



Business, Consumer Services and Housing Agency - Governor Edmund G. Brown Jr.

**Bureau for Private Postsecondary Education**

2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833

P.O. Box 980818, West Sacramento, CA 95798-0818

P (916) 431-6959 F (916) 263-1897 [www.bppe.ca.gov](http://www.bppe.ca.gov)



November 4, 2014

Nine Star University of Health Sciences  
441 De Guigne Dr., Suite 201  
Sunnyvale, CA 94085

Re: 2013 Annual Report

Dear School Administrator:

California Education Code (CEC) section 94934 requires an Annual Report from all approved institutions. Pursuant to Title 5, California Code of Regulations (CCR) section 74110(d), the 2013 Annual Report was to be submitted to the Bureau for Private Postsecondary Education (Bureau) via the internet by September 1, 2014.

The institution is receiving this letter because the Annual Report and/or its supporting documents have not been received by the Bureau or the documents received were deficient.

Please submit the following:

- ☒ Annual Report – Complete the 2013 Annual Report located at [www.bppe.ca.gov](http://www.bppe.ca.gov) and **submit it on a Flash Drive or CD\***, along with the required documents as indicated below, as required pursuant to CEC section 94934.\*
- ☒ Performance Fact Sheet for years 2012 and 2013, as required pursuant to CCR section 74112 - **Flash drive or CD\***. For assistance, please visit <http://www.bppe.ca.gov/schools/pfs.shtml>.
- ☒ School Catalog for **2013**, as required pursuant to CEC section 94909 - **Flash drive or CD\***. For assistance, please visit <http://www.bppe.ca.gov/schools/catalog.shtml>.
- ☒ Compiled Financial Statement, as required pursuant to CCR 74115\*\* (**tax returns and/or bank statements will not be accepted**) (**Hard copy only**)

\* Must be copied onto a Flash Drive or CD

\*\* Hard copy (paper copy only)

If the institution has NOT submitted any portions of the Annual Report please contact the Bureau within **seven days of the receipt of this letter**. **Otherwise, please complete and submit the missing documents to the Bureau within 30 days of the receipt of this letter**. Failure to submit the annual report and supporting documents may lead to disciplinary action.

If you have questions or concerns, please contact the Bureau at (916) 431-6959, press 6 when prompted.

Sincerely,

Kelley Piccione  
Annual Report AGPA



# *Nine Star University of Health Science*

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA

TEL: 408-532-5567 FAX: 408-733-3610

November 18, 2014

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

Attn: Kelley Piccione  
Re: Annual Report

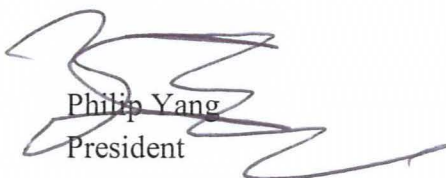
Dear Ms. Piccione,

In a sincere desire for Nine Star University of Health Sciences to maintain compliance with California Education Code (CEC) section 94934, please find enclosed on a CD, the requisite documents as outlined in your November 04, 2014 letter. These documents include the following;

1. The NSUHS Annual Report, as required pursuant to CEC section 94934.
2. The NSUHS Performance Fact Sheets for the years 2012 and 2013, as required pursuant to CCR section 74112.
3. The NSUHS School Catalog for 2013, as required pursuant to CEC section 94909
4. Compiled Financial Statements, as required pursuant to CCR 74115.

If any further information or documentation is required, please do not hesitate to contact me directly.

Sincerely,

A stylized, handwritten signature in purple ink, appearing to read "Philip Yang".  
Philip Yang  
President



*Nine Star University of Health Science*

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA

TEL: 408-532-5567 FAX: 408-733-3610

## **Annual Report**

**2012 - 2013**

### **Completion Check Sheet**

*A list of the employment positions determined to be within the field for which a received education and training for the calculation of job placement rates (CEC 94910(f)(2))*

1. Licensed Acupuncturist (L.Ac.)

*A list of objective sources of information used to substantiate the salary disclosure (CEC 94910(f)(3))*

1. California Employment Development Department (EDD)
2. United States Bureau of Labor Statistic
3. Pay Scale
4. American Association of Oriental Medicine

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

## 2013 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 2013

#### 2. Institution Name? (Submit one report per institution which includes branches and/or satellites, if applicable.)

Nine Star University of Health Science

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

73078796

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#### 4. Street Address? (Physical Location) (Street address of the main location, city and zip code.)

441 De Guigne Dr. Sunnyvale, CA 94085

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

0

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#### 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

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#### 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.)

ACAOM

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

ACAOM

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#### 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. 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 %.

18. The percentage of the students who attended this institution in 2013 who received federal student loans to help pay their cost of education at the school was N/A %.

19. Number of Doctorate Degrees Offered? (Indicate the number of Doctorate degrees the institution offered for the reporting year.) 0

20. 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.) 0

21. Number of Master Degrees Offered? (Indicate the number of Master degrees the institution offered for the reporting year.) 1

22. 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.) 23

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

**24. 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

**25. Number of Associate Degrees Offered?** (Indicate the number of associate degrees offered for the reporting year.) 0

**26. 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.) N/A

**27. Number of Diploma or Certificate Programs Offered?** (Indicate the number of diploma or certificate programs offered during the reporting year.) 0

**28. 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.) N/A

**29. 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. 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.

\*The Bureau recommends a single portion of the website dedicated to providing students with the required information. This page should include the Annual Report, Catalog, and Student Performance Fact Sheet.

**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.**

## 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 2013

2. **Institution Code?** (Indicate the Institution Code (If an institution has branch locations the institution code is the school code for the main location.) 73078796

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".) Masters

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.)

Master of Science Traditional Chinese Medicine

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

Traditional Chinese Medicine

6. **Number of Degrees or Diplomas Awarded?** (Indicate the number of students receiving a degree or diploma for this program during the reporting year.) 1

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.)

\$ 37,150

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.) 23

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).) 6

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).) 6

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).)

100%  
\_\_\_\_\_

**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).) N/A

**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).) 5

**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).) 5

**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).)

100%  
\_\_\_\_\_

**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.)

3  
\_\_\_\_\_

**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.)

2  
\_\_\_\_\_



*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.

California Acupuncture Board

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.) 2012

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

California Acupuncture License Exam

**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).) 7

**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).) 7

**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).)

0

**25. Passage Rate?** (Enter the passage rate for students who took the exam and passed it on the first attempt.) 100%

**26. Is This Data from the Licensing Agency that Administered the Exam?** (5 CCR §74112(f)) Yes ☒ No ☐ Name of Agency California Acupuncture Board

**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.")

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**Second Data Year**

**28. Year?** (Indicate the year for which you are reporting exam passage data. Two years data is required.) 2013

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

California Acupuncture License Exam

**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).) 7

**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).)

5

**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).)

2

**33. Passage Rate?** (Enter the passage rate for students who took the exam and passed it on the first attempt.) 71%

**34. Is This Data from the Licensing Agency that Administered the Exam?** (5 CCR §74112(f)) Yes ☒ No ☐ Name of Agency California Acupuncture Board

**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.")

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**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:

NCCAOM

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**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).) 5

**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).) 5

**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:

*11/A*

\$0.00 - \$5,000.00	_____	\$5001.00 - \$10,000.00	_____
\$10,001.00 - \$15,000.00	_____	\$15,001.00 - \$20,000.00	_____
\$20,001.00 - \$25,000.00	_____	\$25,001.00 - \$30,000.00	_____
\$30,001.00 - \$35,000.00	_____	\$35,001.00 - \$40,000.00	_____
\$40,001.00 - \$45,000.00	_____	\$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	_____		

**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 2013**      N/A

**2. Institution Code** Indicate the Institution Code N/A

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

Street Address, City, State, Zip Code

N/A

**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) Attached
  - 2013 School Catalog (unless a link to it is provided in the Annual Report) Attached
  - United States Department of Education final administrative actions (if any), N/A
  - Accreditation agency formal disciplinary actions (if any), N/A
  - 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)) Acupuncturist
  - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3)) Attachment: Annual Report

Name of Institution Nine Star University of Health Science

Institution Code 73078796

Address of Institution 441 De Guigne Dr. #201

City/State/Zip Code Sunnyvale CA 94085

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

Philip Yang/408-532-5567/pyang@nsuhs.org

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.

  
(Signature of Responsible Officer)

11/19/14  
(Date)

Philip Yang (President)

Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: \_\_\_\_\_

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.



# Nine Star University of Health Science

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA TEL: 408-532-5567 FAX: 408-733-3610

## SCHOOL PERFORMANCE FACT SHEET

2012 & 2013 Calendar Years

Master of Science Traditional Chinese Medicine

Program Length: 3,165 hrs. (179 units)

### On-Time Completion Rates

Calendar Year	Number of Students Who Began Program 1	Students Available for Graduation 2	Graduates 3	Completion Rate 4
2012	37	10	10	100%
2013	23	6	6	100%

### Students Completing After Published Program Length (101-150% Completion Rate)

Calendar Year	Number of Students Who Began Program 1	Students Available for Graduation 2	150% Graduates 5	150% Completion Rate 6
2012	37	0	0	N/A
2013	23	0	0	N/A

Students Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Placement Rates

Calendar Year	Number of Students Who Began Program 1	Number of Graduates 3	Graduates Available for Employment 7	Graduates Employed in the Field 8	Placement Rate Employed in the Field 9	Graduates Employed in the Field an average of less than 32 hrs. per week	Graduates Employed in the Field at least 32 hrs. per week
2012	37	8	7	7	100%	4	3
2013	23	6	5	5	100%	3	2

Students are entitled to a list of the job classifications considered to be in the field of this educational program. To obtain this list, please ask an institutional representative.

Students Initials: \_\_\_\_\_ Date: \_\_\_\_\_





# Nine Star University of Health Science

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA TEL: 408-532-5567 FAX: 408-733-3610

## Examination Passage Rates (for licensure examinations not continuously administered)

No. of Students Taking Exams 10	Exam Date 11	Number Who Passed Exam	Number Who Failed Exam	Passage Rate 12
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The California Acupuncture License Exam (CALE) is continuously offered twice each year and as such, no information is applicable.

## License Examination Passage Rates (continually administered examinations)

Calendar Year	Number of Students Taking Exam 10	Number Who Passed First Exam Taken 13	Number Who Failed First Exam Taken	Passage Rate 12
2012	7	7	0	100%
2013	7	5	2	71%

Student Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Salary and Wage Information (includes data for the two calendar years prior to reporting)

Calendar Year	Graduates Available for Employment 7	Graduates Employed in Field 8	Annual Salary and Wages Reported Graduates Employed in the Field 14				
			\$35,000 to \$40,000	\$40,001 to \$45,000	\$45,001 to \$50,000	\$50,001 to \$55,000	Students not Reporting Salary
2012	7	7	N/A	N/A	N/A	N/A	7
2013	5	5	N/A	N/A	N/A	N/A	5

Students are entitled to a list of the objective sources of information used to substantiate the salary disclosure. To obtain this list, please ask the Director of Admissions or other institutional representative where to view this list.

Nine Star University of Health Sciences makes no claim to applicants regarding employment or salary that may be earned after completion of the MSTCM program. The 2013 median hourly mean wage listed for the EDD Labor Market Division category for "Acupuncturist" in California is \$41.74 per hour.

Students Initials: \_\_\_\_\_ Date: \_\_\_\_\_





# *Nine Star University of Health Science*

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA TEL: 408-532-5567 FAX: 408-733-3610

## **Student Loan Information**

Nine Star University of Health Sciences does not currently offer any form Federal or State Financial Aid and therefore offers the following requisite Student Loan Information:

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. The most recent three-year cohort default rate reported by the U.S. Department of Education for this institution is 0 %.

The percentage of the students who attended this institution in 2012 & 2013, who received federal student loans to help pay their cost of education at the school was 0 %.

**Student Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law.

Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at: P.O. Box 980818, West Sacramento, CA 95798-0818, [www.bppe.ca.gov](http://www.bppe.ca.gov), P: 888.370.7589 or 916.431.6959, F: 916.263.1897.

**I have read and understand this School Performance Fact Sheet. The School Performance Fact Sheet was reviewed and discussed with a school official prior to signing an enrollment agreement.**

\_\_\_\_\_  
Student Name – Print

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date



## Definitions

1 "Number of Students Who Began Program" means the number of students who began the program who are scheduled to complete the program within the reporting calendar year.

2 "Students available for graduation" is the number of students who began program minus the number of students who have died, been incarcerated, or been called to active military duty.

3 "Graduates" is the number of students who completed the program within 100% of the program length.

4 "Completion Rate" is the number of Graduates divided by the Number of Students Available for Graduation.

5 "150% Graduates" is the number of students who completed within 101-150% of the program length.

6 "150% Completion Rate" is the number of students who completed the program in the reported calendar year within 101-150% of the published program length divided by the Number of Students Available for Graduation in the published program length period.

7 "Graduates available for employment" means the number of graduates minus the number of graduates unavailable for employment. "Graduates unavailable for employment" means the graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education in an accredited or bureau-approved postsecondary institution.

8 "Graduates employed in the field" means graduates 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 must begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program.

9 "Placement Rate Employed in the Field" is calculated by dividing the number of graduates gainfully employed in the field by the number of graduates available for employment.



# *Nine Star University of Health Science*

441 De Guigne Dr. #201, Sunnyvale, CA 94085 USA TEL: 408-532-5567 FAX: 408-733-3610

10 Number of Students Taking Exam is the number of students who completed the program within 150% of the published program length and who took the exam in the reported calendar year for the first time.

11 Exam Date is the date for the first available exam after the students completed the program.

12 Passage Rate is calculated by dividing the number of students who passed the exam by the number of graduates who took the reported licensing exam.

13 Number Who Passed First Exam Taken is the number of students who took and passed the licensing exam in the reported calendar year on the first attempt.

14 Salary is as reported by the student. Not all graduates report salary. A list of the employers of the Graduates Employed in the Field can be obtained from the Director of Admissions or the Director of Administration.

**Nine Star University of Health Sciences  
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Sunnyvale, CA 94085  
408-532-5567**