



Department of Consumer Affairs

## Bureau for Private Postsecondary Education

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:** 2018062225828

**Report for Year:** 2016

**Institution Name:** Saint Joseph\'s School of Nursing

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 42097062

**Street Address (Physical Location):** 816 West Lancaster Blvd

**City:** Lancaster

**State:** California

**Zip Code:** 93534

**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:** no

**If you answered yes to the question above, please identify the accrediting agency:**  
Accrediting Council for Continuing Education and Training New York State Board of Regents and the Commissioner of Education Southern Association of Colleges and Schools Commission on Colleges

**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?:**

**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?:** 0

**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?:** 0

**Is your institution on the California Eligible Training Provider List (ETPL)?:** no

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?:** no

**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:** California Department of Rehab, Gain, Jewish Loan

**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:** 0

**The percentage of students who in 2016 received federal student loans to help pay their cost of education at the school was: 45**

**Total number of students enrolled at this institution: 35**

**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: 35**

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

**Performance Fact Sheet:** [www.stjson.edu](http://www.stjson.edu)

**2016 Catalog:** [www.stjson.edu](http://www.stjson.edu)

**Annual Report:** [www.stjson.edu](http://www.stjson.edu)



Department of Consumer Affairs

## Bureau for Private Postsecondary Education

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:** 2018062232112

**Report for Year:** 2016

**Institution Name:** Saint Joseph\'s School of Nursing

**Institution Code:** 42097062

#### 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.):** certified nurse  
assistant training program

**Number of Degrees or Diplomas Awarded:** 20

**Total Charges for this program (Report whole dollars only):** \$ 2055

**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:** 25

**Students Available for Graduation:** 20

**On-time Graduates: 20**

**Completion Rate: 80**

**150% Completion Rate: 20**

**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: 20**

**Graduates Employed in the Field: 18**

**Placement Rate: 90**

**Graduates employed in the field 20 to 29 hours per week: 2**

**Graduates employed in the field at least 30 hours per week: 16**

**Indicate the number of graduates employed:**

**Single position in field: 12**

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

6

**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: cdph**

**Name of Exam: certified nurse assistant**

**Number of Graduates Taking State Exam: 20**

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

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

**Passage Rate: 90**

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

**Name of Agency:** ncsbn

**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:** cdph

**Name of State Exam:** cna nurse assistant

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

**Number Who Passed the State Exam:** 16

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

**Passage Rate:** 94

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

**Name of Agency:** ncsbn

**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:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 20

**Graduates Employed in the Field:** 18

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

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

**\$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: 6**

**\$45,001 - \$50,000: 12**

**\$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:**



Department of Consumer Affairs

## Bureau for Private Postsecondary Education

You can now Print this page for your records.

After printing, you can proceed to enter in additional Branch data .....OR  
if you are finished, please fill out and print the Annual Report Completion Check  
Sheet (which must be mailed in to the Bureau).

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

**Tracking Number:** 2018062232426

**Report for Year:** 2016

**Institution Name:** Saint Joseph's School of Nursing

**Institution Code:** 42097062

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

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

**Branch Address:** 816 west lancaster blvd

**Branch City:** lancaster

**Branch State:** California

**Branch Zip Code:** 93534





Department of Consumer Affairs

## Bureau for Private Postsecondary Education

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:** 2018062235006

**Report for Year:** 2016

**Institution Name:** Saint Joseph's School of Nursing

**Institution Code:** 42097062

#### INFORMATION 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.):** home health aide

**Number of Degrees or Diplomas Awarded:** 8

**Total Charges for this program (Report whole dollars only):** \$ 655

**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:** 8

**Students Available for Graduation:** 8

**On-time Graduates: 8**

**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: 8**

**Graduates Employed in the Field: 8**

**Placement Rate: 100**

**Graduates employed in the field 20 to 29 hours per week: 2**

**Graduates employed in the field at least 30 hours per week: 6**

**Indicate the number of graduates employed:**

**Single position in field: 6**

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

2

**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:**

**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:**

**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:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**SALARY DATA**

**Graduates Available for Employment: 8**

**Graduates Employed in the Field: 8**

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

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

**\$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: 7**

**\$50,001 - \$55,000: 1**

**\$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:**

## 2016 Annual Report Certification Form

Print a copy of this Certification Form. The certification must be signed by a responsible officer of the institution. Return this Certification Form, Financial documents, CD or flash drive containing the Enrollment Agreement, and any additional documents (if applicable). **Please keep a copy for your records.**

### Confidential Financial Documents: Must submit paper copy only.

- A current compiled, reviewed or audited Financial Statement \* as required pursuant to 5 CCR §74115. Financial statements must include Balance Sheet, Income Statement, and Statement of Cash Flow. **Tax returns and/or bank statements will not be accepted.**

### Additional Documents:

- o Enrollment Agreement (*attach electronically, cd or flash drive*)

### Submitted Online:

- o Annual Report
- o Student Performance Fact Sheet (a link is provided in the Annual Report)
- o 2016 School Catalog (a link is provided in the Annual Report)

Name of Institution Saint Joseph's school of Nursing

Institution Code 42097062

Address of Institution 816 west Lancaster blvd

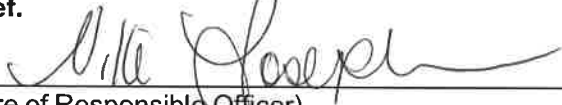
City/State/Zip Code Lancaster ca 93534

Name of Responsible Officer and Contact Telephone Number/Email (please print or type)

niki joseph 661-726-5060

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
(Signature of Responsible Officer)

12/30/16  
\_\_\_\_\_  
(Date)

niki joseph ceo  
\_\_\_\_\_  
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: 12/30/16

Mail the required Documents along with this sheet to:

The Bureau for Private Postsecondary Education  
Attention: Annual Report Unit  
P.O. Box 980818  
West Sacramento, CA 95798-0810

Or

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

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