2014 ANNUAL REPORT
BEVERLY HILL MAIN CAMPUS/ONTARIO BRANCH CAMPUS

DATA PRESENTED FOR THE CONSIDERATION OF:

THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

BY:

WEST COAST ULTRASOUND INSTITUTE

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

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

JULY 2015
BPPE Annual Report for 2014 - Institution

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

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

1. Report for Year: 2014
2. Institution Name: West Coast Ultrasound Institute
3. Institution Code (Enter institutional code (main location)): 1935281
4. Street Address (Physical Location):
291 South La Cienega Blvd., suite 500

5. City: Beverly Hills
6. State: California
7. Zip Code: 90211

8. Number of Branch Locations: 2
9. Number of Satellite Locations: 0

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

☐ Yes  ☐ No

*If you answered yes to the question above, please identify the accrediting agency. Please note that you can select more than one agency -in order to accomplish this make sure that you do the following:
FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key at the same time.
FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key at the same time.

10. Is this institution current with all assessments to the Student Tuition Recovery Fund?
   ☐ Yes  ☐ No

11. Is your institution

13. Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.
   ☐ Yes  ☐ No

14. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?
   ☐ Yes  ☐ No

• What is the total amount of Title IV funds received by your institution in 2014?
12. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:

13609548

15. Does your institution participate in veteran's financial aid education programs?
   ☐ Yes  ☐ No

   What is the total amount of veteran's financial aid funds received by your institution in 2014?
   13609548

16. Does your institution participate in the Cal Grant program?
   ☐ Yes  ☐ No
17. Is your institution on the California Eligible Training Provider List (ETPL)?
   ○ Yes  ○ No

18. Is your institution receiving funds from the Work Investment Act (WIA) Program?
   ○ Yes  ○ No

19. Does your institution participate in, or offer any additional financial aid program? If yes, please provide the name of the financial aid program
   ○ Yes  ○ No

20. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: 8.9

21. The percentage of the students who attended this institution in 2014 who received federal student loans to help pay their cost of education at the school was: 82

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

23. Number of Doctorate Degrees Offered: 0 ▼

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

25. Number of Master Degrees Offered: 0 ▼

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

27. Number of Bachelor Degrees Offered: 1 ▼

28. Number of Students enrolled in Bachelor level programs at this institution: 0

29. Number of Associate Degrees Offered: 3 ▼

30. Number of Students enrolled in Associate level programs at this institution: 1108

31. Number of Diploma or Certificate Programs Offered: 4 ▼

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

Annual Report, 2014 Catalog, and School Performance Fact Sheet below. If the institution does not maintain an internet website, leave this space blank. The institution will be required to mail a Flash Drive or CD containing a copy of the Annual Report, 2014 Catalog, and School Performance Fact Sheet to the Bureau, please refer to the Completion Check Sheet and Certification.

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

Institution website:
www.wcui.edu

Performance Fact Sheet:
www.wcui.edu/page/consumer-information

2014 Catalog:
www.wcui.edu/page/consumer-information

Annual Report:
www.wcui.edu/page/consumer-information

Do you want an email containing the information you've entered above sent to you?
If so, please enter it here:

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

Listen To This

Submit to Database

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

below.

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BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: Bachelor
   If "Other", please specify:
4. Degree/Program Title: Bachelor of Science
   If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): Diagnostic Cardiac Sonography
6. Number of Degrees or Diplomas Awarded: 0
7. Total Charges for this program $ 0
8. Number of Students Who Began the Program: 0
9. Students Available for Graduation: 0
10. Graduates: 0
11. Completion Rate: 0
12. 150% Completion Rate: 0
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? Yes ☐ No ☐

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

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing? Yes ☐ ☐ No If "Yes", please provide the information below:
   (For each of the last two years):
20. Year (YYYY): *Select the Year*
21. Name of the licensing entity that licenses this field:
22. Name of Exam:
23. Number of Students Taking Exam:
24. Number Who Passed the Exam:
25. Number Who Failed the Exam:
26. Passage Rate: ☐ Yes ☐ No
27. Is this data from the licensing agency that administered the exam? Yes ☐ ☐ No
   Name of Agency:
28. If the response was "no" provide a description of the process used for attempting to contact students:
Second Data Year

29. Year (YYYY): *Select the Year*

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

31. Name of Exam:

32. Number of Students Taking Exam:

33. Number Who Passed the Exam:

34. Number Who Failed the Exam:

35. Passage Rate:

36. Is this data from the licensing agency that administered the exam?
   - Yes
   - No

Name of Agency:

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

38. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement:

Name of Option/Requirement:

Name of Option/Requirement:

Salary Data

39. Graduates Available for Employment: 0

40. Graduates Employed in the Field: 0

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

$0 - $5,000.00: 0

$5,001.00 - $10,000: 0

$10,001.00 - $15,000.00: 0

$15,001.00 - $20,000.00: 0

$20,001.00 - $25,000.00: 0

$25,001.00 - $30,000.00: 0

$30,001.00 - $35,000.00: 0

$35,001.00 - $40,000.00: 0

$40,001.00 - $45,000.00: 0

$45,001.00 - $50,000.00: 0

$50,001.00 - $55,000.00: 0

$55,001.00 - $60,000.00: 0

$60,001.00 - $65,000.00: 0

$65,001.00 - $70,000.00: 0

$70,001.00 - $75,000.00: 0

$75,001.00 - $80,000.00: 0

$80,001.00 - $85,000.00: 0

$85,001.00 - $90,000.00: 0

$90,001.00 - $95,000.00: 0

$95,001.00 - $100,000.00: 0

Over $100,000.00: 0

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: [ ] Associate [ ] Other
   If "Other", please specify:
4. Degree/Program Title: [ ] Occupational Associate [ ] Other
   If "Other Doctorate", "Other Master", "Other Bachelors", "Other Associate" or "Other" was chosen,
   please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): Diagnostic Medical Sonography
6. Number of Degrees or Diplomas Awarded: 43
7. Total Charges for this program $ 36058
8. Number of Students Who Began the Program: 184
9. Students Available for Graduation: 184
10. Graduates: 43
11. Completion Rate: 23%
12. 150% Completion Rate: 40%
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? [ ] Yes [ ] No

Placement
15. Graduates Employed in the Field: 32
16. Placement Rate: 74%
17. Graduates employed in the field an average of less than 32 hours per week: 15
18. Graduates employed in the field an average of 32 or more hours per week: 17

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing? [ ] Yes [ ] No
   If "Yes", please provide the information below:
   (For each of the last two years):

First Data Year
20. Year (YYYY): [ ] Select the Year
21. Name of the licensing entity that licenses this field:
22. Name of Exam:
23. Number of Students Taking Exam:
24. Number Who Passed the Exam:
25. Number Who Failed the Exam:
26. Passage Rate:
27. Is this data from the licensing agency that administered the exam? [ ] Yes [ ] No
   Name of Agency:
28. If the response was "no" provide a description of the process used for attempting to contact students:

https://www.dca.ca.gov/webapps/bppe/report_programs.php

1/3
Second Data Year

29. Year (YYYY): [Select the Year]

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

31. Name of Exam:

32. Number of Students Taking Exam:

33. Number Who Passed the Exam:

34. Number Who Failed the Exam:

35. Passage Rate:

36. Is this data from the licensing agency that administered the exam?
   - Yes
   - No
   Name of Agency:

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

38. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:
   Name of Option/Requirement:
   Name of Option/Requirement:
   Name of Option/Requirement:

Salary Data

39. Graduates Available for Employment: 43

40. Graduates Employed in the Field: 32

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

   $0 - $5,000.00: 0
   $5,001.00 - $10,000.00: 0
   $10,001.00 - $15,000.00: 2
   $15,001.00 - $20,000.00: 3
   $20,001.00 - $25,000.00: 5
   $25,001.00 - $30,000.00: 4
   $30,001.00 - $35,000.00: 2
   $35,001.00 - $40,000.00: 0
   $40,001.00 - $45,000.00: 5
   $45,001.00 - $50,000.00: 2
   $50,001.00 - $55,000.00: 5
   $55,001.00 - $60,000.00: 1
   $60,001.00 - $65,000.00: 1
   $65,001.00 - $70,000.00: 0
   $70,001.00 - $75,000.00: 0
   $75,001.00 - $80,000.00: 1
   $80,001.00 - $85,000.00: 0
   $85,001.00 - $90,000.00: 0
   $90,001.00 - $95,000.00: 0
   $95,001.00 - $100,000.00: 0
   Over $100,000.00: 0

Submit

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BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: Associate ▼ If "Other", please specify:
4. Degree/Program Title: Occupational Associate ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): Cardiovascular Sonography
6. Number of Degrees or Diplomas Awarded: 32
7. Total Charges for this program: $36078
8. Number of Students Who Began the Program: 141
9. Students Available for Graduation: 141
10. Graduates: 32
11. Completion Rate: 24%
12. 150% Completion Rate: 36%
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
   - Yes ☐ No ☐

Placement
15. Graduates Employed in the Field: 20
16. Placement Rate: 63%
17. Graduates employed in the field an average of less than 32 hours per week: 10
18. Graduates employed in the field an average of 32 or more hours per week: 10

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing?
   - Yes ☐ No ☐ If "Yes", please provide the information below:
   (For each of the last two years):

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

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

28. Year (YYYY): *Select the Year*

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

31. Name of Exam: 

32. Number of Students Taking Exam: 

33. Number Who Passed the Exam: 

34. Number Who Failed the Exam: 

35. Passage Rate: 

36. Is this data from the licensing agency that administered the exam?
   - Yes
   - No
   Name of Agency: 

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

38. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:
   Name of Option/Requirement: 
   Name of Option/Requirement: 
   Name of Option/Requirement: 

Salary Data

39. Graduates Available for Employment: 

40. Graduates Employed in the Field: 

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

   $0 - $5,000.00: 
   $5,001.00 - $10,000: 
   $10,001.00 - $15,000.00: 
   $15,001.00 - $20,000.00: 
   $20,001.00 - $25,000.00: 
   $25,001.00 - $30,000.00: 
   $30,001.00 - $35,000.00: 
   $35,001.00 - $40,000.00: 
   $40,001.00 - $45,000.00: 
   $45,001.00 - $50,000.00: 
   $50,001.00 - $55,000.00: 
   $55,001.00 - $60,000.00: 
   $60,001.00 - $65,000.00: 
   $65,001.00 - $70,000.00: 
   $70,001.00 - $75,000.00: 
   $75,001.00 - $80,000.00: 
   $80,001.00 - $85,000.00: 
   $85,001.00 - $90,000.00: 
   $90,001.00 - $95,000.00: 
   $95,001.00 - $100,000.00: 
   Over $100,000.00: 

Submit:
I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: Associate ▼ If "Other", please specify:
4. Degree/Program Title: Occupational Associate ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
5. Name of Program (e.g. Business Administration, Massage, etc.): Magnetic Resonance Imaging
6. Number of Degrees or Diplomas Awarded: 25
7. Total Charges for this program $: 20892
8. Number of Students Who Began the Program: 67
9. Students Available for Graduation: 25
10. Graduates: 25
11. Completion Rate: 37
12. 150% Completion Rate: 43
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
   ☐ Yes ☐ No

Placement
15. Graduates Employed in the Field: 15
16. Placement Rate: 60
17. Graduates employed in the field an average of less than 32 hours per week: 10
18. Graduates employed in the field an average of 32 or more hours per week: 5

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing?
   ☐ Yes ☐ No  If "Yes", please provide the information below:
   (For each of the last two years):

First Data Year
20. Year (YYYY): *Select the Year* ▼
21. Name of the licensing entity that licenses this field:
22. Name of Exam:
23. Number of Students Taking Exam:
24. Number Who Passed the Exam:
25. Number Who Failed the Exam:
26. Passage Rate:
27. Is this data from the licensing agency that administered the exam?
   ☐ Yes ☐ No
   Name of Agency:
28. If the response was "no" provide a description of the process used for attempting to contact students:
28. Year (YYYY): *Select the Year*

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

31. Name of Exam:

32. Number of Students Taking Exam:

33. Number Who Passed the Exam:

34. Number Who Failed the Exam:

35. Passage Rate:

36. Is this data from the licensing agency that administered the exam?
   - Yes
   - No

   Name of Agency:

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

38. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

   Name of Option/Requirement:

   Name of Option/Requirement:

   Name of Option/Requirement:

Salary Data


40. Graduates Employed in the Field: 15

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

   $0 - $5,000.00: 0

   $5001.00 - $10,000.00: 0

   $10,001.00 - $15,000.00: 0

   $15,001.00 - $20,000.00: 3

   $20,001.00 - $25,000.00: 1

   $25,001.00 - $30,000.00: 4

   $30,001.00 - $35,000.00: 4

   $35,001.00 - $40,000.00: 0

   $40,001.00 - $45,000.00: 0

   $45,001.00 - $50,000.00: 0

   $50,001.00 - $55,000.00: 1

   $55,001.00 - $60,000.00: 0

   $60,001.00 - $65,000.00: 0

   $65,001.00 - $70,000.00: 1

   $70,001.00 - $75,000.00: 0

   $75,001.00 - $80,000.00: 0

   $80,001.00 - $85,000.00: 0

   $85,001.00 - $90,000.00: 0

   $90,001.00 - $95,000.00: 1

   $95,001.00 - $100,000.00: 0

   Over $100,000.00: 0

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: Diploma/Certificate ▼ If "Other", please specify:  
4. Degree/Program Title: Diploma or Certificate ▼ If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify: Magnetic Resonance Imaging-S
5. Name of Program (e.g. Business Administration, Massage, etc.):  
6. Number of Degrees or Diplomas Awarded: 2
7. Total Charges for this program 5 $ 19115
8. Number of Students Who Began the Program: 2
9. Students Available for Graduation: 2
10. Graduates: 2
11. Completion Rate: 100
12. 150% Completion Rate: 0
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?  
   ☐ Yes ☐ No

Placement
14. Graduates Available for Employment: 2
15. Graduates Employed in the Field: 1
16. Placement Rate: 50
17. Graduates employed in the field an average of less than 32 hours per week: 0
18. Graduates employed in the field an average of 32 or more hours per week: 1

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing?  
   ☐ Yes ☐ No If "Yes", please provide the information below:  
   (For each of the last two years):

First Data Year
20. Year (YYYY): *Select the Year* ▼
21. Name of the licensing entity that licenses this field:  
22. Name of Exam:  
23. Number of Students Taking Exam:  
24. Number Who Passed the Exam:  
25. Number Who Failed the Exam:  
26. Passage Rate:  
27. Is this data from the licensing agency that administered the exam?  
   ☐ Yes ☐ No  
   Name of Agency:  
28. If the response was "no" provide a description of the process used for attempting to contact students:
Second Data Year

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

31. Name of Exam: 

32. Number of Students Taking Exam: 

33. Number Who Passed the Exam: 

34. Number Who Failed the Exam: 

35. Passage Rate: 

36. Is this data from the licensing agency that administered the exam? 
   ☐ Yes ☐ No 
   Name of Agency: 

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

38. ☐ If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options: 
   Name of Option/Requirement: 
   Name of Option/Requirement: 

Salary Data

39. Graduates Available for Employment: 2 

40. Graduates Employed in the Field: 1 

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

   $0 - $5,000.00: 0 
   $5001.00 - $10,000.00: 0 
   $10,001.00 - $15,000.00: 0 
   $15,001.00 - $20,000.00: 0 
   $20,001.00 - $25,000.00: 0 
   $25,001.00 - $30,000.00: 0 
   $30,001.00 - $35,000.00: 0 
   $35,001.00 - $40,000.00: 0 
   $40,001.00 - $45,000.00: 0 
   $45,001.00 - $50,000.00: 0 
   $50,001.00 - $55,000.00: 0 
   $55,001.00 - $60,000.00: 0 
   $60,001.00 - $65,000.00: 1 
   $65,001.00 - $70,000.00: 0 
   $70,001.00 - $75,000.00: 0 
   $75,001.00 - $80,000.00: 0 
   $80,001.00 - $85,000.00: 0 
   $85,001.00 - $90,000.00: 0 
   $90,001.00 - $95,000.00: 0 
   $95,001.00 - $100,000.00: 0 
   Over $100,000.00: 0

Submit

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

https://www.dca.ca.gov/webapps/bppe/report_programs.php
BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: Diploma/Certificate
4. Degree/Program Title: Diploma or Certificate
5. Name of Program (e.g. Business Administration, Massage, etc.): Magnetic Resonance Imaging - L
6. Number of Degrees or Diplomas Awarded: 1
7. Total Charges for this program $28015
8. Number of Students Who Began the Program: 1
9. Students Available for Graduation: 1
10. Graduates: 1
11. Completion Rate: 100%
12. 150% Completion Rate: 0%
13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? Yes No

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

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing? Yes No
   If “Yes”, please provide the information below:
   (For each of the last two years):
20. Year (YYYY): *Select the Year*
21. Name of the licensing entity that licenses this field:
22. Name of Exam:
23. Number of Students Taking Exam:
24. Number Who Passed the Exam:
25. Number Who Failed the Exam:
26. Passage Rate:
27. Is this data from the licensing agency that administered the exam? Yes No
   Name of Agency:
28. If the response was “no” provide a description of the process used for attempting to contact students:
Second Data Year

29. Year (YYYY): *Select the Year* ▼

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

31. Name of Exam:

32. Number of Students Taking Exam:

33. Number Who Passed the Exam:

34. Number Who Failed the Exam:

35. Passage Rate:

36. Is this data from the licensing agency that administered the exam?
  - Yes  - No
  Name of Agency:

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

38. ☐ If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:
  Name of Option/Requirement:
  Name of Option/Requirement:
  Name of Option/Requirement:

Salary Data

39. Graduates Available for Employment: 1

40. Graduates Employed in the Field: 1

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

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$5,001.00 - $10,000.00</td>
<td>0</td>
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<tr>
<td>$10,001.00 - $15,000.00</td>
<td>0</td>
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<tr>
<td>$15,001.00 - $20,000.00</td>
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<tr>
<td>$20,001.00 - $25,000.00</td>
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<tr>
<td>$25,001.00 - $30,000.00</td>
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<tr>
<td>$30,001.00 - $35,000.00</td>
<td>0</td>
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<tr>
<td>$35,001.00 - $40,000.00</td>
<td>0</td>
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<tr>
<td>$40,001.00 - $45,000.00</td>
<td>0</td>
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<tr>
<td>$45,001.00 - $50,000.00</td>
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<tr>
<td>$50,001.00 - $55,000.00</td>
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<tr>
<td>$55,001.00 - $60,000.00</td>
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<tr>
<td>$60,001.00 - $65,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$65,001.00 - $70,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$70,001.00 - $75,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$75,001.00 - $80,000.00</td>
<td>79684</td>
</tr>
<tr>
<td>$80,001.00 - $85,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$85,001.00 - $90,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$90,001.00 - $95,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$95,001.00 - $100,000.00</td>
<td>0</td>
</tr>
</tbody>
</table>

Over $100,000.00: 0

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
1. Report for Year: 2014
2. Institution Code (Enter institutional code (main location)):
   1935281

Program Offered at the Institution

3. Degree/Program Level: Diploma/Certificate ▼ If “Other”, please specify:

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

5. Name of Program (e.g. Business Administration, Massage, etc.):
   Pediatric Cardiac Ultrasound

6. Number of Degrees or Diplomas Awarded: 5
7. Total Charges for this program $ 19745
8. Number of Students Who Began the Program: 8
9. Students Available for Graduation: 8
10. Graduates: 6
11. Completion Rate: 75
12. 150% Completion Rate: 0

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
   ☐ Yes ☐ No

Placement

15. Graduates Employed in the Field: 5
16. Placement Rate: 83
17. Graduates employed in the field an average of less than 32 hours per week: 2
18. Graduates employed in the field an average of 32 or more hours per week: 3
   ☐ Yes ☐ No If “Yes”, please provide the information below:

(For each of the last two years):

First Data Year

20. Year (YYYY): *Select the Year* ▼
21. Name of the licensing entity that licenses this field:
22. Name of Exam:
23. Number of Students Taking Exam:
24. Number Who Passed the Exam:
25. Number Who Failed the Exam:
26. Passage Rate:
27. Is this data from the licensing agency that administered the exam?
   ☐ Yes ☐ No
   Name of Agency:
28. If the response was “no” provide a description of the process used for attempting to contact students:
Second Data Year

29. Year (YYYY): *Select the Year* ▼
30. Name of the licensing entity that licenses this field: 

31. Name of Exam: 

32. Number of Students Taking Exam: 

33. Number Who Passed the Exam: 

34. Number Who Failed the Exam: 

35. Passage Rate: 

36. Is this data from the licensing agency that administered the exam? 
   - Yes   - No
   Name of Agency: 

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

38. □ If graduates have the option or requirement for more than one type of licensing exam click this box and provide the names of other licensing exam options:
   Name of Option/Requirement: 
   Name of Option/Requirement: 
   Name of Option/Requirement: 

Salary Data

40. Graduates Employed in the Field: 5
41. Graduates Employed in the Field Reported receiving the following Salary or Wage:

$0 – $5,000.00: 0
$5,001.00 – $10,000: 0
$10,001.00 - $15,000.00: 0
$15,001.00 - $20,000.00: 0
$20,001.00 - $25,000.00: 0
$25,001.00 - $30,000.00: 1
<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,001.00 - $35,000.00</td>
<td>1</td>
</tr>
<tr>
<td>$35,001.00 - $40,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$40,001.00 - $45,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$45,001.00 - $50,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$50,001.00 - $55,000.00</td>
<td>0</td>
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<tr>
<td>$55,001.00 - $60,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$60,001.00 - $65,000.00</td>
<td>1</td>
</tr>
<tr>
<td>$65,001.00 - $70,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$70,001.00 - $75,000.00</td>
<td>1</td>
</tr>
<tr>
<td>$75,001.00 - $80,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$80,001.00 - $85,000.00</td>
<td>0</td>
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<tr>
<td>$85,001.00 - $90,000.00</td>
<td>1</td>
</tr>
<tr>
<td>$90,001.00 - $95,000.00</td>
<td>0</td>
</tr>
<tr>
<td>$95,001.00 - $100,000.00</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,000.00</td>
<td>0</td>
</tr>
</tbody>
</table>

Do you want an email containing the information you've entered above sent to you?
If so, please enter it here:

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

Listen To This

Submit to Database

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

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

click on the icon below.

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BPPE Annual Report for 2014 - Programs

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

Information for each Educational Program Offered at the Institution
3. Degree/Program Level: Diploma/Certificate
4. Degree/Program Title: Diploma or Certificate
5. Name of Program (e.g. Business Administration, Massage, etc.): Vocational Nursing
6. Number of Degrees or Diplomas Awarded: 32
7. Total Charges for this program: $28835
8. Number of Students Who Began the Program: 98
10. Graduates: 32
11. Completion Rate: 33%
12. 150% Completion Rate: 23%

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
   ☑ Yes ☐ No

Placement
15. Graduates Employed in the Field: 19
16. Placement Rate: 59%
17. Graduates employed in the field an average of less than 32 hours per week: 5
18. Graduates employed in the field an average of 32 or more hours per week: 14

Exam Passage Rate
19. Does this educational program lead to an occupation that requires licensing?
   ☑ Yes ☐ No
   If “Yes”, please provide the information below:
   (For each of the last two years):

First Data Year
20. Year (YYYY): 2013
21. Name of the licensing entity that licenses this field: BVNPT
22. Name of Exam: NCLEX
23. Number of Students Taking Exam: 25
24. Number Who Passed the Exam: 18
25. Number Who Failed the Exam: 7
26. Passage Rate: 72%

27. Is this data from the licensing agency that administered the exam?
   ☑ Yes ☐ No
   Name of Agency: BVNPT
28. If the response was “no” provide a description of the process used for attempting to contact students:

https://www.dca.ca.gov/webapps/bppe/report_programs.php
Second Data Year

29. Year (YYYY): 2014

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

31. Name of Exam: NCLEX

32. Number of Students Taking Exam: 28

33. Number Who Passed the Exam: 24

34. Number Who Failed the Exam: 4

35. Passage Rate: 86

36. Is this data from the licensing agency that administered the exam?
   - Yes
   - No

37. Name of Agency: BVNPT

38. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:
   - Name of Option/Requirement: 
   - Name of Option/Requirement: 
   - Name of Option/Requirement: 

Salary Data


40. Graduates Employed in the Field: 19

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

- $0 - $5,000.00: 2
- $5001.00 - $10,000.00: 0
- $10,001.00 - $15,000.00: 0
- $15,001.00 - $20,000.00: 1
- $20,001.00 - $25,000.00: 3
- $25,001.00 - $30,000.00: 0
- $30,001.00 - $35,000.00: 1
- $35,001.00 - $40,000.00: 3
- $40,001.00 - $45,000.00: 4
- $45,001.00 - $50,000.00: 2
- $50,001.00 - $55,000.00: 1
- $55,001.00 - $60,000.00: 2
- $60,001.00 - $65,000.00: 0
- $65,001.00 - $70,000.00: 0
- $70,001.00 - $75,000.00: 0
- $75,001.00 - $80,000.00: 0
- $80,001.00 - $85,000.00: 0
- $85,001.00 - $90,000.00: 0
- $90,001.00 - $95,000.00: 0
- $95,001.00 - $100,000.00: 0
- Over $100,000.00: 0

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
BPPE Annual Report for 2014 - Branch Locations

Institution Information
1. Report for Year: 2014
2. Institution Name: [West Coast Ultrasound Institute-Ontario Branch Campus]
3. Institution Code (Enter institutional code (main location)): [1835281]

Branch Location
4. Street Address: [3700 East Inland Empire Blvd., Suite 235]
5. City: [Ontario]
6. State: [California]
7. Zip Code: [91764]

Submit

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
EMPLOYMENT POSITIONS AVAILABLE TO GRADUATES:

ULTRASOUND TECHNICIAN/TECHNOLOGIST/SONOGRAPHER
CARDIOVASCULAR TECHNICIAN/TECHNOLOGIST/SONOGRAPHER

Apply to the following ultrasound programs:
Diagnostic Medical Sonography AOS Degree Program
Cardiovascular Sonography AOS Degree Program
Pediatric Cardiac Ultrasound & Congenital Heart Disease Certificate Program

MRI TECHNOLOGIST/TECHNICIAN

Apply to the following Magnetic Resonance Imaging Programs:
Magnetic Resonance Imaging AOS Degree Program
Magnetic Resonance Imaging-Long Certificate Program
Magnetic Resonance Imaging-Short Certificate Program

LICENSED VOCATIONAL NURSE

Apply to the following Nursing Program:
Vocational Nursing
Print a copy of this Completion Check Sheet. The certification must be signed by a responsible officer of the institution. Please keep a copy for your records.

Return this Completion Check Sheet and Certification with the following documents:

**Paper Copy Confidential Documents:** Must submit paper copy only.
- A current compiled, reviewed or audited Financial Statement * as required pursuant to 5 CCR §74115. Tax returns and/or bank statements will not be accepted.

**Electronic Copy Public Documents:**
All documents contained on the CD or flash drive will be posted to the Bureau’s website. The institution must take precaution to ensure that no confidential data, such as financial statements or students’ personal information, is contained within these documents on the CD or flash drive.

- Please provide the following document on a Flash Drive or CD:
  - Student Performance Fact Sheet (unless a link to it is provided in the Annual Report)
  - 2014 School Catalog (unless a link to it is provided in the Annual Report)
  - United States Department of Education final administrative actions (if any),
    - Accreditation agency formal disciplinary actions (if any),
    - A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC §94910(f)(2))
    - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))

Name of Institution: West Coast Ultrasound Institute
Institution Code: 1935281
Address of Institution: 291 S. LaCienega Blvd., #500
City/State/Zip Code: Beverly Hills, CA 90211

Name Responsible Officer and Contact Telephone Number/Email (please print or type):
Keith Remmele, (310) 289-5123, keith@wcui.edu

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report and on the Flash Drive or CD; the information contained on the Flash Drive or CD may not include any confidential information.
I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

(Signature of Responsible Officer) ___________________________________________ (Date) ___________________________________________

Keith Remmele, CFO
Printed Name and Title

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

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA  95798-0810

Or

2535 Capitol Oaks Dr., Suite 400
Sacramento, CA  95833

* “Current” with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d).) The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.