



# 2014 ANNUAL REPORT

## BEVERLY HILL MAIN CAMPUS/ONTARIO BRANCH CAMPUS

DATA PRESENTED FOR THE CONSIDERATION OF:  
THE **B**UREAU FOR **P**RIVATE **P**OSTSECONDARY **E**DUCTION  
BY:

**WEST COAST ULTRASOUND INSTITUTE**

**MAIN CAMPUS**  
291 SOUTH LA CIENEGA BOULEVARD, SUITE 500  
BEVERLY HILLS, CALIFORNIA 90211  
SCHOOL #1935281

**ONTARIO BRANCH CAMPUS**  
3700 EAST INLAND EMPIRE BLVD., SUITE 235  
ONTARIO, CALIFORNIA 91764  
SCHOOL #80057768

JULY 2015

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## BPPE Annual Report for 2014 - Institution

**Please Review your data below before submitting it to the database. Additionally, please note that you have a few options in terms of receiving copies of this information:**

1. *If you'd like an email containing this data sent to you, please enter your email address into the textbox located just above the Captcha section towards the bottom of this form.*
2. *After you click on the "Submit to Database" button below, please follow the instructions to complete this section of the annual report process.*

1. Report for Year: **2014**

2. Institution Name:

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

**4. Street Address (Physical Location):**

291 South La Cienega Blvd., suite 500

**5. City:** Beverly Hills**6. State:** California**7. Zip Code:** 90211**8. Number of Branch Locations:** 2 ▼**9. Number of Satellite Locations:** 0 ▼

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.

**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

**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?

Accreditation Commission for Midwifery Education  
 Accrediting Bureau of Health Education Schools  
 Accrediting Commission of Career Schools and Colleges  
 Accrediting Council for Continuing Education and Training  
 Accrediting Council for Independent Colleges and Schools  
 American Bar Association, Council of the Section of Legal Education and Admissions to the Bar  
 American Board of Funeral Service Education, Committee on Accreditation  
 American Dietetic Association, American Commission on Education in Nutrition and Dietetics Education  
 American Osteopathic Association, Commission on Osteopathic College Accreditation  
 American Podiatric Medical Association, Council on Podiatric Medical Education  
 Association for Biblical Higher Education, Commission on Accreditation  
 Association of Advanced Rabbinical and Talmudic Schools, Accreditation Commission  
 Commission on Accrediting of the Association of Theological Schools  
 Commission on Massage Therapy Accreditation  
 Council on Accreditation of Nurse Anesthesia Educational Programs  
 Council on Chiropractic Education, Commission on Accreditation  
 Council on Occupational Education, Commission (Formerly SACS-COEI)  
 Distance Education and Training Council, Accrediting Commission  
 Joint Review Committee on Education in Radiologic Technology  
 Middle States Commission on High Education  
 Middle States Commission on Secondary Schools  
 Midwifery Education Accreditation Council  
 Montessori Accreditation Council for Teacher Education, Commission on Accreditation  
 National Accrediting Commission of Cosmetology Arts and Sciences  
 National Accrediting Commission of Career Arts and Sciences, Inc.  
 National Association of Schools of Art and Design, Commission on Accreditation  
 National Association of Schools of Dance, Commission on Accreditation  
 National Association of Schools of Music, Commission on Accreditation  
 National Association of Schools of Theater, Commission on Accreditation  
 National League for Nursing Accrediting Commission  
 New England Association of Schools and Colleges, Commission on Institutions of Higher Education  
 New England Association of Schools and Colleges, Commission on Technical and Career Institutions  
 New York State Board of Regents, and the Commissioner of Education  
 North Central Association Commission on Accreditation and School Improvement, Board of Trustees  
 North Central Association of Colleges and Schools, The Higher Learning Commission  
 Northwest Commission on Colleges and Universities  
 Southern Association of Colleges and Schools, Commission on Colleges  
 Transnational Association of Christian Colleges and Schools  
 Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges  
 Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities

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

13609548

**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?

13609548

**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??  
13609548

17. Is your institution on the California 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?  
13609548

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: 8.9

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:

82

22. The percentage of institutional income in 2014 that was derived from public funding. 0

23. Number of Doctorate Degrees Offered: 0

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

0

25. Number of Master Degrees Offered: 0

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

0

27. Number of Bachelor Degrees Offered: 1

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

0

29. Number of Associate Degrees Offered: 3

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

1108

31. Number of Diploma or Certificate Programs Offered: 4

32. Number of Students enrolled in Diploma or Certificate programs at this institution: 256

**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.

Link:

Institution website:

www.wcui.edu

Performance Fact Sheet:

www.wcui.edu/page/consumer-information

2014 Catalog:

www.wcui.edu/page/consumer-information

Annual Report:

www.wcui.edu/page/consumer-information

**Do you want an email containing the information you've entered above sent to you?**

**If so, please enter it here:**

**\*CAPTCHA: (Please enter the text found in the image below or specified in the audio link to validate the submission of your data.)**



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### BPPE Annual Report for 2014 - Programs

#### Institution Information

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

#### Information for each Educational Program Offered at the Institution

- 3. Degree/Program Level:  If "Other", please specify:
- 4. Degree/Program Title:  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.):
- 6. Number of Degrees or Diplomas Awarded:
- 7. Total Charges for this program \$
- 8. Number of Students Who Began the Program:
- 9. Students Available for Graduation:
- 10. Graduates:
- 11. Completion Rate:
- 12. 150% Completion Rate:
- 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:
- 15. Graduates Employed in the Field:
- 16. Placement Rate:
- 17. Graduates employed in the field an average of less than 32 hours per week:
- 18. Graduates employed in the field an average of 32 or more hours per week:

#### 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):
- 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: [text box]

31. Name of Exam: [text box]

32. Number of Students Taking Exam: [text box]

33. Number Who Passed the Exam: [text box]

34. Number Who Failed the Exam: [text box]

35. Passage Rate: [text box]

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

Yes  No

Name of Agency: [text box]

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

[Large empty text box for description]

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: [text box]

Name of Option/Requirement: [text box]

Name of Option/Requirement: [text box]

Salary Data

39. Graduates Available for Employment: 0 [text box]

40. Graduates Employed in the Field: 0 [text box]

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

\$0 - \$5,000.00: 0 [text box]

\$5001.00 - \$10,000.00: 0 [text box]

\$10,001.00 - \$15,000.00: 0 [text box]

\$15,001.00 - \$20,000.00: 0 [text box]

\$20,001.00 - \$25,000.00: 0 [text box]

\$25,001.00 - \$30,000.00: 0 [text box]

\$30,001.00 - \$35,000.00: 0 [text box]

\$35,001.00 - \$40,000.00: 0 [text box]

\$40,001.00 - \$45,000.00: 0 [text box]

\$45,001.00 - \$50,000.00: 0 [text box]

\$50,001.00 - \$55,000.00: 0 [text box]

\$55,001.00 - \$60,000.00: 0 [text box]

\$60,001.00 - \$65,000.00: 0 [text box]

\$65,001.00 - \$70,000.00: 0 [text box]

\$70,001.00 - \$75,000.00: 0 [text box]

\$75,001.00 - \$80,000.00: 0 [text box]

\$80,001.00 - \$85,000.00: 0 [text box]

\$85,001.00 - \$90,000.00: 0 [text box]

\$90,001.00 - \$95,000.00: 0 [text box]

\$95,001.00 - \$100,000.00: 0 [text box]

Over \$100,000.00 : 0 [text box]

Submit

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### BPPE Annual Report for 2014 - Programs

#### Institution Information

- 1. Report for Year: 2014
- 2. Institution Code (Enter institutional code (main location)): 1935281

#### Information for each Educational Program Offered at the Institution

- 3. Degree/Program Level: Associate If "Other", please specify:
- 4. Degree/Program Title: Occupational Associate 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.): Diagnostic Medical Sonography
- 6. Number of Degrees or Diplomas Awarded: 43
- 7. Total Charges for this program \$ 36058
- 8. Number of Students Who Began the Program: 184
- 9. Students Available for Graduation: 184
- 10. Graduates: 43
- 11. Completion Rate: 23%
- 12. 150% Completion Rate: 46%
- 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: 43
- 15. Graduates Employed in the Field: 32
- 16. Placement Rate: 74%
- 17. Graduates employed in the field an average of less than 32 hours per week: 15
- 18. Graduates employed in the field an average of 32 or more hours per week: 17

#### 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:

[Empty text box for description]

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: 43

40. Graduates Employed in the Field: 32

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

\$0 - \$5,000.00: 0

\$5001.00 - \$10,000.00: 0

\$10,001.00 - \$15,000.00: 2

\$15,001.00 - \$20,000.00: 3

\$20,001.00 - \$25,000.00: 5

\$25,001.00 - \$30,000.00: 4

\$30,001.00 - \$35,000.00: 2

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

\$40,001.00 - \$45,000.00: 5

\$45,001.00 - \$50,000.00: 2

\$50,001.00 - \$55,000.00: 5

\$55,001.00 - \$60,000.00: 1

\$60,001.00 - \$65,000.00: 1

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

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

\$75,001.00 - \$80,000.00: 1

\$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

Submit

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## BPPE Annual Report for 2014 - Programs

### Institution Information

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

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level:  If "Other", please specify:
4. Degree/Program Title:  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.):
6. Number of Degrees or Diplomas Awarded:
7. Total Charges for this program \$
8. Number of Students Who Began the Program:
9. Students Available for Graduation:
10. Graduates:
11. Completion Rate:
12. 150% Completion Rate:
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:
15. Graduates Employed in the Field:
16. Placement Rate:
17. Graduates employed in the field an average of less than 32 hours per week:
18. Graduates employed in the field an average of 32 or more hours per week:

### 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):
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:

Empty text box for description of process.

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: 32

40. Graduates Employed in the Field: 20

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

\$0 - \$5,000.00:	1
\$5001.00 - \$10,000.00:	
\$10,001.00 - \$15,000.00:	
\$15,001.00 - \$20,000.00:	1
\$20,001.00 - \$25,000.00:	7
\$25,001.00 - \$30,000.00:	1
\$30,001.00 - \$35,000.00:	1
\$35,001.00 - \$40,000.00:	2
\$40,001.00 - \$45,000.00:	1
\$45,001.00 - \$50,000.00:	0
\$50,001.00 - \$55,000.00:	3
\$55,001.00 - \$60,000.00:	1
\$60,001.00 - \$65,000.00:	1
\$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:	1
\$90,001.00 - \$95,000.00:	
\$95,001.00 - \$100,000.00:	
Over \$100,000.00 :	

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.





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## BPPE Annual Report for 2014 - Programs

### Institution Information

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

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level:  If "Other", please specify:
4. Degree/Program Title:  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.):
6. Number of Degrees or Diplomas Awarded:
7. Total Charges for this program \$
8. Number of Students Who Began the Program:
9. Students Available for Graduation:
10. Graduates:
11. Completion Rate:
12. 150% Completion Rate:
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:
15. Graduates Employed in the Field:
16. Placement Rate:
17. Graduates employed in the field an average of less than 32 hours per week:
18. Graduates employed in the field an average of 32 or more hours per week:

### 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):
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:

[Empty text box for description]

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: 25

40. Graduates Employed in the Field: 15

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

\$0 - \$5,000.00: 0

\$5001.00 - \$10,000.00: 0

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

\$15,001.00 - \$20,000.00: 3

\$20,001.00 - \$25,000.00: 1

\$25,001.00 - \$30,000.00: 4

\$30,001.00 - \$35,000.00: 4

\$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: 1

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

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

\$65,001.00 - \$70,000.00: 1

\$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: 1

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

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- 6. Number of Degrees or Diplomas Awarded:
- 7. Total Charges for this program \$
- 8. Number of Students Who Began the Program:
- 9. Students Available for Graduation:
- 10. Graduates:
- 11. Completion Rate:
- 12. 150% Completion Rate:
- 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:
- 15. Graduates Employed in the Field:
- 16. Placement Rate:
- 17. Graduates employed in the field an average of less than 32 hours per week:
- 18. Graduates employed in the field an average of 32 or more hours per week:

### 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):
- 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:

[Empty text box for description]

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: 2

40. Graduates Employed in the Field: 1

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

\$0 - \$5,000.00: 0

\$5001.00 - \$10,000.00: 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: 1

\$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

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.





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### BPPE Annual Report for 2014 - Programs

#### Institution Information

- 1. Report for Year: 2014
- 2. Institution Code (Enter institutional code (main location)): 1935281

#### 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.): Magnetic Resonance Imaging-L
- 6. Number of Degrees or Diplomas Awarded: 1
- 7. Total Charges for this program \$ 28015
- 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?
  - Yes  No

#### Placement

- 14. Graduates Available for Employment: 1
- 15. Graduates Employed in the Field: 1
- 16. Placement Rate: 100
- 17. Graduates employed in the field an average of less than 32 hours per week: 0
- 18. Graduates employed in the field an average of 32 or more hours per week: 1

#### 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:

Empty text box for description of process.

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: 1

40. Graduates Employed in the Field: 1

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

Table with salary ranges and counts. The range \$75,001.00 - \$80,000.00 has a count of 79684.

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.



1. Report for Year: **2014**

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

1935281

### 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.):

Pediatric Cardiac Ultrasound

6. Number of Degrees or Diplomas Awarded: 5

7. Total Charges for this program \$ 19745

8. Number of Students Who Began the Program: 8

9. Students Available for Graduation: 8

10. Graduates: 6

11. Completion Rate: 75

12. 150% Completion Rate: 0

14. Graduates Available for Employment: 6

15. Graduates Employed in the Field: 5

16. Placement Rate: 83

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:

3

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:

### Information for each Educational

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

### Exam Passage Rate

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

**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:	1
\$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:	1
\$65,001.00 - \$70,000.00:	0
\$70,001.00 - \$75,000.00:	1
\$75,001.00 - \$80,000.00:	0
\$80,001.00 - \$85,000.00:	0
\$85,001.00 - \$90,000.00:	1
\$90,001.00 - \$95,000.00:	0
\$95,001.00 - \$100,000.00:	0
Over \$100,000.00 :	0

**Do you want an email containing the information you've entered above sent to you?  
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## BPPE Annual Report for 2014 - Programs

### Institution Information

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

### Information for each Educational Program Offered at the Institution

3. Degree/Program Level:  If "Other", please specify:   
 4. Degree/Program Title:  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.):   
 6. Number of Degrees or Diplomas Awarded:   
 7. Total Charges for this program \$   
 8. Number of Students Who Began the Program:   
 9. Students Available for Graduation:   
 10. Graduates:   
 11. Completion Rate:   
 12. 150% Completion Rate:   
 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:   
 15. Graduates Employed in the Field:   
 16. Placement Rate:   
 17. Graduates employed in the field an average of less than 32 hours per week:   
 18. Graduates employed in the field an average of 32 or more hours per week:

### 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):   
 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): 2014

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

31. Name of Exam: NCLEX

32. Number of Students Taking Exam: 28

33. Number Who Passed the Exam: 24

34. Number Who Failed the Exam: 4

35. Passage Rate: 86

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

Yes No

Name of Agency: BVNPT

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

[Empty text box for description]

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: 32

40. Graduates Employed in the Field: 19

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

Table with salary ranges and counts: \$0 - \$5,000.00: 2; \$5001.00 - \$10,000.00: 0; \$10,001.00 - \$15,000.00: 0; \$15,001.00 - \$20,000.00: 1; \$20,001.00 - \$25,000.00: 3; \$25,001.00 - \$30,000.00: 0; \$30,001.00 - \$35,000.00: 1; \$35,001.00 - \$40,000.00: 3; \$40,001.00 - \$45,000.00: 4; \$45,001.00 - \$50,000.00: 2; \$50,001.00 - \$55,000.00: 1; \$55,001.00 - \$60,000.00: 2; \$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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## BPPE Annual Report for 2014 - Branch Locations

### Institution Information

- 1. Report for Year: **2014**
- 2. Institution Name:
- 3. Institution Code (Enter institutional code (main location)):

### Branch Location

- 4. Street Address:
- 5. City:
- 6. State:
- 7. Zip Code:

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## EMPLOYMENT POSITIONS AVAILABLE TO GRADUATES:

### **ULTRASOUND TECHNICIAN/TECHNOLOGIST/SONOGRAPHER CARDIOVASCULAR TECHNICIAN/TECHNOLOGIST/SONOGRAPHER**

---

Apply to the following ultrasound programs:

Diagnostic Medical Sonography AOS Degree Program  
Cardiovascular Sonography AOS Degree Program  
Pediatric Cardiac Ultrasound & Congenital Heart Disease Certificate Program

### **MRI TECHNOLOGIST/TECHNICIAN**

---

Apply to the following Magnetic Resonance Imaging Programs:

Magnetic Resonance Imaging AOS Degree Program  
Magnetic Resonance Imaging-Long Certificate Program  
Magnetic Resonance Imaging-Short Certificate Program

### **LICENSED VOCATIONAL NURSE**

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Apply to the following Nursing Program:

Vocational Nursing

**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)
  - 2014 School Catalog (unless a link to it is provided in the Annual Report)
  - United States Department of Education final administrative actions (if any),
    - Accreditation agency formal disciplinary actions (if any),
    - 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))
    - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))

Name of Institution West Coast Ultrasound Institute

Institution Code 1935281

Address of Institution 291 S. LaCienega Blvd., #500

City/State/Zip Code Beverly Hills, CA 90211

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

Keith Remmele, (310) 289-5123, keith@wcui.edu

**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)

\_\_\_\_\_  
(Date)

**Keith Remmele, CFO**

\_\_\_\_\_  
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: 7/28/2015

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.