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### **BPPE Annual Report for 2016 - Institution**

**Tracking Number:** 2017112932644

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 41500761

**Street Address (Physical Location):** 2121 S. El Camino Real, Building C-200

**City:** San Mateo

**State:** California

**Zip Code:** 94403

**Check all that apply to this institution:**

**For profit institution:** For profit institution

**Sole Proprietor:** Sole Proprietor

**Corporation:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 3

**Number of Satellite Locations:** 2

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:**

yes

**Is this institution current on Annual Fees?:** yes

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval:** yes

**If you answered yes to the question above, please identify the accrediting agency:**

Accrediting Bureau of Health Education Schools

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** CAPTE, JRCERT, BVNPT, ARMTRIT

**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.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?:** yes

**What is the total amount of Title IV funds received by your institution in 2016?:**

14,356,102

**Does your institution participate in veteran's financial aid education programs?:** yes

**What is the total amount of veteran's financial aid funds received by your institution in 2016?:** 573,900.66

**Does your institution participate in the Cal Grant program?:** yes

**What is the total amount of Cal Grant funds received by your institution in 2015?:**

431,542

**Is your institution on the California Eligible Training Provider List (ETPL)?:** yes

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** yes

**What is the total amount of WIOA funds received by your institution in 2016?:**

17,158.84

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** yes

**If yes, please indicate the name of the financial aid program:** Vocational Rehab, Private grants/loans

**The percentage of institutional income in 2016 that was derived from public funding:**

62

**Enter the most recent three-year Cohort Default Rate reported by the US Department of Education, for this institution:** 9.4

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was: 85**

**Total number of students enrolled at this institution: 1723**

**Number of Doctorate Degrees programs Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees programs Offered: 0**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees programs Offered: 2**

**Number of Students enrolled in Bachelor level programs at this institution: 13**

**Number of Associate Degrees programs Offered: 4**

**Number of Students enrolled in Associate level programs at this institution: 285**

**Number of Diploma or Certificate Programs Offered: 6**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 1425**

**Institution's website:** [www.gurnick.edu](http://www.gurnick.edu)

**Performance Fact Sheet:** [www.gurnick.edu/catalogs/Gurnick\\_Academy\\_SPFS\\_All\\_Campuses.pdf](http://www.gurnick.edu/catalogs/Gurnick_Academy_SPFS_All_Campuses.pdf)

**2016 Catalog:** [www.gurnick.edu/files/243/catalog2015.pdf](http://www.gurnick.edu/files/243/catalog2015.pdf)

**Annual Report:** [www.gurnick.edu/catalogs/BPPE\\_Annual\\_report\\_Gurnick\\_Academy\\_of\\_Medical\\_Arts.pdf](http://www.gurnick.edu/catalogs/BPPE_Annual_report_Gurnick_Academy_of_Medical_Arts.pdf)



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112954727

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Magnetic Resonance  
Imaging

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

**Total Charges for this program (Report whole dollars only):** \$ 38773

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 74

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 77

**Number of Students Who Began the Program:** 31

**Students Available for Graduation:** 31

**On-time Graduates: 22**

**Completion Rate: 71**

**150% Completion Rate: 71**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week:**

**Graduates employed in the field at least 30 hours per week:**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000: 0**

**\$5,001 - \$10,000: 0**

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112955527

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Phsysical Therapist  
Assistant

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

**Total Charges for this program (Report whole dollars only):** \$ 28366

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 69

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 68

**Number of Students Who Began the Program:** 26

**Students Available for Graduation:** 26



**On-time Graduates: 22**

**Completion Rate: 85**

**150% Completion Rate: 85**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: CAPTE**

**Name of Exam: National Physical Therapy Exam (NPTE)**

**Number of Graduates Taking State Exam: 22**

**Number Who Passed the State Exam: 20**

**Number Who Failed the State Exam: 2**

**Passage Rate: 91**

**Is this data from the State licensing agency that administered the exam?: yes**

**Name of Agency:** CAPTE

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** CAPTE

**Name of State Exam:** National Physical Therapy Exam (NPTE)

**Number of Graduates Taking State Exam:** 17

**Number Who Passed the State Exam:** 15

**Number Who Failed the State Exam:** 2

**Passage Rate:** 88

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** CAPTE

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112970823

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Radiologic Technology

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 50376

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 76

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: CDPH-RHB**

**Name of Exam: ARRT (R)**

**Number of Graduates Taking State Exam: 0**

**Number Who Passed the State Exam: 0**

**Number Who Failed the State Exam: 0**

**Passage Rate: 0**

**Is this data from the State licensing agency that administered the exam?: yes**

**Name of Agency: CDPH-RHB**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** CDPH-RHB

**Name of State Exam:** ARRT (R)

**Number of Graduates Taking State Exam:** 0

**Number Who Passed the State Exam:** 0

**Number Who Failed the State Exam:** 0

**Passage Rate:** 0

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** CDPH-RHB

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112971143

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Ultrasound Technology

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 48927

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 81

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0



**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112971406

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Bachelor

**If Other, please specify:**

**Degree/Program Title:** BachelorScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Diagnostic Medical  
Imaging

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 17453

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 75

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112971644

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Bachelor

**If Other, please specify:**

**Degree/Program Title:** BachelorScience

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** RN-to-BSN

**Number of Degrees or Diplomas Awarded:** 4

**Total Charges for this program (Report whole dollars only):** \$ 9900

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 44

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 25

**Number of Students Who Began the Program:** 5

**Students Available for Graduation:** 5

**On-time Graduates:** 4



**Completion Rate: 80**

**150% Completion Rate: 80**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112972730

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

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

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 14563

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 100

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 0

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**On-time Graduates:** 0

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112973839

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

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

**Number of Degrees or Diplomas Awarded:** 75

**Total Charges for this program (Report whole dollars only):** \$ 12914

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 77

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 75

**Number of Students Who Began the Program:** 98

**Students Available for Graduation:** 98

**On-time Graduates:** 67



**Completion Rate: 68**

**150% Completion Rate: 77**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112974134

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Psychiatric Technician

**Number of Degrees or Diplomas Awarded:** 14

**Total Charges for this program (Report whole dollars only):** \$ 24933

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 96

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 71

**Number of Students Who Began the Program:** 24

**Students Available for Graduation:** 24

**On-time Graduates:** 14

**Completion Rate: 58**

**150% Completion Rate: 58**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: BVNPT**

**Name of Exam: CAPT**

**Number of Graduates Taking State Exam: 13**

**Number Who Passed the State Exam: 12**

**Number Who Failed the State Exam: 1**

**Passage Rate: 92**

**Is this data from the State licensing agency that administered the exam?: yes**

**Name of Agency: BVNPT**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** BVNPT

**Name of State Exam:** CAPT

**Number of Graduates Taking State Exam:** 29

**Number Who Passed the State Exam:** 15

**Number Who Failed the State Exam:** 14

**Passage Rate:** 52

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** BVNPT

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112974507

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Radiologic Technology

**Number of Degrees or Diplomas Awarded:** 31

**Total Charges for this program (Report whole dollars only):** \$ 45568

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 76

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 76

**Number of Students Who Began the Program:** 33

**Students Available for Graduation:** 33

**On-time Graduates:** 29



**Completion Rate: 88**

**150% Completion Rate: 88**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: CDPH-RHB**

**Name of Exam: ARRT (R)**

**Number of Graduates Taking State Exam: 29**

**Number Who Passed the State Exam: 25**

**Number Who Failed the State Exam: 4**

**Passage Rate: 86**

**Is this data from the State licensing agency that administered the exam?: yes**

**Name of Agency: CDPH-RHB**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** CDPH-RHB

**Name of State Exam:** ARRT (R)

**Number of Graduates Taking State Exam:** 17

**Number Who Passed the State Exam:** 17

**Number Who Failed the State Exam:** 0

**Passage Rate:** 100

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** CDPH-RHB

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112974713

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Ultrasound Technology

**Number of Degrees or Diplomas Awarded:** 23

**Total Charges for this program (Report whole dollars only):** \$ 38788

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 84

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 79

**Number of Students Who Began the Program:** 24

**Students Available for Graduation:** 24

**On-time Graduates:** 19

**Completion Rate: 79**

**150% Completion Rate: 92**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the State licensing agency that administered the exam?:**

**Name of Agency:**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the State exam?:**

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

**Over \$100,000:**



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### **BPPE Annual Report for 2016 – Programs**

**Tracking Number:** 2017112975305

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

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

**Number of Degrees or Diplomas Awarded:** 390

**Total Charges for this program (Report whole dollars only):** \$ 31105

**The percentage of enrolled students in 2016 receiving federal student loans to pay for  
this program.** 88

**The percentage of graduates in 2016 who took out federal student loans to pay for this  
program.** 91

**Number of Students Who Began the Program:** 582

**Students Available for Graduation:** 582

**On-time Graduates:** 313



**Completion Rate: 54**

**150% Completion Rate: 67**

**Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed:**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires State licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field: BVNPT**

**Name of Exam: NCLEX-PN**

**Number of Graduates Taking State Exam: 397**

**Number Who Passed the State Exam: 298**

**Number Who Failed the State Exam: 99**

**Passage Rate: 75**

**Is this data from the State licensing agency that administered the exam?: yes**

**Name of Agency: BVNPT**

**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** BVNPT

**Name of State Exam:** NCLEX-PN

**Number of Graduates Taking State Exam:** 381

**Number Who Passed the State Exam:** 296

**Number Who Failed the State Exam:** 85

**Passage Rate:** 78%

**Is this data from the licensing agency that administered the State exam?:** yes

**Name of Agency:** BVNPT

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing State exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:**

**Graduates Employed in the Field:**

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

**\$0 - \$5,000:**

**\$5,001 - \$10,000:**

**\$10,001 - \$15,000:**

**\$15,001 - \$20,000:**

**\$20,001 - \$25,000:**

**\$25,001 - \$30,000:**

**\$30,001 - \$35,000:**

**\$35,001 - \$40,000:**

**\$40,001 - \$45,000:**

**\$45,001 - \$50,000:**

**\$50,001 - \$55,000:**

**\$55,001 - \$60,000:**

**\$60,001 - \$65,000:**

**\$65,001 - \$70,000:**

**\$70,001 - \$75,000:**

**\$75,001 - \$80,000:**

**\$80,001 - \$85,000:**

**\$85,001 - \$90,000:**

**\$90,001 - \$95,000:**

**\$95,001 - \$100,000:**

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### **BPPE Annual Report for 2016 – Branch Locations**

**Tracking Number:** 2017112925402

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

**Total number of students at this branch location?** 512

**Name of programs offered at this branch locations?** Vocational Nurse, Psychiatric Technician, Medical Assistant, AS in Radiologic Technology, RN-to-BSN, BS in Diagnostic Medical Imaging

**Branch Address:** 1401 Willow Pass Rd., Suite 450

**Branch City:** Concord

**Branch State:** California

**Branch Zip Code:** 94520



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

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**BPPE Annual Report for 2016 – Branch Locations****Tracking Number:** 2017112925622**Report for Year:** 2016**Institution Name:** Gurnick Academy of Medical Arts**Institution Code:** 41500761**Total number of students at this branch location?** 343**Name of programs offered at this branch locations?** Vocational Nurse, Medical Assistant,  
AS in Ultrasound Technology**Branch Address:** 7335 N. Palm Bluffs Avenue**Branch City:** Fresno**Branch State:** California**Branch Zip Code:** 93711



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### **BPPE Annual Report for 2016 – Branch Locations**

**Tracking Number:** 2017112925833

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 41500761

**Total number of students at this branch location?** 434

**Name of programs offered at this branch locations?** Vocational Nurse, Medical Assistant,  
AS in Magnetic Resonance Imaging

**Branch Address:** 4712 Stoddard Road, Suite 200

**Branch City:** Modesto

**Branch State:** California

**Branch Zip Code:** 95356



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### **BPPE Annual Report for 2016 – Satellite Locations**

**Tracking Number:** 2017112924537

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 74722133

**Satellite Address:** 1465 Civic Court, Suite 820

**Satellite City:** Concord

**Satellite State:** California

**Satellite Zip Code:** 94520



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### **BPPE Annual Report for 2016 – Satellite Locations**

**Tracking Number:** 2017112924956

**Report for Year:** 2016

**Institution Name:** Gurnick Academy of Medical Arts

**Institution Code:** 86815340

**Satellite Address:** 4747 N. 1st St.

**Satellite City:** Fresno

**Satellite State:** California

**Satellite Zip Code:** 93726