

BPPE Annual Report for 2014 - Programs

Institution Information

1. Report for Year: 2014
2. Institution Code (Enter institutional code (main location)): **1915471**
3. **Information for each Educational Program Offered at the Institution** 3. Degree/Program Level:
I*Select* Doctorate Master Bachelor Associate Diploma/Certificate Other. If "Other", please specify:
Diploma/Certificate
4. Degree/Program Title: *Select* PhD Other Doctorate Master of Science Master of Arts Master of Business Administration Other Master Bachelor of Science Bachelor of Arts Other Bachelor Associate of Science Associate of Arts Associate of Applied Science Occupational Associate Other Associate Diploma or Certificate Other If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify: **Diploma/Certificate**
5. Name of Program (e.g. Business Administration, Massage, etc.): **IBP PROFESSIONAL TRAINING PROGRAM-TRACK 2: ALLIED PROFESSIONAL**
6. Number of Degrees or Diplomas Awarded: **3**
7. Total Charges for this program: **\$14,365.80**
8. Number of Students Who Began the Program: **4**
9. Students Available for Graduation: **4**
10. Graduates: **3**
11. Completion Rate: **75%**
12. 150% Completion Rate: **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? **NO**

Placement

14. Graduates Available for Employment: **3**
15. Graduates Employed in the Field: **4**
16. Placement Rate: **75%**
17. Graduates employed in the field an average of less than 32 hours per week: **NA**
18. Graduates employed in the field an average of 32 or more hours per week: **NA**

Exam Passage Rate

19. Does this educational program lead to an occupation that requires licensing? **NO**

Yes or No. If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

20. Year (YYYY): *Select the Year* 2014 2013 2012 **NA**

21. Name of the licensing entity that licenses this field: **NA**

22. Name of Exam: **NA**

23. Number of Students Taking Exam: **NA**

24. Number Who Passed the Exam: **NA**

25. Number Who Failed the Exam: **NA**

26. Passage Rate: **NA**

27. Is this data from the licensing agency that administered the exam? **NA**

Name of Agency : **NA**

28. If the response was "no" provide a description of the process used for attempting to contact students: **NA**

Second Data Year

29. Year (YYYY): *Select the Year* 2014 2013 2012 **NA**

30. Name of the licensing entity that licenses this field: **NA**

31. Name of Exam: **NA**

32. Number of Students Taking Exam: **NA**

33. Number Who Passed the Exam: **NA**

34. Number Who Failed the Exam: **NA**

35. Passage Rate: **NA**

36. Is this data from the licensing agency that administered the exam? **NA**

Name of Agency : **NA**

37. If the response was "no" provide a description of the process used for attempting to contact students: **NA**

38. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options: **NA**

Name of Option/Requirement: **NA**

Name of Option/Requirement: **NA**

Name of Option/Requirement: **NA**

Salary Data

39. Graduates Available for Employment: **3**

40. Graduates Employed in the Field: **NA**

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

\$0 - \$5,000.00: **0**

\$5001.00 - \$10,000: **0**

\$10,001.00 - \$15,000.00: **0**

\$15,001.00 - \$20,000.00: **0**

\$20,001.00 - \$25,000.00: **0**

\$25,001.00 - \$30,000.00: **0**

\$30,001.00 - \$35,000.00: **0**

\$35,001.00 - \$40,000.00: **0**

\$40,001.00 - \$45,000.00: **0**

\$45,001.00 - \$50,000.00: **0**

\$50,001.00 - \$55,000.00: **0**

\$55,001.00 - \$60,000.00: **0**

\$60,001.00 - \$65,000.00: **0**

\$65,001.00 - \$70,000.00: **0**

\$70,001.00 - \$75,000.00: **0**

\$75,001.00 - \$80,000.00: **0**

\$80,001.00 - \$85,000.00: 0

\$85,001.00 - \$90,000.00: 0

\$90,001.00 - \$95,000.00: 0

\$95,001.00 - \$100,000.00: 0

Over \$100,000.00 : 0

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4. Degree/Program Title: *Select* PhD Other Doctorate Master of Science Master of Arts Master of Business Administration Other Master Bachelor of Science Bachelor of Arts Other Bachelor Associate of Science Associate of Arts Associate of Applied Science Occupational Associate Other Associate Diploma or Certificate Other If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify: **Diploma/Certificate**
5. Name of Program (e.g. Business Administration, Massage, etc.): **IBP PROFESSIONAL TRAINING PROGRAM-TRACK 3: IBP CERTIFIED TEACHER**
6. Number of Degrees or Diplomas Awarded: **1**
7. Total Charges for this program: **\$5,000**
8. Number of Students Who Began the Program: **1**
9. Students Available for Graduation: **1**
10. Graduates: **1**
11. Completion Rate: **100%**
12. 150% Completion Rate: **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? **NO**

Placement

14. Graduates Available for Employment: **1**
15. Graduates Employed in the Field: **NA**
16. Placement Rate: **NA**
17. Graduates employed in the field an average of less than 32 hours per week: **NA**
18. Graduates employed in the field an average of 32 or more hours per week: **NA**

Exam Passage Rate

19. Does this educational program lead to an occupation that requires licensing? **NO**

Yes or No. If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

20. Year (YYYY): *Select the Year* 2014 2013 2012 **NA**

21. Name of the licensing entity that licenses this field: **NA**

22. Name of Exam: **NA**

23. Number of Students Taking Exam: **NA**

24. Number Who Passed the Exam: **NA**

25. Number Who Failed the Exam: **NA**

26. Passage Rate: **NA**

27. Is this data from the licensing agency that administered the exam? **NA**

Name of Agency : **NA**

28. If the response was "no" provide a description of the process used for attempting to contact students:

Second Data Year

29. Year (YYYY): *Select the Year* 2014 2013 2012 **NA**

30. Name of the licensing entity that licenses this field: **NA**

31. Name of Exam: **NA**

32. Number of Students Taking Exam: **NA**

33. Number Who Passed the Exam: **NA**

34. Number Who Failed the Exam: **NA**

35. Passage Rate: **NA**

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Name of Option/Requirement: **NA**

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Name of Option/Requirement: **NA**

Salary Data

39. Graduates Available for Employment: **1**

40. Graduates Employed in the Field: **NA**

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

\$0 - \$5,000.00: **0**

\$5001.00 - \$10,000: **0**

\$10,001.00 - \$15,000.00: **0**

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5. Name of Program (e.g. Business Administration, Massage, etc.): **IBP TRAINING PROGRAM-TRACK 1: MENTAL HEALTH PROFESSIONAL**
6. Number of Degrees or Diplomas Awarded: **3**
7. Total Charges for this program: **\$25,265.80**
8. Number of Students Who Began the Program: **4**
9. Students Available for Graduation: **4**
10. Graduates: **3**
11. Completion Rate: **75%**
12. 150% Completion Rate: **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? **NO**

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