



Bureau for Private Postsecondary Education
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NOTICE TO COMPLY - CU 85171618 0415 (Ed. Code § 94935, 5 CCR § 75010)

Institution Name:	Advanced Myofacial Healing Arts Academy	Institution Telephone:	559-783-8260
Institution Code:	85171618	Administrator Name:	Isabel Ornelas
Street Address:	504 W Olive Ave. Porterville, CA 93257	Date of Inspection:	4/21/2015

Nature and Facts of the Violation(s):

Education Code	Subsection and Description
§94929.7. Documentation of Performance Data	<p>(a) The information used to substantiate the rates and information calculated pursuant to Sections 94929 and 94929.5 shall do both of the following:</p> <p>(1) Be documented and maintained by the institution for five years from the date of the publication of the rates and information.</p> <p>(2) Be retained in an electronic format and made available to the bureau upon request.</p> <p>(b) An institution shall provide a list of employment positions used to determine the number of graduates employed in the field for purposes of calculating job placement rates pursuant to this article.</p> <p>(c) The bureau shall identify the specific information that an institution is required to document and maintain to substantiate rates and information pursuant to this section.</p> <p>The Institution failed to maintain the information used to substantiate the rates and information in the School Performance Fact Sheets.</p>

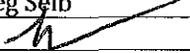
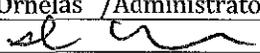
Code of Regulations	Subsection and Description
§74112 - Uniform Data - Annual Report, Performance Fact Sheet.	<p>(h) Documentation supporting all data reported shall be maintained by the institution for at least five years from the time included in either an Annual Report or a Performance Fact Sheet, and shall include at a minimum: student name(s), address, phone number, email address, program completed, program start and completion dates, place of employment and position, salary, hours, and a description of all attempts to contact each student.</p> <p>Documentation shall also include the name, email address, phone number, and position or title of the institution's representative who is primarily responsible for obtaining the students' completion, placement, licensing, and salary and wage data, the date that the</p>

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Inspector's Initial: *hca*

Administrator's Initial:

	<p>information was gathered, and copies of notes, letters or emails through which the information was requested and gathered. The Institution failed to maintain the information used to substantiate the rates and information in the School Performance Fact Sheets.</p>
<p>§76140 - Record-Keeping Requirements.</p>	<p>(a) A qualifying institution shall collect and maintain records of student information to substantiate the data reported on the STRF Assessment Reporting Form and records of the students' eligibility under the Fund. Such records shall include the following for each student:</p> <ol style="list-style-type: none"> (1) Student identification number, (2) First and last names, (3) Email address, (4) Local or mailing address, (5) Address at the time of enrollment, (6) Home address, (7) Date enrollment agreement signed, (8) Courses and course costs, (9) Amount of STRF assessment collected, (10) Quarter in which the STRF assessment was remitted to the Bureau, (11) Third-party payer identifying information, (12) Total institutional charges charged, and (13) Total institutional charges paid. <p>(b) The qualifying institution shall maintain the data required under this section in an electronic format that is readily available and open to inspection by the Bureau upon request. The institution shall make the records immediately available to a Bureau representative conducting a site inspection or, upon written request, shall provide a copy within 14 calendar days of the request. All records shall be provided to the Bureau in an intelligible and orderly manner and in an electronic format. The Institution failed to maintain the information used to substantiate the data reported on the STRF Assessment Reporting Form.</p>

Inspector's Name	Greg Seib
Inspector's Signature	
Institution Administrator Name/Title:	Isabel Ornelas / Administrator
Institution Administrator's Signature:	

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Inspector's Initial:

Administrator's Initial: *IO*

Education Code can be located at: http://www.bppe.ca.gov/lawsregs/ppe_act.shtml
Code of Regulations can be located at: <http://www.bppe.ca.gov/lawsregs/regs.shtml>

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 5/21/2015

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: *h*

Administrator's Initial: *dc*