



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in your [Program](#) data

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

**Tracking Number:** 2017112221141

**Report for Year:** 2016

**Institution Name:** Tri-County Allied Health School

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 73674864

**Street Address (Physical Location):** 512 Queensland Circle

**City:** Corona

**State:** California

**Zip Code:** 92879

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

**For profit institution:** For profit institution

**Sole Proprietor:**

**Corporation:**

**Non-profit institution:**

**Limited Liability Corporation (LLC):** 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?:** no

**What is the total amount of Title IV funds received by your institution in 2016?:** N/A

**Does your institution participate in veteran's financial aid education programs?:** no

**What is the total amount of veteran's financial aid funds received by your institution in 2016?:** N/A

**Does your institution participate in the Cal Grant program?:** no

**What is the total amount of Cal Grant funds received by your institution in 2015?:** N/A

**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?:** 11,022.60

**Does your institution participate in, or offer any another government or non-governmental financial aid programs?** no

**If yes, please indicate the name of the financial aid program:** N/A

**The percentage of institutional income in 2016 that was derived from public funding:** N/A

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

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

**Total number of students enrolled at this institution:** 69

**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: 2**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 69**

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

**Performance Fact Sheet:** <http://www.tricountyallied.edu/disclosures/>

**2016 Catalog:** <http://www.tricountyallied.edu/disclosures/>

**Annual Report:** <http://www.tricountyallied.edu/disclosures/>



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

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

**Tracking Number:** 2017112223242

**Report for Year:** 2016

**Institution Name:** Tri-County Allied Health School

**Institution Code:** 73674864

#### **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 Coding Specialist  
Program

**Number of Degrees or Diplomas Awarded:** 27

**Total Charges for this program (Report whole dollars only):** \$ 8500

**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:** 35

**Students Available for Graduation:** 27

**On-time Graduates:** 26

**Completion Rate:** 77

**150% Completion Rate: 1**

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

no

## **PLACEMENT**

**Graduates Available for Employment: 27**

**Graduates Employed in the Field: 23**

**Placement Rate: 88**

**Graduates employed in the field 20 to 29 hours per week: 16**

**Graduates employed in the field at least 30 hours per week: 7**

**Indicate the number of graduates employed:**

**Single position in field: 23**

**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: 23**

## **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: American Health Information Management Association (AHIMA)**

**Name of Exam: CA**

**Number of Graduates Taking State Exam: 26**

**Number Who Passed the State Exam: 25**

**Number Who Failed the State Exam: 1**

**Passage Rate: 96**

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

**Name of Agency:**

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

Students were contacted either by email, mail, or phone to send a copy of results and/or credential.

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** American Health Information Management Association (AHIMA)

**Name of State Exam:** CA

**Number of Graduates Taking State Exam:** 25

**Number Who Passed the State Exam:** 18

**Number Who Failed the State Exam:** 7

**Passage Rate:** 72

**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:**

Students were contacted either by email, mail, or phone to send a copy of results and/or credential.

**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:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 26

**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:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 0

**\$20,001 - \$25,000:** 3

**\$25,001 - \$30,000:** 0

**\$30,001 - \$35,000: 2**

**\$35,001 - \$40,000: 1**

**\$40,001 - \$45,000: 16**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 1**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Programs](#) data OR  
you can begin to enter in [Branches](#) data

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

**Tracking Number:** 2017112245845

**Report for Year:** 2016

**Institution Name:** Tri-County Allied Health School

**Institution Code:** 73674864

#### **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 Coding Specialist  
200 Program

**Number of Degrees or Diplomas Awarded:** 34

**Total Charges for this program (Report whole dollars only):** \$ 2800

**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:** 34

**Students Available for Graduation:** 34

**On-time Graduates:** 34

**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?:**

no

## **PLACEMENT**

**Graduates Available for Employment: 34**

**Graduates Employed in the Field: 23**

**Placement Rate: 68**

**Graduates employed in the field 20 to 29 hours per week: 12**

**Graduates employed in the field at least 30 hours per week: 11**

**Indicate the number of graduates employed:**

**Single position in field: 23**

**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: 23**

## **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: American Health Information Management Association (AHIMA)**

**Name of Exam: CA**

**Number of Graduates Taking State Exam: 26**

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

**Number Who Failed the State Exam: 2**

**Passage Rate: 92**

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

**Name of Agency:**

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

Students were contacted either by email, mail, or phone to send a copy of results and/or credential.

**Second Data Year 2015:**

**Name of the State licensing entity that licenses this field:** American Health Information Management Association (AHIMA)

**Name of State Exam:** CA

**Number of Graduates Taking State Exam:** 35

**Number Who Passed the State Exam:** 30

**Number Who Failed the State Exam:** 5

**Passage Rate:** 86

**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:**

Students were contacted either by email, mail, or phone to send a copy of results and/or credential.

**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:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment:** 34

**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:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000:** 0

**\$20,001 - \$25,000:** 2

**\$25,001 - \$30,000:** 0

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 11**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 1**