_act.shtml](http://www.bppe.ca.gov/lawsregs/ppe_act.shtml)  
 Code of Regulations can be located at: <http://www.bppe.ca.gov/lawsregs/regs.shtml>

RETURN THIS FORM WITHIN THE SPECIFIED TIME FRAME WITH EITHER: 1) VERIFICATION OF COMPLIANCE OR 2) A NOTICE OF DISAGREEMENT

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Inspector's Initial: 

Administrator's Initial: 

**IMPORTANT COMPLIANCE NOTICE**

California Education Code §94935 and California Code of Regulations §75010 provide that the Bureau for Private Postsecondary Education (Bureau) shall issue a Notice to Comply for minor violations detected during a compliance inspection by the Bureau.

By no later than 30 days from the date of the inspection, you must either: 1) Remedy the noncompliance item(s), sign the below declaration and submit this form to the Bureau, along with documentation describing how compliance was achieved; or 2) File with the Bureau a written notice of disagreement, specifying the minor violation(s) described in the Notice to Comply with which you disagree, and appealing it by requesting an informal office conference. If a written notice of disagreement is not timely filed with the Bureau, the right to appeal is deemed to have been waived.

Failure to timely remedy the noncompliance item(s) or file a written request for an informal office conference may result in the Bureau taking administrative enforcement action.

**DECLARATION**

Attached to this document is a list describing how compliance was achieved for each violation and supporting documentation. I declare under penalty of perjury that all violations identified in this Notice to Comply are corrected as described in the attachment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**THIS DECLARATION OR A NOTICE OF DISAGREEMENT MUST BE SUBMITTED TO THE BUREAU BY JUNE 6, 2015**

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Inspector's Initial: *D*  
Administrator's Initial: *M*