

# Institution Information



**Bureau for Private  
Postsecondary Education**  
Department of Consumer Affairs

## 2020 Annual Report Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

### 2020 BPPE Annual Report - Program - Institution Data

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**Complete one Program Data Workflow for EACH educational program offered (advertised) by the institution in the reporting year. If an institution offers the same program at the main location and a branch location, combine the data together and submit one Program Data Workflow for the program being reported.**

1. Report Year \*

**2020**

2. Institution Code \*

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

**1901191**

3. Institution Name (auto-populated) \*

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

**Associated Technical College**

## Program Name

## 2020 BPPE Annual Report - Program - Program Name

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Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Medical Assistant**

5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a. \*

**Diploma/Certificate**

6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)

**Medical/Clinical Assistant.**

7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)

**31-9092 - Medical Assistants**

## Financial and Graduation

### 2020 BPPE Annual Report - Program - Financial Data and Graduation Rates

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Display Instructions for #8 - #18 (Toggle)

**Not Checked**

8. Number of Degrees, Diplomas or Certificates Awarded \*

If none, indicate "0".

**79**

9. Total Charges for this Program \*

**\$17,000.00**

10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program \*

**42**

11. The percentage of graduates in the reporting year who took out federal student loans to pay for this program \*

**41**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**130**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**130**

14. Number of On-time Graduates \*

If none, indicate "0".

**65**

15. Completion Rate

This is a calculated field based on #14 and #13.

**50**

16. 150% Graduates?

**79**

17. 150% Completion Rate

This is a calculated field based on #16 and #13.

**60.76923**

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

**No**

## Placement Data

### 2020 BPPE Annual Report - Program - Placement Data

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**59**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**42**

21. Placement Rate

This is a calculated field based on #17 and #18.

**71.18644**

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**16**

22b. at least 30 hours per week \*

If none, indicate "0".

**26**

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*  
If none, indicate "0".

**42**

23b. In concurrent aggregated positions in the field of  
study (2 or more positions at the same time) \*  
If none, indicate "0".

**0**

23c. Freelance/self-employed \*  
If none, indicate "0".

**2**

23d. By the institution or an employer owned by the  
institution, or an employer who shares ownership with  
the institution \*  
If none, indicate "0".

**1**

## Allied Health

### 2020 BPPE Annual Report - Program - Allied Health Professionals

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Display Instructions for #24-25 (Toggle)

**Not Checked**

24. Does this "Program" lead to a certificate or degree related to one or more of the  
following allied health professionals that requires clinical training? \*

**No**

## Exam Passage Rate

### 2020 BPPE Annual Report - Program - Exam Passage Rate

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Display Instructions for #26 (Toggle)

**Not Checked**

26. Does this educational program lead to an occupation that requires State  
licensing? \*

No

You have indicated "No" for question #22, please proceed to 'Salary Data'.

# Salary Data

## 2020 BPPE Annual Report - Program - Salary Data

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Display Instructions for #43-45 (Toggle)

**Not Checked**

### 43. Graduates Available for Employment

This field is auto-populated based on your entry in #17.

**59**

### 44. Graduates Employed in the Field

This field is auto-populated based on your entry in #18.

**42**

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

For graduates employed in the field, indicate their salaries/earnings below. **If there are none in any specific range, indicate "0."**

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\$0 - \$5,000 *	\$5,001 - \$10,000 *
<b>0</b>	<b>0</b>
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
<b>2</b>	<b>8</b>
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
<b>5</b>	<b>2</b>
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
<b>15</b>	<b>2</b>
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
<b>2</b>	<b>0</b>
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
<b>0</b>	<b>0</b>
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
<b>0</b>	<b>0</b>
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
<b>0</b>	<b>0</b>

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

**0**

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

**0**

Over \$100,000 \*

**0**

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

**0**

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

**0**

## Institution Data



# Bureau for Private Postsecondary Educat

Department of Consumer Affairs

## 2020 Annual Report

### Institution Data Workflow

(Printer Friendly Annual Report Instructions Document)

#### 2020 BPPE Annual Report - Institution - General Info

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Annual Report data is institutional data that is combined for the main location, branch and all satellite locations.

1. Report Year \*

**2020**

2. Institution Code \*

Enter valid Institution Code (main location). Only entry of valid Institution Code will auto-populate the read-only Institution Name field in question #3.

**1901191**

3. Institution Name (auto-populated) \*

If a valid Institution Code is entered in question #2, the Institution Name will auto-populate. If incorrect Institution Code is entered, you must clear out the Code field in question #2, then enter the correct Institution Code to re-fill the Institution Name with the correct Institution Name.

**Associated Technical College**

4. Street Address (Physical Location) \*

**1670 Wilshire Blvd.,**

5. City \*

**Los Angeles**

6. State \*

**CA**

7. Zip Code \*

**90017**

8. Check all that apply to the form of business organization of this institution: \*

**For profit corporation**

9. Number of Branch Locations \*

Indicate the number of branch locations associated with the main location. If none, enter zero ("0")

**0**

10. Number of Satellite Locations \*

Indicate the number of branch locations associated with the main location or branch location. If none, enter zero ("0")

**0**

## Fees / Accreditation

### 2020 BPPE Annual Report - Institution - Fees/Accreditation

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Display Instructions for #11 - #14 (Toggle)

**Not Checked**

11a. Is this institution current with all assessments to the Student Tuition Recovery Fund? \*

**Yes**

11b. Is this institution current on Annual Fees? \*

**Yes**

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? \*

**Yes**

You indicated "Yes" to #12 above, please identify the accrediting agency(ies) below.

Follow the tips below to select more than one agency:

**FOR PC USERS:** While using the mouse to select items, make sure you hold down the Control (Ctrl) key.**FOR MAC USERS:** While using the mouse to select items, make sure you hold down the Command (Cmd) key.

12a. Accrediting Agency (more than one agency may be selected) \*

**Accrediting Commission of Career Schools and Colleges**



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

**N/A**

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a. \*

**No**

## Financial

### 2020 BPPE Annual Report - Institution - Financial

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For the questions below, please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

Display Instructions for #15 - #26 (Toggle)

**Not Checked**

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants) \*

**Yes**

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year? \*

**\$1,320,316.00**

16. Does your institution participate in veterans' financial aid education programs? \*

**No**

17. Does your institution participate in the Cal Grant program? \*

**No**

18. Is your institution on California's Eligible Training Provider List (ETPL)? \*

**No**

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program? \*

**Yes**

19a. What is the total amount of WIOA funds received by your institution in this Reporting Year? \*

**\$0.00**

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...) \*

**Yes**

20a. You indicated "Yes" for #20, please provide the name of the financial aid program below. \*

**0**

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?

**\$0.00**

21. Provide the percentage of institutional income during this Reporting Year derived from public funding. \*

If none, indicate "0".

**88**

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans) \*

**No**

22a. You indicated "Yes" for #22, please provide the name of the financial aid programs below.

23. The percentage of institutional income in the reporting year derived from any non-government financial aid. \*

**0**

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. \*

If Not Applicable, indicate "0".

**10**

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. \*

If none, indicate "0".

**34**

26. Provide the average amount of federal student loan debt of graduates who took out federal student loans at this institution. \*

**\$7,237.00**

## Offerings

### 2020 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period)

January 1st through December 31st . \*

If none, indicate "0".

**130**

**28. Number of Doctorate Degree Programs Offered?**

Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

**29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \***

If none, indicate "0".

**0**

**30. Number of Master Degree Programs Offered?**

Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

**31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \***

If none, indicate "0".

**0**

**32. Number of Bachelor Degree Programs Offered?**

Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

**33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \***

If none, indicate "0".

**0**

**34. Number of Associate Degree Programs Offered?**

Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students) \*

If none, indicate "0".

**0**

**35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \***

If none, indicate "0".

**0**

**36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students) \***

If none, indicate "0".

**2**

**37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period. \***

If none, indicate "0".

**130**

Total Program Count

**2**

## Website / Uploads

### 2020 BPPE Annual Report - Institution - Website and Required Uploads

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**An institution that maintains a website, shall provide on the homepage of that website, clear and conspicuous links to the most recent Annual Report**

**submitted to the Bureau, the Catalog, and School Performance Fact Sheet (CEC §94913)\*\*.**

\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below.

Uploads for Documents must be in PDF format. Other formatting may be too large to upload and will be rejected by BPPE staff.

Institution's Website

**[www.atcla.edu](http://www.atcla.edu)**

38. Upload School Performance Fact Sheet \*

Required file format = PDF

**ATC SPFS 2020 (MA) 12-1-2021.pdf**

39. Upload Catalog \*

Required file format = PDF

**ATC 2020 College Catalog BPPE with Checklist 12-1-2021.pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**ATC 2020 BPPE Enrollment Agreement includes Checklist 12-1-2021 FINAL.pdf**

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The file upload facility below (#41) is ONLY for use when BPPE requests additional supporting documentation. The initial submission of the Annual Report does not require any action below.

41. General File Upload (only use as directed by BPPE staff)

Recommended file format = PDF

# 2020 Institution Data



Thank You

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2020 Annual Report

Institution Data Submission:

**Institution Name:** Associated Technical College

**Institution Code:** 1901191

Your request number is DCA-BPPE-004253.

Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 574-8900, press "6" when prompted.

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# 2020 Program Data



Thank You

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## 2020 Annual Report

Program Data Submission:

**Institution Name:** Associated Technical College

**Institution Code:** 1901191

**Program Name:** Medical Assistant

Your request number is DCA-BPPE-Program-024656.

### Next Steps:

1. Complete submission of Institution Data; OR
2. Complete submission of ALL approved Program Data; OR
3. Complete submission of Branch Location Data (if applicable); OR
4. Complete submission of Satellite Location Data (if applicable); OR
5. Finalize the submission package by choosing 'Submit To BPPE' from the Dashboard.

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