

Instructions for Completing the 2011 Annual Report

Gather the information outlined on the first page of this document for the institution's main location and all branch locations, if any. Annual report data is institutional data that is aggregate for the main location and all branch locations.

Please note: You may exit the annual report and return only after a full page of the report has been completed and the "submit to database" button has been selected. If you exit the report and return you do not need to re-enter previous data, you may begin at the programs page or branch as is necessary. If you attempt to enter less than a full page or exit prior to submitting the full page, the data will be lost and the data will have to resubmitted. The Bureau recommends printing or emailing the data of each page to an email address as provided by the user when prompted.

Section #1 - Annual Report Institutions

1. Report for Year - 2011

2. **Institution Name** – ABC Educators Nursing School

3. **Institution Code** - 13317315

4. **Street Address** – 101 E. Redlands Blvd. Ste. 277

5. **City**- Redlands

6. **State**- California

7. **Zip Code**- 92373

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

11. **Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** – Yes

Enter the name of the accrediting agency - Board of Vocational Nursing and Psychiatric Technicians

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

13. **Has any accreditation agency taken any final disciplinary action against this institution?** - No

14. **Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?** No

15. **Does your institution participate in veteran's financial aid education programs?** No

16. **Does your institution participate in the Cal Grant program?** No

17. **Is your institution on the California's Eligible Training Provider List (ETPL)?** No

18. **Is your institution receiving funds from the Work Investment Act (WIA) Program?** No

19. **Does your institution participate in, or offer any additional financial aid program?** - No

20. **What is the total amount of public funding received by your institution in 2012?** \$0

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. – N/A

22. The percentage of the students who attended this institution in 2011 who received federal student loans to help pay their cost of education at the school was 100%

23. Number of Doctorate Degrees Offered - 0

24. Number of Students enrolled in Doctorate level programs at this institution - 0

25. Number of Master Degrees Offered - 0

26. Number of Students enrolled in Master level programs at this institution - 0

27. Number of Bachelor Degrees Offered - 0

28. Number of students enrolled in Bachelor programs at this institution - 0

29. Number of Associate Degrees Offered - 0

30. Number of Students enrolled in Associate programs at this institution - 0

31. Number of Diploma or Certificate Programs Offered - 1

32. Number of Students enrolled in diploma or certificate programs at this institution - 19

33. 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) - Please post the documents to your website prior to submitting the certification and provide the links to the institution's Annual Report, Catalog, and School Performance Fact Sheet below. If the institution does not maintain an internet website, leave this space blank. The institution will be required to mail a Flash Drive or CD containing a copy of the Annual Report, Catalog, and School Performance Fact Sheet to the Bureau, please refer to the Completion Check Sheet and Certification.

Links

Institution's Website: <http://stores.abceducators.com/-strse-LVN-Program/Categories.bok>

Performance Fact Sheet: <https://docs.google.com/file/d/1Js-EECYFJ4DB5TE08Ze1TDW0n4awfNeeBSriXGwTNo5eYD70IG4a8CaP-wT/edit?usp=sharing>

Catalog: https://docs.google.com/file/d/1sR8L245OdImly6xt7WW8kGXJSNAHVEsIP1SrCNmn_FQ3cxfvcK8MFBa0qwja/edit?usp=sharing

Annual Report: _____

When mailing the CD or flash drive to the Bureau, ensure that the CD or flash drive only contains the school catalog and School Performance Fact Sheet. The documents contained on the CD or flash drive will be posted to the Bureau's website. Therefore, the institution is responsible to ensure the CD or flash drive only contains the required, compliant documents and not any documents containing confidential data. Please also ensure the CD or flash drive is clearly labeled with the name of the institution and the institution code. The Bureau may be receiving hundreds of CDs and flash drives; if the institution's identification information is not clearly visible, the information may not be properly identified.

To submit click the "Submit" button, a prompt at the top of the page will provide you further instructions on how to receive a confirmation email.

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.

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

There are two options to ensure the institution is in compliance with California Education Code 94913 (a)(5). **IMPORTANT** – This is the only opportunity to complete the below requirement. Do not leave this page until you have completed number 1 or 2 below.**

The institution can either:

1. *Print and scan a copy of the submission to be uploaded to the institution's website: Click the provided link to print.*

OR

2. *Convert the submission to PDF format to be uploaded to the institution's website, follow the online instruction's to convert the page.*

Once the above option is completed, you may proceed to enter in the program data by clicking on the program link or at this point, if necessary, the institution may leave the Annual Report site and return at a later time (but before September 1, 2013) to submit the remainder of the required data.

Section #2 - Information for Each Educational Program Offered at the Institution

This section is to be filled out for each educational program offered at the institution. Complete one of these sections for each educational program offered at the institution (make copies as necessary.) If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. **Report for Year - 2011**
2. **Institution Code - 13317315**
3. **Degree/Program Level - Diploma**
4. **Degree/Program Title – Licensed Vocational Nursing Program**
5. **Name of Program – Licensed Vocational Program**
6. **Number of Degrees or Diplomas Awarded - 9**
7. **Total Charges for this program - \$15,280.00**
8. **Number of Students Who Began the Program - 19**
9. **Students Available for Graduation - 18**
10. **Graduates - 18**
11. **Completion Rate – 100%**
12. **150% Completion Rate – 100%**
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 - No**

CEC section 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

14. Graduates Available for Employment - 10

15. Graduates Employed in the Field – N/A. Students have not reported if they are employed in the field.

16. Placement Rate – N/A. Students have not reported if they are employed in the field.

17. Graduates employed in the field of an average of less than 32 hours per week – N/A. Students did not disclose this information.

18. Graduates employed in the field an average of 32 or more hours per week - N/A. Students did not disclose this information.

The total of #17 and #18 should not equal more than the answer for #15.

Exam Passage Rate

CEC §94929.5(b) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency. 5 CCR §74112(f) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

19. Does this educational program lead to an occupation that requires licensing – Yes. Board of Vocational Nursing and Psychiatric Technicians.

First Data Year

20. Year – 2010

21. Name of the licensing entity that licenses the field – Board of Vocational Nursing and Psychiatric Technicians

22. Name of Exam - NCLEX

23. Number of Students Taking Exam - 26

24. Number Who Passed the Exam - 15

25. Number Who Failed the Exam - 11

26. Passage Rate – 45%

27. Is This Data from the Licensing Agency that Administered the Exam? - Yes

28. If the response to #27 was "no" provide a description of the process used for attempting to contact students - If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(f)). If more space is needed please attach an explanation and clearly mark it "Process for attempting to contact students".

Second Data Year

29. Year - 2011

30. Name of the licensing entity that licenses the field – Board of Vocational Nursing and Psychiatric Technicians

31. Name of Exam - NCLEX

32. Number of Students Taking Exam - 15

33. Number Who Passed the Exam - 4

34. Number Who Failed the Exam - 11

35. Passage Rate – 26.67%

36. Is This Data from the Licensing Agency that Administered the Exam - Yes

37. If the response to #36 was "no" provide a description of the process used for attempting to contact students - If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(f). If more space is needed please attach an explanation and clearly mark it "Process for attempting to contact students."

38. Do graduates have the option or requirement for more than one type of licensing exam? – Yes.
Certified Nursing Assistant.

Salary Data - CEC §94929.5(c) requires the reporting of salary and wage information for graduates employed in the field in increments of \$5,000.00.

39. Graduates Available for Employment - 18

40. Graduates Employed in the Field – N/A. Students did not wish to disclose this information.

41. Graduates employed in the field reported to be receiving the following salary or wage – N/A.
Students did not wish to report.

A number must be entered in all spaces. If the institution has zero students reporting a certain wage enter the number "0".

Graduates Employed in the Field reported to be receiving the following Salary or Wage:

\$0.00 - \$5,000.00	<u> 0 </u>	\$5001.00 – \$10,000.00	<u> 0 </u>
\$10,001.00 - \$15,000.00	<u> 0 </u>	\$15,001.00 - \$20,000.00	<u> 0 </u>
\$20,001.00 - \$25,000.00	<u> 0 </u>	\$25,001.00 - \$30,000.00	<u> 0 </u>
\$30,001.00 - \$35,000.00	<u> 0 </u>	\$35,001.00 - \$40,000.00	<u> 0 </u>
\$40,001.00 - \$45,000.00	<u> 0 </u>	\$45,001.00 - \$50,000.00	<u> 0 </u>
\$50,001.00 - \$55,000.00	<u> 0 </u>	\$55,001.00 - \$60,000.00	<u> 0 </u>
\$60,001.00 - \$65,000.00	<u> 0 </u>	\$65,001.00 - \$70,000.00	<u> 0 </u>
\$70,001.00 - \$75,000.00	<u> 0 </u>	\$75,001.00 - \$80,000.00	<u> 0 </u>
\$80,001.00 - \$85,000.00	<u> 0 </u>	\$85,001.00 – \$90,000.00	<u> 0 </u>
\$90,001.00 - \$95,000.00	<u> 0 </u>	\$95,001.00 - \$100,000.00	<u> 0 </u>
Over \$100,000.00	<u> 0 </u>		

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Section #3 - Annual Report branch locations complete one form for each branch

If the Institution has no branch locations indicate "0" and skip to the check sheet.

1. Report for Year - 2011

2. Institution Name

3. Institution Code - Enter institutional code (main location)

4. Street Address (Physical Location)

5. City

6. State

7. Zip

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