Annual Report
Completion Check Sheet and Certification

Print a copy of this Completion Check Sheet. The certification must be signed by a responsible officer of the institution. **Please keep a copy for your records.**

Return this Completion Check Sheet and Certification with the following documents:

Paper Copy Confidential Documents: Must submit paper copy only.

- ☑ A current compiled, reviewed or audited Financial Statement * as required pursuant to 5 CCR §74115. Tax returns and/or bank statements will not be accepted.

Electronic Copy Public Documents:
All documents contained on the CD or flash drive will be posted to the Bureau's website. The institution must take precaution to ensure that no confidential data, such as financial statements or students' personal information, is contained within these documents on the CD or flash drive.

- ☐ Please provide the following document on a Flash Drive or CD:
  - Student Performance Fact Sheet (unless a link to it is provided in the Annual Report)
  - 2012 School Catalog (unless a link to it is provided in the Annual Report)
  - United States Department of Education final administrative actions (if any),
  - Accreditation agency formal disciplinary actions (if any),
  - A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC §94910(f)(2))
  - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))

Name of Institution Ashdown College of Health Sciences

Institution Code 16825808

Address of Institution 101 E. Redlands Blvd., Suite 285

City/State/Zip Code Redlands, CA 92373

Name Responsible Officer and Contact Telephone Number/Email (please print or type)

Jacqueline Countryman 909-793-4263 jcountryman@ashdowncollege.edu

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report and on the Flash Drive or CD; the information contained on the Flash Drive or CD may not include any confidential information.

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

October 3, 2013

(Signature of Responsible Officer) (Date)

Dr. William Herkelrath, President

Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: October 8, 2013

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400
Sacramento, CA 95833

* "Current" with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d).) The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.

ASHDOWN COLLEGE OF HEALTH SCIENCES

VERITATUM. SAPIENTIAM. ET OFFICIUM.

2012 Annual Report

- A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC 94910(f)(2))
    - Medical Massage Therapist
    - Ashdown College of Health Sciences Instructor
- A list of the objective sources of information used to substantiate the salary disclosure (CEC 94910 (f)(3))
    - Ashdown College of Health Sciences Alumni
    - Ashdown College of Health Sciences Students

101 E Redlands Blvd. Suite 285, Redlands, CA, 92373

(Ph) 909-793-4263 . (Fax) 909-793-5763 . www.ashdowncollege.edu

Please ensure that no personal information for any student is included with any submission.

2012 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.

Section #1 – Annual Report Institutions

1. Report for Year 2012

2. Institution Name? (Submit one report per institution which includes branches and/or satellites, if applicable.)
Ashdown College of Health Sciences

3. Institution Code? (If an institution has branch locations the institution code is the school code for the main location.) 16825808

4. Street Address? (Physical Location) (Street address of the main location, city and zip code.)
101 E. Redlands Blvd., Suite 285, Redlands, CA 92373

5. Number of Branch Locations? (Indicate the number of branch locations associated with the main location. If none, indicate zero ("0").) 0

6. Number of Satellite Locations? (Indicate the number of satellite locations associated with the main location or any of the branch locations. If none, indicate zero ("0").) 0

7. Is this institution current with all assessments to the Student Tuition Recovery Fund? (Indicate "yes" if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate "no" if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.)
Yes ☑ No ☐

8. 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 ☑ No ☐

Enter the name of the accrediting agency. (Refer to the attached list of accrediting agencies recognized by the United States Department of Education.)
Council on Occupational Education

9. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation.
N/A

10. Has any accreditation agency taken any final disciplinary action against this institution? (Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" no final action has been taken against the institution by an accreditation agency.) Yes ☐ No ☑ (If Yes, please submit a paper copy of the action refer to the Annual Report Completion Check Sheet.)

11. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? Yes ☑ No ☐

12. Does your institution participate in veteran's financial aid education programs?
Yes ☐ No ☑

13. Does your institution participate in the Cal Grant program?
Yes ☐ No ☑

14. Is your institution on the California's Eligible Training Provider List (ETPL)?
Yes ☑ No ☐

15. Is your institution receiving funds from the Work Investment Act (WIA) Program?
Yes ☐ No ☑

16. Does your Institution participate in, or offer any additional financial aid program?
Yes ☐ No ☑

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

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17. What is the total amount of public funding received by your institution in 2012?

$ 468,925

18. 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 (The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.) N/A %.

19. 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 48 %.

20. Number of Doctorate Degrees Offered? (Indicate the number of Doctorate degrees the institution offered for the reporting year.) N/A

21. Number of Students enrolled in Doctorate level programs at this institution? (Indicate the number of students enrolled in all Doctorate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) N/A

22. Number of Master Degrees Offered? (Indicate the number of Master degrees the institution offered for the reporting year.) N/A

23. Number of Students enrolled in Master level programs at this institution? (Indicate the number of students enrolled in all Masters programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) N/A

24. Number of Bachelor Degrees Offered? (Indicate the number of Bachelor degrees the institution offered for the reporting year.) N/A

25. Number of Students enrolled in Bachelor programs at this institution? (Indicate the number of students enrolled in all Bachelor level programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) N/A

26. Number of Associate Degrees Offered? (Indicate the number of associate degrees offered for the reporting year.) 1

27. Number of Students enrolled in associate programs at this institution? (Indicate the number of students enrolled in all associate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 49

28. Number of Diploma or Certificate Programs Offered? (Indicate the number of diploma or certificate programs offered during the reporting year.) 1

29. Number of Students enrolled in diploma or certificate programs at this institution? (Indicate the number of students enrolled in all diploma or certificate programs at your institution; Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) 18

30. 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: www.ashdowncollege.edu

Annual Report: http://ashdowncollege.edu/wordpress/assets/2012-Annual-report.pdf

Catalog: http://ashdowncollege.edu/wordpress/assets/Ashdown-Course-Catalog_2013-2014.pdf

School Performance Fact Sheet: http://ashdowncollege.edu/wordpress/assets/2012-School-Performance-Fact-Sheet.pdf

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.

****Save document to your computer, cd, or flash****

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 2012

2. Institution Code? (Indicate the Institution Code (If an institution has branch locations the institution code is the school code for the main location.) 16825808

3. Degree/Program Level? (Indicate the level of degree for the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, diploma) if the program is not a degree Indicate "diploma".) Associate Degree

4. Degree/Program Title? (Indicate the title of the degree for the program you are entering e.g., Ph.D., Master of Science, Bachelor of Arts, Occupational Associate. If the program is not a degree, indicate the name of the certificate/diploma program.)
Associate of Science in Medical Massage

5. Name of Program? (Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.)
Medical Massage

6. Number of Degrees or Diplomas Awarded? (Indicate the number of students receiving a degree or diploma for this program during the reporting year.) 17

7. Total Charges for this program? (Indicate the total charges for a student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program. It includes books, uniforms or other charges if those charges are for costs that are required for participation in the educational program.)
$ 21,155.00

8. Number of Students Who Began the Program? (Indicate the number of students who began the program who are scheduled to complete the program in the year being reported, 5 CCR §74112(b)(1). If the institution has a main campus with branches and/or satellites, add the number of students who began the program who are scheduled to complete the program in the year being reported for all locations offering this particular program and report the combined number.) 22

9. Students Available for Graduation? (Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#8 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g).) 21

10. Graduates? (Of the students available for graduation (#9 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(b)(2).) 17

11. Completion Rate? (Indicate the number of graduates (from #10 above) divided by the number of students available for graduation (#9 above). **A "rate" is a percentage and should**

never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(d).)
81%

12. 150% Completion Rate? (If the institution tracks 150% completion, indicate the number of students who completed the program after 100% of the published program length, but less than 151% of the published program length, divided by the number of students available for graduation (#9 above) **A "rate" is a mathematical calculation and should never be more than 100** (5 CCR §74112(d).) 0%

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? (Indicate "yes" if the information was taken from the data that was reported to IPEDS; Indicate "no" if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.) Yes ☑ No ☐

CEC § 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? (Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f), and 5 CCR §74112(b)(2).) 17

15. Graduates Employed in the Field? (Number of graduates, (#14 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e), 5 CCR §74112(b)(3).) 16

16. Placement Rate? (Indicate the number of graduates employed in the field (#15 above) divided by the number of graduates available for employment (#14 above.) **A "rate" is a mathematical calculation and should never be more than 100** (5 CCR §74112(e)(3).)
94%

17. Graduates employed in the field of an average of less than 32 hours per week? (Indicate the number graduates employed an average of less than 32 hours per week.)
8

18. Graduates employed in the field an average of 32 or more hours per week? (Indicate the number of graduates employed an average of 32 or more hours per week.)
8

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 _☐_ No _☑_

If "yes' please enter the name of the licensing entity that licenses this field.

_____

If "no" you may skip to "Salary Data" below

First Data Year

20. Year? (Indicate the year for which you are reporting exam passage data. Two years data is required.) _____

21. Name of Exam? (Provide the name of the exam being reported.)

_____

22. Number of Students Taking Exam? (Enter the number of students completing the program within 150% of the program period who took the exam (CEC §94929.5(b) and 5 CCR §74112(f).) _____

23. Number Who Passed the Exam? (Enter the number of students who took the exam and passed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).)_____

24. Number Who Failed the Exam? (Enter the number of students who took the exam and failed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).)

_____

25. Passage Rate? (Enter the passage rate for students who took the exam and passed it on the first attempt.) _____

26. Is This Data from the Licensing Agency that Administered the Exam? (5 CCR § 74112(f)) Yes _☐_ No _☐_ Name of Agency _____

27. If the response to #26 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

28. Year? (Indicate the year for which you are reporting exam passage data. Two years data is required.) _____

29. Name of Exam? (Provide the name of the exam being reported.)

_____

30. Number of Students Taking Exam? (Enter the number of students completing the program within 150% of the program period who took the exam (CEC §94929.5(b) and 5 CCR. §74112(f).) _____

31. Number Who Passed the Exam? (Enter the number of students who took the exam and passed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).)

_____

32. Number Who Failed the Exam? (Enter the number of students who took the exam for the first time and failed it (CEC §94929.5(b) and 5 CCR §74112(f).)

_____

33. Passage Rate? (Enter the passage rate for students who took the exam and passed it on the first attempt.) _____

34. Is This Data from the Licensing Agency that Administered the Exam? (5 CCR §74112(f)) Yes _☐_ No _☐_ Name of Agency _____

35. If the response to #26 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.")

_____

_____

_____

_____

36. Do graduates have the option or requirement for more than one type of licensing exam? Yes _☐_ No _☑_ If "Yes" provide the names of other licensing exam options or requirements:

_____

_____

_____

_____

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.

37. Graduates Available for Employment? (Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d), (f), and 5 CCR §74112(b)(2).) 17_____

38. Graduates Employed in the Field? (Indicate the number of graduates who are gainfully employed within six months of graduation in a position for which the skills obtained through the education and training provided by the institution are required or provided a significant advantage to the graduate in obtaining the position (CEC §94928(e), and 5 CCR §74112(b)(3).) 16_____

39. Graduates Employed in the Field Reported receiving the following Salary or Wage: (Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If a student reports that they are receiving $4,010.00 a year and a second student reports they are receiving $2,999.00 a year, enter the number "2" in the space next to $0 - $5,000.00, because there are 2 students who are receiving between $0-$5,000 a year.)

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	7____	$5001.00 – $10,000.00	_____
$10,001.00 - $15,000.00	3____	$15,001.00 - $20,000.00	_____
$20,001.00 - $25,000.00	1____	$25,001.00 - $30,000.00	_____
$30,001.00 - $35,000.00	2____	$35,001.00 - $40,000.00	_____
$40,001.00 - $45,000.00	1____	$45,001.00 - $50,000.00	_____
$50,001.00 - $55,000.00	_____	$55,001.00 - $60,000.00	_____
$60,001.00 - $65,000.00	_____	$65,001.00 - $70,000.00	_____
$70,001.00 - $75,000.00	_____	$75,001.00 - $80,000.00	_____
$80,001.00 - $85,000.00	_____	$85,001.00 – $90,000.00	_____
$90,001.00 - $95,000.00	_____	$95,001.00 - $100,000.00	_____
Over $100,000.00	_____		

****Save document to your computer, cd, or flash****

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.
0 _____

1. **Report for Year** 2012

2. **Institution Code** Indicate the Institution Code 16825808 _____

3. **Branch Location (California locations only)**

Street Address, City, State, Zip Code

_____

****Save document to your computer, cd, or flash****