



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
 DEPARTMENT OF CONSUMER AFFAIRS • BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
 1747 N. Market Blvd., Suite 225, Sacramento, CA 95834
 P (916) 574-8900 | Toll-Free (888) 370-7589 | www.bppe.ca.gov



• Report of Institution Contact Information

The Bureau for Private Postsecondary Education (Bureau) provides this report to request confirmation of information associated with Northern California Nursing Academy as listed in the Bureau's records. This is to ensure accuracy and maintain up-to date information.

ACTION REQUIRED

1. Please verify the following institution information.

Institution Physical and Mailing Address:	
School Physical Address: 355 Gellert Blvd, Suite 230, 280, & Suite 101 Daly City, CA 94015 County: San Mateo Accrediting Body/Agency: (> 2 please reflect in comments)	School Mailing Address: 355 Gellert Blvd, Suite 101 Daly City, CA 94015 Phone Number: (650) 992-6262 Fax Number: () <div style="text-align: center; font-size: 2em; opacity: 0.5;">SA BPPE</div>
Institution Contact Person:	
School's 'Contact' Information: Contact Name: Kathrine D. Aquino Contact Title: CEO Contact Address: 355 Gellert Blvd, Suite 101 Daly City, CA 94015 Contact Phone: (650) 992-6262 x Contact E-mail: administrator@ncnursingacademy.com Contact Fax: (650) 992-6263	
Custodian of Record:	
School's 'Custodian of Records' Information: Custodian Name: Ana Marie B. Becker Address: 355 Gellert Blvd, Suite 101 Daly City, CA 94015 Custodian E-mail: marieb@ncnursingacademy.com Custodian Phone: (650) 992-6262 Custodian Fax: (650) 992-6263	
Agent for Service of Process:	
School's 'Agent For Process' Information: Agent Name: Kathrine D. Aquino Agent Business Name: CEO Address: 663 Macarthur Dr. Colma, CA 94015 Agent Phone: (650) 580-2388 Agent E-mail: k.aquino@ncnursingacademy.com Agent Fax: (650) 992-6263	

2. Select a response to confirm whether the above information is accurate.

_____ Yes. The information in this report is correct.

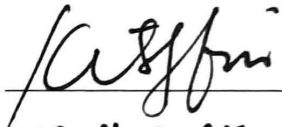
OR

_____ No. The information in this report is not correct. An **authorized institution representative** must follow up with the Bureau's Licensing Unit to report any changes. Once you have done so, fill out the section below to document when you requested the change.

On **(enter date)** _____, I notified the Bureau's Licensing Unit by emailing BPPE.Licensing@dca.ca.gov and copied Shannon.Greenmun@dca.ca.gov to update the information.

3. **Sign the acknowledgement below and return the report to the compliance analyst assigned to your inspection as directed.**

Institution Authorized Representative

Name: Kathrine D. Aquino Signature: 
Title: CEO Date: 12. 11. 2025

For questions about this report, you can reach me at (916) 576-0557 or by email at Shannon.Greenmun@dca.ca.gov.

Thank you in advance for your cooperation.



Shannon Greenmun
Compliance Analyst
Compliance Unit