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

**Tracking Number:** 2017110914635

**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):**  
67368436

**Street Address (Physical Location):** 111 Campus Way, Suite  
100

**City:** San Marcos

**State:** California

**Zip Code:** 92078

**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: N/A**

**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?: \$0**

**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?: \$0**

**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?: \$0**

**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: \$0**

**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: 0**

**Total number of students enrolled at this institution: 0**

**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: 0**

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

**Number of Diploma or Certificate Programs Offered: 0**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 0**

**Institution's website: <https://pmi.edu/>**

**Performance Fact Sheet:**

<https://pmi.edu/locations/california/san-marcos>

**2016 Catalog:** <https://pmi.edu/catalog/mobile/index.html>

**Annual Report:** <https://pmi.edu/locations/california/san-marcos>



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

**Tracking Number:** 20171113110313

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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.):** Central Sterile Processing

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

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary  
Education Data System (IPEDS) of the United States  
Department of Education?:  
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: 0****Graduates Employed in the Field: 0****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$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:** 2017110922829

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

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

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

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

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

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

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

**Number of Graduates Taking State Exam:** n/a

**Number Who Passed the State Exam:** n/a

**Number Who Failed the State Exam:** n/a

**Passage Rate:** n/a

**Is this data from the State licensing agency that administered the exam?:** no

**Name of Agency:** n/a

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

n/a

**Second Data Year 2015:**

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

**Name of State Exam:** n/a

**Number of Graduates Taking State Exam:** n/a

**Number Who Passed the State Exam:** n/a

**Number Who Failed the State Exam:** n/a

**Passage Rate:** n/a

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

**Name of Agency:** n/a

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

n/a

**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: n/a**

**Graduates Employed in the Field: n/a**

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

**\$0 - \$5,000: n/a**

**\$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:** 2017110924808

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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: 0**

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

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?:** 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:** 0

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

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

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

**Passage Rate:** 0

**Is this data from the State licensing agency that administered the exam?:** no

**Name of Agency:** n/a

**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:** n/a

**Number of Graduates Taking State Exam:** n/a

**Number Who Passed the State Exam:** n/a

**Number Who Failed the State Exam:** n/a

**Passage Rate:** n/a

**Is this data from the licensing agency that administered the State exam?:** no

**Name of Agency:** n/a

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

n/a

**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: n/a****Graduates Employed in the Field: n/a****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: n/a****\$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:** 2017110923602

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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: 0**

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

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: 0****Graduates Employed in the Field: 0****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$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:** 20171113103143

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

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

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** OccupationalAssociate

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

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

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

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary  
Education Data System (IPEDS) of the United States  
Department of Education?:  
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?:** 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:**  
Board of Occupational Therapy, Dept. of Consumer Affairs

**Name of Exam:** Occupational Therapy Assistant Exam

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

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

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

**Passage Rate:** 0

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



**Name of Agency:** Occupational Therapy Assistant  
Examination

**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: 0****Graduates Employed in the Field: 0****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$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:** 20171110120849

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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.):** Phlebotomy Technician

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

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

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?: 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, Laboratory Field Services (LFS)

**Name of Exam:** Certified Phlebotomy Technician

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

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

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

**Passage Rate: 0**

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

**Name of Agency: n/a**

**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: 0**

**Graduates Employed in the Field: 0**

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

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

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

**\$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:** 20171113101423

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

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

**Degree/Program Level:** Associate

**If Other, please specify:**

**Degree/Program Title:** OccupationalAssociate

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

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

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

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

Physical Therapist Board of California, Dept. of Consumer Affairs

**Name of Exam:** Physical Therapist Assistant Examination

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

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

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

**Passage Rate: 0**

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

**Name of Agency:** Physical Therapy Board of California

**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: 0**

**Graduates Employed in the Field: 0**

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

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

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

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

**\$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:** 20171110123408

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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.):** Respiratory Therapy



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

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary  
Education Data System (IPEDS) of the United States  
Department of Education?:  
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?:** 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:** 0

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

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

**Passage Rate:** 0

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

**Name of Agency:** 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:** 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: 0****Graduates Employed in the Field: 0****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$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:** 2017110931620

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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: 0**

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

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?:** 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: 0****Graduates Employed in the Field: 0****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$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:** 2017110931207

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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: 0**

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

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

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?:** 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:** 0

**Name of Exam:** 0

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

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

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

**Passage Rate:** 0

**Is this data from the State licensing agency that administered the exam?:** no

**Name of Agency:** n/a

**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?:** no

**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: 0****Graduates Employed in the Field: 0****Graduates Employed in the Field Reported receiving the following Salary or Wage:****\$0 - \$5,000: 0****\$5,001 - \$10,000:****\$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:** 2017111395015

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

### **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: 0**

**Total Charges for this program (Report whole dollars only):  
\$ 0**

**The percentage of enrolled students in 2016 receiving  
federal student loans to pay for this program. 0**

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

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

**Students Available for Graduation: 0**

**On-time Graduates: 0**

**Completion Rate: 0**

**150% Completion Rate: 0**

**Is the above data taken from the Integrated Postsecondary  
Education Data System (IPEDS) of the United States  
Department of Education?:  
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?: 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: 0**

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

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

**Passage Rate: 0**

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

**Name of Agency:** 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:** 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: 0**

**Graduates Employed in the Field: 0**

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

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

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

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

**\$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:**

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

**Tracking Number:** 2017112285017

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

**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:** 2017112285154

**Report for Year:** 2016

**Institution Name:** Pima Medical Institute

**Institution Code:** 67368436

**Satellite Address:** 0

**Satellite City:** 0

**Satellite State:** California

**Satellite Zip Code:** 00000