

BPPE Annual Report for 2014 - Institution

1. Report for Year: 2014

2. Institution Name: Select Therapy Institute Inc

3. Institution Code (Enter institutional code (main location)): 27091740

4. Street Address (Physical Location): 2209 N. San Gabriel Blvd, suite C

5. City: Rosemead

6. State: California

7. Zip Code: 91770

8. Number of Branch Locations: 0 ▼

9. Number of Satellite Locations: 0 ▼

10. Is this institution current with all assessments to the Student Tuition Recovery Fund?

Yes No

11. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Select from the drop down box, and refer to the online instructions for selecting more than one accrediting agency. Include only full institutional approval, not programmatic approval.

Yes No

*If you answered yes to the question above, please identify the accrediting agency. Please note that you can select more than one agency -in order to accomplish this make sure that you do the following:

FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key at the same time.

FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key at the same time.

Accreditation Commission for Acupuncture and Oriental Medicine

Accreditation Commission for Midwifery Education

Accrediting Bureau of Health Education Schools

Accrediting Commission of Career Schools and Colleges

12. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:

13. Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.

Yes No

14. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?

Yes No

What is the total amount of Title IV funds received by your institution in 2014?

15. Does your institution participate in veteran's financial aid education programs?

Yes No

What is the total amount of veteran's financial aid funds received by your institution in 2014?

16. Does your institution participate in the Cal Grant program?

Yes No

What is the total amount of Cal Grant Funds received by your institution in 2014??

17. Is your institution on the California's Eligible Training Provider List (ETPL)?

Yes No

18. Is your institution receiving funds from the Work Investment Act (WIA) Program?

Yes No

What is the total amount of WIA funds received by your institution in 2014?

19. Does your Institution participate in, or offer any additional financial aid program? If yes, please provide the name of the financial aid program

Yes No

20. 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: %

21. The percentage of the students who attended this institution in 2014 who received federal student loans to help pay their cost of education at the school was:
 %

22. The percentage of institutional income in 2014 that was derived from public funding:

23. Number of Doctorate Degrees Offered: ▼

24. Number of Students enrolled in Doctorate level programs at this Institution:

25. Number of Master Degrees Offered: ▼

26. Number of Students enrolled in Master level programs at this institution:

27. Number of Bachelor Degrees Offered: ▼

28. Number of Students enrolled in Bachelor level programs at this institution:

29. Number of Associate Degrees Offered: ▼

30. Number of Students enrolled in Associate level programs at this institution:

31. Number of Diploma or Certificate Programs Offered: ▼

32. Number of Students enrolled in Diploma or Certificate programs at this institution:

33. 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, 2014 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, 2014 Catalog, and School Performance Fact Sheet to the Bureau, please refer to the Completion Check Sheet and Certification.

**The Bureau recommends a portion of the school's website dedicated to providing students with the required information below. This section should include the Annual Report, Catalog, and Student Performance Fact Sheet.

BPPE Annual Report for 2014 - Programs

Institution Information

1. Report for Year: **2014**

2. Institution Code (Enter institutional code (main location)): **27091740**

Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Diploma/Certificate** ▼ If "Other", please specify:

4. Degree/Program Title: **Diploma or Certificate** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.): **Nurse Assistant Training Program**

6. Number of Degrees or Diplomas Awarded: **122**

7. Total Charges for this program \$ **2757**

8. Number of Students Who Began the Program: **135**

9. Students Available for Graduation: **135**

10. Graduates: **122**

11. Completion Rate: **90**

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?

Yes No

Placement

14. Graduates Available for Employment: **122**

15. Graduates Employed in the Field: **98**

16. Placement Rate: **80**

17. Graduates employed in the field an average of less than 32 hours per week: **17**

18. Graduates employed in the field an average of 32 or more hours per week: **81**

Exam Passage Rate

19. Does this educational program lead to an occupation that requires licensing?

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

(For each of the last two years):

First Data Year

20. Year (YYYY): **2014** ▼

21. Name of the licensing entity that licenses this field: **Certified Nurse Assistant Certification**

22. Name of Exam: **Nurse Assistant Compete**

23. Number of Students Taking Exam: **83**

24. Number Who Passed the Exam: **80**

25. Number Who Failed the Exam: **3**

26. Passage Rate: **96**

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

Yes No

Name of Agency: **American Red Cross**

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

Second Data Year

29. Year (YYYY): ▼

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

31. Name of Exam:

32. Number of Students Taking Exam:

33. Number Who Passed the Exam:

34. Number Who Failed the Exam:

35. Passage Rate:

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

Yes No

Name of Agency:

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

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:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

Salary Data

39. Graduates Available for Employment:

40. Graduates Employed in the Field:

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

\$0 - \$5,000.00:

\$5001.00 - \$10,000:

\$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 :

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4. Degree/Program Title: **Diploma or Certificate** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:

5. Name of Program (e.g. Business Administration, Massage, etc.): **Home Health Aide Training Program**

6. Number of Degrees or Diplomas Awarded: **22**

7. Total Charges for this program \$ **650**

8. Number of Students Who Began the Program: **22**

9. Students Available for Graduation: **22**

10. Graduates: **22**

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?

Yes No

Placement

14. Graduates Available for Employment: **22**

15. Graduates Employed in the Field: **21**

16. Placement Rate: **95**

17. Graduates employed in the field 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: **18**

Exam Passage Rate

19. Does this educational program lead to an occupation that requires licensing?

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

(For each of the last two years):

First Data Year

20. Year (YYYY): *Select the Year* ▼

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

22. Name of Exam:

23. Number of Students Taking Exam:

24. Number Who Passed the Exam:

25. Number Who Failed the Exam:

26. Passage Rate:

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

Yes No

Name of Agency:

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* ▼

30. Name of the licensing entity that licenses this field: []

31. Name of Exam: []

32. Number of Students Taking Exam: []

33. Number Who Passed the Exam: []

34. Number Who Failed the Exam: []

35. Passage Rate: []

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

 Yes No

Name of Agency: []

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

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:

Name of Option/Requirement: []

Name of Option/Requirement: []

Name of Option/Requirement: []

Salary Data

39. Graduates Available for Employment: 22

40. Graduates Employed in the Field: 21

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: 21

\$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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1. Report for Year: **2014**
2. Institution Code (Enter institutional code (main location)): **27091740**

Information for each Educational Program Offered at the Institution

3. Degree/Program Level: **Diploma/Certificate** ▼ If "Other", please specify:
4. Degree/Program Title: **Diploma or Certificate** ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): **Security Guard Training Program**
6. Number of Degrees or Diplomas Awarded: **7**
7. Total Charges for this program \$ **603**
8. Number of Students Who Began the Program: **7**
9. Students Available for Graduation: **7**
10. Graduates: **7**
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?

Yes No

Placement

14. Graduates Available for Employment: **7**
15. Graduates Employed in the Field: **6**
16. Placement Rate: **86**
17. Graduates employed in the field an average of less than 32 hours per week: **2**
18. Graduates employed in the field an average of 32 or more hours per week: **4**

Exam Passage Rate

19. Does this educational program lead to an occupation that requires licensing?

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

(For each of the last two years):

First Data Year

20. Year (YYYY): *Select the Year* ▼
21. Name of the licensing entity that licenses this field:
22. Name of Exam:
23. Number of Students Taking Exam:
24. Number Who Passed the Exam:
25. Number Who Failed the Exam:
26. Passage Rate:
27. Is this data from the licensing agency that administered the exam?
 Yes No
Name of Agency:
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* ▼

30. Name of the licensing entity that licenses this field: []

31. Name of Exam: []

32. Number of Students Taking Exam: []

33. Number Who Passed the Exam: []

34. Number Who Failed the Exam: []

35. Passage Rate: []

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

Yes No

Name of Agency: []

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

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:

Name of Option/Requirement: []

Name of Option/Requirement: []

Name of Option/Requirement: []

Salary Data

39. Graduates Available for Employment: [7]

40. Graduates Employed in the Field: [6]

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:	6
\$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