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

**Tracking Number:** 20171122102904

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

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

3710741

**Street Address (Physical Location):** 780 Bay Boulevard,  
Suite 101

**City:** Chula Vista

**State:** California

**Zip Code:** 91910

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

**For profit institution:** For profit institution

**Sole Proprietor:**

**Corporation:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations: 0**

**Number of Satellite Locations: 0**

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

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

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

**If you answered yes to the question above, please identify the accrediting agency: Accrediting Bureau of Health Education Schools**

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation: The Commission on Accreditation for Respiratory Care, AVMA Committee on Veterinary Technician Education and Activities, Joint Review Committee on Education in Radiologic Technology**

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper**

**copy of the action, refer to the Annual Report Completion Check Sheet.: no**

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

**What is the total amount of Title IV funds received by your institution in 2016?: \$8,627,718**

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

**What is the total amount of veteran's financial aid funds received by your institution in 2016?: \$753,049**

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

**What is the total amount of Cal Grant funds received by your institution in 2015?: \$124,745**

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

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

**What is the total amount of WIOA funds received by your institution in 2016?: \$0**

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

**If yes, please indicate the name of the financial aid program: SEOG and Federal Work Study**

**The percentage of institutional income in 2016 that was derived from public funding: 81**

**Enter the most recent three-year Cohort Default Rate reported by the US Department of Education, for this institution: 9.3**

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was: 81**

**Total number of students enrolled at this institution: 874**

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

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

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

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

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

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

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

**Number of Students enrolled in Associate level programs at this institution: 191**

**Number of Diploma or Certificate Programs Offered: 5**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 683**

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

**Performance Fact Sheet:** [https://pmi.edu/pdf/locations/chula-vista/pmi-chula-vista\\_program-fact-sheets.aspx](https://pmi.edu/pdf/locations/chula-vista/pmi-chula-vista_program-fact-sheets.aspx)

**2016 Catalog:** <https://pmi.edu/pdf/locations/chula-vista/pmi-chula-vista-catalog-addendum.aspx>

**Annual Report:** <https://pmi.edu/pdf/locations/chula-vista/bppe-annual-report.aspx>



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

**Tracking Number:** 2017111425628

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

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

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

**Number of Degrees or Diplomas Awarded: 41**

**Total Charges for this program (Report whole dollars only):  
\$ 16095**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 80**

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 88**

**Number of Students Who Began the Program: 57**

**Students Available for Graduation: 41**

**On-time Graduates: 28**

**Completion Rate: 68**

**150% Completion Rate: 29**

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

## **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

## **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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



**Name of Agency:**

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

**Second Data Year 2015:**

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

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

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

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

**Name of Option/Requirement: n/a**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA****Graduates Available for Employment: 41****Graduates Employed in the Field: 23****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:****\$65,001 - \$70,000:**

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

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

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

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

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

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

**Over \$100,000:**



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

**Tracking Number:** 20171115125318

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

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

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

**Number of Degrees or Diplomas Awarded: 59**

**Total Charges for this program (Report whole dollars only):  
\$ 10777**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 85**

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 87**

**Number of Students Who Began the Program: 69**

**Students Available for Graduation: 59**

**On-time Graduates: 53**

**Completion Rate: 89**

**150% Completion Rate: 7**

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

## **PLACEMENT**

**Graduates Available for Employment: 58**

**Graduates Employed in the Field: 35**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

## **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

**Second Data Year 2015:**

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

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

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

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

**Name of Option/Requirement: n/a**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA****Graduates Available for Employment: 58****Graduates Employed in the Field: 35****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:****\$65,001 - \$70,000:**



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

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

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

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

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

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

**Over \$100,000:**



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

**Tracking Number:** 20171117104731

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

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

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

**Number of Degrees or Diplomas Awarded: 171**

**Total Charges for this program (Report whole dollars only):  
\$ 14286**

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

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 89**

**Number of Students Who Began the Program: 213**

**Students Available for Graduation: 171**

**On-time Graduates: 133**

**Completion Rate: 78**

**150% Completion Rate: 20**

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

## **PLACEMENT**

**Graduates Available for Employment: 168**

**Graduates Employed in the Field: 95**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

## **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

**Second Data Year 2015:**

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

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

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

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

**Name of Option/Requirement: n/a**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA****Graduates Available for Employment: 168****Graduates Employed in the Field: 95****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:****\$65,001 - \$70,000:**

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

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

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

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

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

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

**Over \$100,000:**



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

**Tracking Number:** 2017111510449

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

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

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



**Number of Degrees or Diplomas Awarded: 84**

**Total Charges for this program (Report whole dollars only):  
\$ 14560**

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

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 80**

**Number of Students Who Began the Program: 117**

**Students Available for Graduation: 84**

**On-time Graduates: 62**

**Completion Rate: 74**

**150% Completion Rate: 24**

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

## **PLACEMENT**

**Graduates Available for Employment: 82**

**Graduates Employed in the Field: 38**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

### **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

**Second Data Year 2015:**

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

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

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

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

**Name of Option/Requirement: n/a**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA****Graduates Available for Employment: 82****Graduates Employed in the Field: 38****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:****\$65,001 - \$70,000:**

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

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

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

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

**Tracking Number:** 2017111611832

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

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

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

**Number of Degrees or Diplomas Awarded: 195**

**Total Charges for this program (Report whole dollars only):  
\$ 13958**

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

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 81**

**Number of Students Who Began the Program: 227**

**Students Available for Graduation: 195**

**On-time Graduates: 169**

**Completion Rate: 87**

**150% Completion Rate: 12**

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

## **PLACEMENT**

**Graduates Available for Employment: 156**

**Graduates Employed in the Field: 95**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

### **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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



**Name of Agency:**

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

**Second Data Year 2015:**

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

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

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

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

**Name of Option/Requirement: n/a**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA****Graduates Available for Employment: 156****Graduates Employed in the Field: 95****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:****\$65,001 - \$70,000:**

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

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

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

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

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

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

**Over \$100,000:**



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

**Tracking Number:** 2017111610916

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateAppliedScience

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

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

**Number of Degrees or Diplomas Awarded: 67**

**Total Charges for this program (Report whole dollars only):  
\$ 19650**

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

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 80**

**Number of Students Who Began the Program: 86**

**Students Available for Graduation: 67**

**On-time Graduates: 52**

**Completion Rate: 78**

**150% Completion Rate: 22**

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

## **PLACEMENT**

**Graduates Available for Employment: 67**

**Graduates Employed in the Field: 43**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

## **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

Veterinary Medical Board State of California, Dept. of Consumer Affairs

**Name of Exam:** Veterinary Technician National Examination

**Number of Graduates Taking State Exam: 58**

**Number Who Passed the State Exam: 34**

**Number Who Failed the State Exam: 24**

**Passage Rate: 57**

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

**Name of Agency:** Professional Examination Service

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

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**  
Veterinary Medical Board State of California, Dept. of  
Consumer Affairs

**Name of State Exam:** Veterinary Technician National  
Examination

**Number of Graduates Taking State Exam:** 48

**Number Who Passed the State Exam:** 31

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

**Passage Rate:** 65

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

**Name of Agency:** Professional Examination Service

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

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

**Provide the names of other licensing exam options:****Name of Option/Requirement: n/a****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 67****Graduates Employed in the Field: 43****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:**



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

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

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

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

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

**Tracking Number:** 2017111515201

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateAppliedScience

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

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

**Number of Degrees or Diplomas Awarded: 45**

**Total Charges for this program (Report whole dollars only):  
\$ 39399**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 67**

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

**Number of Students Who Began the Program: 59**

**Students Available for Graduation: 45**

**On-time Graduates: 45**

**Completion Rate: 100**

**150% Completion Rate: 0**

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

## **PLACEMENT**

**Graduates Available for Employment: 45**

**Graduates Employed in the Field: 43**

**Placement Rate: 0**

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

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

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):** 0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**  
0

## **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

California Department of Public Health Radiologic Health Branch

**Name of Exam:** American Registry of Radiologic Technologist Certi

**Number of Graduates Taking State Exam:** 45

**Number Who Passed the State Exam:** 45

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

**Passage Rate:** 100

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

**Name of Agency:** American Registry of Radiologic Technologists

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

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**  
California Department of Public Health Radiologic Health Branch

**Name of State Exam:** American Registry of Radiologic Technologist Certi

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

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

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

**Passage Rate:** 100

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

**Name of Agency:** American Registry of Radiologic Technologists

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

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

**Provide the names of other licensing exam options:****Name of Option/Requirement: n/a****Name of Option/Requirement:****Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 45****Graduates Employed in the Field: 43****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:**

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

**Tracking Number:** 2017111523031

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateAppliedScience

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

**Name of Program (e.g. Business Administration, Massage,  
etc.):** Respiratory Therapy



**Number of Degrees or Diplomas Awarded: 16**

**Total Charges for this program (Report whole dollars only):  
\$ 42440**

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

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 93**

**Number of Students Who Began the Program: 23**

**Students Available for Graduation: 16**

**On-time Graduates: 16**

**Completion Rate: 100**

**150% Completion Rate: 0**

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

## **PLACEMENT**

**Graduates Available for Employment: 16**

**Graduates Employed in the Field: 10**

**Placement Rate: 0**

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

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

**Indicate the number of graduates employed:**

**Single position in field:** 0

**Concurrent aggregated positions in field (2 or more positions at the same time):** 0

**Freelance/self-employed:** 0

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**  
0

## **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

**Name of the State licensing entity that licenses this field:**  
Respiratory Care Board of California

**Name of Exam:** Certified Respiratory Therapy Exam

**Number of Graduates Taking State Exam:** 15

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

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

**Passage Rate:** 100

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

**Name of Agency:** National Board for Respiratory Care

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

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:**  
Respiratory Care Board of California

**Name of State Exam:** Certified Respiratory Therapy Exam

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

**Number Who Passed the State Exam:** 28

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

**Passage Rate:** 97

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

**Name of Agency:** National Board for Respiratory Care

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

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

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

**Name of Option/Requirement:** n/a

**Name of Option/Requirement:**

**Name of Option/Requirement:****SALARY DATA****Graduates Available for Employment: 16****Graduates Employed in the Field: 10****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:**

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

**Tracking Number:** 20171122103337

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

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

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** AssociateAppliedScience

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

**Name of Program (e.g. Business Administration, Massage,  
etc.):** Health Care Administration

**Number of Degrees or Diplomas Awarded: 5**

**Total Charges for this program (Report whole dollars only):  
\$ 13899**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 82**

**The percentage of graduates in 2016 who took out federal  
student loans to pay for this program. 85**

**Number of Students Who Began the Program: 23**

**Students Available for Graduation: 5**

**On-time Graduates: 5**

**Completion Rate: 100**

**150% Completion Rate: 0**

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

## **PLACEMENT**

**Graduates Available for Employment: 4**

**Graduates Employed in the Field: 1**

**Placement Rate: 0**

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

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

**0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

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

**0**

### **EXAM PASSAGE RATE**

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

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

**First Data Year 2016:**

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

**Name of Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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



**Name of Agency:**

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

**Second Data Year 2015:**

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

**Name of State Exam:**

**Number of Graduates Taking State Exam:**

**Number Who Passed the State Exam:**

**Number Who Failed the State Exam:**

**Passage Rate:**

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

**Name of Agency:**

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

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

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

**Name of Option/Requirement: n/a**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA****Graduates Available for Employment: 4****Graduates Employed in the Field: 1****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$10,001 - \$15,000:****\$15,001 - \$20,000:****\$20,001 - \$25,000:****\$25,001 - \$30,000:****\$30,001 - \$35,000:****\$35,001 - \$40,000:****\$40,001 - \$45,000:****\$45,001 - \$50,000:****\$50,001 - \$55,000:****\$55,001 - \$60,000:****\$60,001 - \$65,000:****\$65,001 - \$70,000:**

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

**Tracking Number:** 2017112284827

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

**Total number of students at this branch location?** 0

**Name of programs offered at this branch locations?** 0

**Branch Address:** 0

**Branch City:** 0

**Branch State:** California

**Branch Zip Code:** 00000



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Bureau).

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

**Tracking Number:** 2017112285256

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 3710741

**Satellite Address:** 0

**Satellite City:** 0

**Satellite State:** California

**Satellite Zip Code:** 00000