

# Institution Data



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

### 2023 Annual Report

### Institution Data Workflow

[\(Printer Friendly Annual Report Instructions Document\)](#)

#### 2023 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 \*

**2023**

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.

**1907991**

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.

**North-West College**

4. Street Address (Physical Location) \*

**14540 Haynes Street**

5. City \*

**Van Nuys**

6. State \*

**CA**

7. Zip Code \*

**91411**

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

### 2023 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.

**BVNPT, ASHP**

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

### 2023 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**

## Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

**21. Provide the percentage of institutional income in the Report Year derived from public funding.** (Add #15, #16, #17, and #19. Divide the sum by Institution's Total Revenue) All money that is generated by the government to provide services to the general public is "public funding."

**23. Provide the percentage of institutional income during this reporting year derived from any non-government financial aid.** All non-government financial aid divided by total revenue.

**24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.** The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.

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? \*

**\$2,413,383.00**

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

**Yes**

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year? \*

**\$11,177.00**

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

**Yes**

17a. What is the total amount of Cal Grant Funds received by your institution in this Reporting Year? \*

**\$2,434.00**

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

**Yes**

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

**No**

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

**No**

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

If none, indicate "0".

**65**

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".

0

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".

88

## Offerings

### 2023 BPPE Annual Report - Institution - Offerings

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Display Instructions for #27 - #37 (Toggle)

**Not Checked**

## Instructions

[\(Printer Friendly Annual Report Instructions Document\)](#)

**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.

**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)

**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.

**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)

**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.

**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)

**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.

**34. Number of Associate Degree Programs Offered?** Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students)

**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.

**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)

**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.

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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".

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".

**5**

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".

**151**

Total Program Count

**5**

## Website / Uploads

### 2023 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

**nw.edu**

38. Upload School Performance Fact Sheet \*

Required file format = PDF

**combineFACTuse.pdf**

39. Upload Catalog \*

Required file format = PDF

**nwc\_catalog\_2023.pdf**

40. Upload Enrollment Agreement \*

Required file format = PDF

**NWC Enrollment Agreement - Van Nuys.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

## Analyst Review

### Analyst Review

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Status

**Need Additional Information**

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Institutions: Please address all comments and checked items before re-submitting this workflow.

Staff Comments:

**You are receiving this email because of errors found in your 2023 Annual Report submission. Please log back into this workflow to see the errors with your submission. To get back into this workflow, you need to log into the portal and on the dashboard homepage, scroll down to your submitted workflows. On the left side you will see three dots on each submission, click on the dots relating to this submission (look for Action Required) and click on "Edit Request." Once you have corrected the issue, you can submit it again.**

**Make all corrections by 12/5/2024. Failure to do so may lead to citation and/or fines.**

**Please input the data to the appropriate questions below under the financials tab:**

**Question - 20b should be 2426941.00.**

**Question - 21 should 65%.**

**In addition, the Answer to #20 needs to be yes, because you do receive public funding. (Title IV, Veterans financial aid funds etc)**

Institution Comments Regarding Staff Comments Above, If Applicable:

**In question 21 we marked 65%**

**there is no 20b.. last wk our Fiscal Operations person was out of the office and misunderstood that question. Question 20 should be no.. we do not have any other income.**

INSTITUTIONS: Provide explanation or resolution for all items addressed in the Financial Statement area, #5 above.

# Institution Information



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

## 2023 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2023 BPPE Annual Report - Program - Institution Data

---

**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 \*

**2023**

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.

**1907991**

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.

**North-West College**

## Program Name

## 2023 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Dental 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)

**51.0000 - Health Services/Allied Health/Health Sciences, General**

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

**31-9091 - Dental Assistants**

## Financial and Graduation

### 2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

If none, indicate "0".

**3**

9. Total Charges for this Program \*

**\$18,491.00**

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

**67**

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

**100**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**9**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**9**

14. Number of On-time Graduates \*

If none, indicate "0".

**0**

15. Completion Rate

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

**0**

16. 150% Graduates?

**3**

17. 150% Completion Rate

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

**33.33333**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**3**

20. Graduates Employed in the Field \*

If none, indicate "0".

**1**

21. Placement Rate

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

**33.33333**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**1**

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**1**

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".

**0**

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

**0**

## Allied Health

### 2023 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

### 2023 BPPE Annual Report - Program - Exam Passage Rate

---

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

### 2023 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

3

44. Graduates Employed in the Field

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

1

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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0



# Institution Information



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

## 2023 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2023 BPPE Annual Report - Program - Institution Data

---

**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 \*

**2023**

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.

**1907991**

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.

**North-West College**

## Program Name

## 2023 BPPE Annual Report - Program - Program Name

---

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)

**51.0000 - Health Services/Allied Health/Health Sciences, General**

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

### 2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

If none, indicate "0".

**19**

9. Total Charges for this Program \*

**\$18,491.00**

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

**82**

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

**95**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**33**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**33**

14. Number of On-time Graduates \*

If none, indicate "0".

**5**

15. Completion Rate

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

**15.15152**

16. 150% Graduates?

**19**

17. 150% Completion Rate

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

**57.57576**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**19**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**11**

21. Placement Rate

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

**57.89474**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**1**

22b. at least 30 hours per week \*

If none, indicate "0".

**10**

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**11**

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".

**0**

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

**0**

## Allied Health

### 2023 BPPE Annual Report - Program - Allied Health Professionals

---

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? \*

**Yes**

24a. Select the Allied Health Professions requiring clinical training.

**Medical Assistant**

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name	License or FI EN #	Program Nam e	Total Number of Students	Number of St udents Profici ent in Langua
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				ges Other than English
Accelerated Urgent Care	NPI 1083073 175	Medical Assistant	1	0
Advanced Health Medical Group	NPI 1811147 846	Medical Assistant	1	0
Advanced Retina Associates	1730292541	Medical Assistant	1	0
Ardeshir Karmi MD	NPI 1215036 215	Medical Assistant	1	0
Calabasas Dermatology Center	FNP 43385	Medical Assistant	1	0
Dr. Narsis Moshfeghi, MD	1972633774	Medical Assistant	1	0
Dr. Uri Ben-Zur, MD	G75051	Medical Assistant	2	0
La Familia Medical Clinic, Inc	FNP 42110	Medical Assistant	1	0
Mehdi Amini Moghadam MD	C 43315	Medical Assistant	1	0
Miracle Women's Medical Clinic	A96648	Medical Assistant	3	0
North Valley Group Consultants	NP10939875 39	Medical Assistant	1	0
Paul Kim, DO Inc Obstetrics & Gynecology	A 142925	Medical Assistant	1	0
Prestige Medical Center	NPI 1801444 708	Medical Assistant	1	0
Reseda Family Clinic & Urgent Care	A101315	Medical Assistant	1	0
San Fernando Medical Center	7033	Medical Assistant	1	0
Skinzone	NPI 1851945 646	Medical Assistant	1	0

Southern California Medical Center	NPI 1255729661	Medical Assistant	2	0
Sunil Rangappa, MD	A93249	Medical Assistant	1	0
Timeless Aesthetic & Laser Clinic	1194950550	Medical Assistant	1	0
Womens Medical Group of Tarzana	FNP548363	Medical Assistant	1	0
Zeb Medical Corp 24 Hour Medical Clinic	NPI 1619435427	Medical Assistant	2	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration

## Exam Passage Rate

### 2023 BPPE Annual Report - Program - Exam Passage Rate

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

# 2023 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

## 43. Graduates Available for Employment

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

**19**

## 44. Graduates Employed in the Field

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

**11**

## 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."**

---

\$0 - \$5,000 *	\$5,001 - \$10,000 *
0	0
\$10,001 - \$15,000 *	\$15,001 - \$20,000 *
0	1
\$20,001 - \$25,000 *	\$25,001 - \$30,000 *
0	0
\$30,001 - \$35,000 *	\$35,001 - \$40,000 *
4	5
\$40,001 - \$45,000 *	\$45,001 - \$50,000 *
0	0
\$50,001 - \$55,000 *	\$55,001 - \$60,000 *
0	0
\$60,001 - \$65,000 *	\$65,001 - \$70,000 *
0	0
\$70,001 - \$75,000 *	\$75,001 - \$80,000 *
0	0
\$80,001 - \$85,000 *	\$85,001 - \$90,000 *
0	0
\$90,001 - \$95,000 *	\$95,001 - \$100,000 *
0	0
Over \$100,000 *	
0	

# Institution Information



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

## 2023 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2023 BPPE Annual Report - Program - Institution Data

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**2023**

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**1907991**

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.

**North-West College**

## Program Name



## 2023 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Medical Insurance Biller & Coder**

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)

**51.2211 - Health Services Administration**

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

## Financial and Graduation

### 2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

If none, indicate "0".

**13**

9. Total Charges for this Program \*

**\$18,491.00**

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

**90**

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

**85**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**20**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**20**

14. Number of On-time Graduates \*

If none, indicate "0".

**2**

15. Completion Rate

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

**10**

16. 150% Graduates?

**13**

17. 150% Completion Rate

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

**65**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**13**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**8**

21. Placement Rate

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

**61.53846**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**8**

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**8**

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".

**0**

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

**0**

## Allied Health

### 2023 BPPE Annual Report - Program - Allied Health Professionals

---

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

### 2023 BPPE Annual Report - Program - Exam Passage Rate

---

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

### 2023 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

13

44. Graduates Employed in the Field

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

8

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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

4

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

1

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

0

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

0

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

0

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

0

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

0

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

1

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

0

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

# Institution Information



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

## 2023 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2023 BPPE Annual Report - Program - Institution Data

---

**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 \*

**2023**

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.

**1907991**

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.

**North-West College**

## Program Name

# 2023 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Pharmacy Technician**

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)

**51.0000 - Health Services/Allied Health/Health Sciences, General**

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

**29-2052 - Pharmacy Technicians**

## Financial and Graduation

### 2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

If none, indicate "0".

**8**

9. Total Charges for this Program \*

**\$18,491.00**

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

**81**

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

**100**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**16**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**16**

14. Number of On-time Graduates \*

If none, indicate "0".

**2**

15. Completion Rate

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

**12.5**

16. 150% Graduates?

**8**

17. 150% Completion Rate

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

**50**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**8**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**5**

21. Placement Rate

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

**62.5**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**0**

22b. at least 30 hours per week \*

If none, indicate "0".

**5**



---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**5**

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".

**0**

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

**0**

## Allied Health

### 2023 BPPE Annual Report - Program - Allied Health Professionals

---

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? \*

**Yes**

24a. Select the Allied Health Professions requiring clinical training.

**Pharmacy Technician and Technologist**

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name	License or FIE N #	Program Name	Total Number of Students	Number of Students Proficient in Language
-----------	--------------------	--------------	--------------------------	---

				ges Other than English
986 Pharmacy - Van Nuys	PHY554888	Pharmacy Technician	2	0
CVS Pharmacy #3055	NPI 1861435034	Pharmacy Technician	1	0
HENRY MAYO NEWHALL HOSPITAL	1780668434	Pharmacy Technician	1	0
Market Pharmacy - LTC	NPI 1730366584	Pharmacy Technician	1	0
Market Pharmacy - Northridge	NPI 1730366584	Pharmacy Technician	2	0
Option Care Health	1518912344	Pharmacy Technician	1	0
Option Care Pharmacy	NPI 1518912	Pharmacy Technician	2	0
Valencia Pharmacy	1073938114	Pharmacy Technician	1	0
Walgreens - Chatsworth	1487669768	Pharmacy Technician	1	0
Walgreens - Tarzana #01813	PHY48357	Pharmacy Technician	1	0
Walgreens #15930	NPI 1447667118	Pharmacy Technician	1	0
Walgreens Pharmacy - North Hollywood	PHY48575	Pharmacy Technician	1	0
Walgreens Pharmacy - North Hills	NPI 1154338036	Pharmacy Technician	1	0
Walgreens Pharmacy - Studio City	NPI: 1366718587	Pharmacy Technician	1	0
Walgreens Pharmacy #10767	1629240460	Pharmacy Technician	1	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration

## Exam Passage Rate

### 2023 BPPE Annual Report - Program - Exam Passage Rate

---

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

### 2023 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

**8**

44. Graduates Employed in the Field

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

**5**

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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

0

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

1

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

0

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

0

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

0

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

0

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

0

Over \$100,000 \*

0

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

0

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

0

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

0

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

4

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

0

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

0

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

0

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

0

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

0

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

0

# Institution Information



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

## 2023 Annual Report

### Program Data Workflow

(Printer Friendly Annual Report Instructions Document)

## 2023 BPPE Annual Report - Program - Institution Data

---

**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 \*

**2023**

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.

**1907991**

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.

**North-West College**

## Program Name

## 2023 BPPE Annual Report - Program - Program Name

---

Display Instructions for #4 - #7 (Toggle)

**Not Checked**

4. Name of Program \*

**Vocational Nurse**

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)

**51.0000 - Health Services/Allied Health/Health Sciences, General**

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

**29-2061 - Licensed Practical and Licensed Vocational Nurses**

## Financial and Graduation

### 2023 BPPE Annual Report - Program - Financial Data and Graduation Rates

---

Display Instructions for #8 - #18 (Toggle)

**Not Checked**

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

If none, indicate "0".

**40**

9. Total Charges for this Program \*

**\$37,991.00**

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

**90**

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

**93**

12. Number of Students Who Began the Program \*

If none, indicate "0".

**73**

13. Number of Students Available for Graduation \*

If none, indicate "0".

**73**

14. Number of On-time Graduates \*

If none, indicate "0".

**31**

15. Completion Rate

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

**42.46575**

16. 150% Graduates?

**40**

17. 150% Completion Rate

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

**54.79452**

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

**No**

## Placement Data

### 2023 BPPE Annual Report - Program - Placement Data

---

Display Instructions for #19 - #23 (Toggle)

**Not Checked**

19. Graduates Available for Employment \*

If none, indicate "0".

**40**

20. Graduates Employed in the Field \*

\*

If none, indicate "0".

**28**

21. Placement Rate

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

**70**

---

22. Graduates employed in the field...

22a. 20 to 29 hours per week \*

If none, indicate "0".

**1**

22b. at least 30 hours per week \*

If none, indicate "0".

**27**

---

23. Indicate the number of graduates employed...

23a. In a single position in the field of study \*

If none, indicate "0".

**28**

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".

**0**

23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution \*

If none, indicate "0".

**0**

## Allied Health

### 2023 BPPE Annual Report - Program - Allied Health Professionals

---

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? \*

**Yes**

24a. Select the Allied Health Professions requiring clinical training.

**Licensed Vocational Nurse**

24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.

Site Name	License or FIE N #	Program Name	Total Number of Students	Number of Students Proficient in Language
-----------	--------------------	--------------	--------------------------	---



			ges Other than English	
Emanate Health - Queen of the Valley	HSP17049	Vocational Nurse	62	0
Clara Baldwin	1346251329 V	Vocational Nurse	16	0
Pasadena Meadows	1982629440	Vocational Nurse	22	0
Los Angeles Community Hospital	106190198	Vocational Nurse	38	0
Mission Community	NPI 1750365375	Vocational Nurse	22	0
VA HOMes	NPI 1245785179	Vocational Nurse	22	0
St Francis	1407833486	Vocational Nurse	40	0
Windsor Manor	1972588846	Vocational Nurse	33	0
California Health Care & Rehab	NPI 1932286671	Vocational Nurse	72	0
Wodland Care Center	NPI 1427049816	Vocational Nurse	65	0

25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.

Site Name	Donation or Compensation Amount	Type of Consideration

## Exam Passage Rate

### 2023 BPPE Annual Report - Program - Exam Passage Rate

Display Instructions for #26 (Toggle)  
**Not Checked**

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

**Yes**

**You have indicated "Yes" for question #26, please complete #26a below and the following screens with the required Exam Passage Rate - Year 1 and Exam Passage Rate – Year 2. (Two years of data is required.)**

26a. Do graduates have the option or requirement for more than one type of licensing State exam? \*

**No**

## Exam Passage Rate - Year 1

### 2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2022

---

Display Instructions for #27-34 (Toggle)

**Not Checked**

27. Name of the State licensing entity that licenses this field \*

**BVNPT**

28. Name of State Exam \*

**NCLEX**

29. Number of Graduates Taking State Exam \*

If none, indicate "0".

**37**

30. Number Who Passed the State Exam \*

If none, indicate "0".

**34**

31. Number Who Failed the State Exam

This is a calculated field based on #25 and #26.

**3**

32. Passage Rate

This is a calculated field based on #25 and #26.

**91.89189**

33. Is this data from the State licensing agency that administered the exam? \*

**Yes**

33a. Name of Agency \*

**BVNPT**

## Exam Passage Rate - Year 2

### 2023 BPPE Annual Report - Program - Exam Passage Rate Data - 2023

---

Display Instructions for #35-42 (Toggle)

**Not Checked**

35. Name of the State licensing entity that licenses this field \*

**BVNPT**

36. Name of State Exam \*

**NCLEX**

37. Number of Graduates Taking State Exam \*

If none, indicate "0".

**38**

38. Number Who Passed the State Exam \*

If none, indicate "0".

**28**

39. Number Who Failed the State Exam

This is a calculated field based on #33 and #34.

**10**

40. Passage Rate

This is a calculated field based on #33 and #34.

**73.68421**

41. Is this data from the State licensing agency that administered the State exam? \*

Yes

41a. Name of Agency \*

BVNPT

## Salary Data

### 2023 BPPE Annual Report - Program - Salary Data

---

Display Instructions for #43-45 (Toggle)

**Not Checked**

43. Graduates Available for Employment

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

**40**

44. Graduates Employed in the Field

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

**28**

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."**

---

\$0 - \$5,000 \*

0

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

0

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

0

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

1

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

0

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

2

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

0

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

0

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

0

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

0

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

0

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

5

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

2

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

1

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

0

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

0

Over \$100,000 \*

0

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

8

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

2

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

0

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

0