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

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

**BPPE Annual Report for 2014 - Institution**

**Tracking Number:** 2015082592931  
**Report for Year:** 2014  
**Institution Name:** California Health Sciences University  
**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 40231830  
**Street Address (Physical Location):** 120 N. Clovis Ave  
**City:** Clovis  
**State:** California  
**Zip Code:** 93612  
**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 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:  
If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:  
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 2014?: 

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 2014?:

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

What is the total amount of Cal Grant funds received by your institution in 2014?:

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

Is your institution receiving funds from the Work Investment Act (WIA) Program?: no

What is the total amount of WIA funds received by your institution in 2014?:

Does your institution participate in, or offer any additional financial aid program? yes

If yes, please indicate the name of the financial aid program: Private student loans through Sallie Mae and iHelp

If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: 0

The percentage of students who in 2014 received federal student loans to help pay their cost of education at the school was: 0

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

Number of Doctorate Degrees Offered: 1

Number of Students enrolled in Doctorate level programs at this Institution: 73

Number of Master Degrees Offered: 0

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

Number of Bachelor Degrees Offered: 0

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

Number of Associate Degrees Offered: 0

Number of Students enrolled in Associate l 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
**Link to your Institution website:** http://chsu.org

**Link to your Performance Fact Sheet if it appears on your website:**

**Link to your Catalog if it appears on your website:** http://chsu.org/documents/CHSU-2015-2016-General-Catalog-7-16-15.pdf

**Link to your Annual Report if it appears on your website:**
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 2014 – Programs

Tracking Number: 2015082593859

Report for Year: 2014

Institution Code: 40231830

INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION
Degree/Program Level: Doctorate

If Other, please specify:

Degree/Program Title: OtherDoctorate

If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify: Doctor of Pharmacy

Name of Program (e.g. Business Administration, Massage, etc.): Pharm D

Number of Degrees or Diplomas Awarded: 0

Total Charges for this program (Report whole dollars only): $ 171595

Number of Students Who Began the Program: 0

Students Available for Graduation: 0

Graduates: 0

Completion Rate: 0

150% Completion Rate: 0

Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:

https://www.dca.ca.gov/webapps/bppe/programs_print.php?id=2015082593859
PLACEMENT
Graduates Available for Employment: 0

Graduates Employed in the Field: 0

Placement Rate: 0

Graduates employed in the field an average of less than 32 hours per week: 0

Graduates employed in the field an average of 32 or more hours per week: 0

EXAM PASSAGE RATE
Does this educational program lead to an occupation that requires licensing?: yes

If Yes, please provide the information below (For each of the last two years):
First Data Year (YYYY):

Name of the licensing entity that licenses this field: National Association of Boards of Pharmacy

Name of Exam: NAPLEX

Number of Students Taking Exam: 0

Number Who Passed the Exam: 0

Number Who Failed the Exam: 0

Passage Rate: 0

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

Name of Agency:

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

Second Data Year (YYYY):

Name of the licensing entity that licenses this field:

Name of Exam:

Number of Students Taking Exam:

Number Who Passed the Exam:
Number Who Failed the Exam:

Passage Rate:

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

Name of Agency:

If the response 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 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: 0

Graduates Employed in the Field: 0

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

$0 - $5,000.00: 0

$5,001.00 - $10,000.00: 0

$10,001.00 - $15,000.00: 0

$15,001.00 - $20,000.00: 0

$20,001.00 - $25,000.00: 0

$25,001.00 - $30,000.00: 0

$30,001.00 - $35,000.00: 0

$35,001.00 - $40,000.00: 0

$40,001.00 - $45,000.00: 0

$45,001.00 - $50,000.00: 0

$50,001.00 - $55,000.00: 0

https://www.dca.ca.gov/webapps/bppe/programs_print.php?id=2015082593859
$55,001.00 - $60,000.00: 0
$60,001.00 - $65,000.00: 0
$65,001.00 - $70,000.00: 0
$70,001.00 - $75,000.00: 0
$75,001.00 - $80,000.00: 0
$80,001.00 - $85,000.00: 0
$85,001.00 - $90,000.00: 0
$90,001.00 - $95,000.00: 0
$95,001.00 - $100,000.00: 0
Over $100,000.00: 0
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 2014 – Branch Locations

Tracking Number: 2015082593953
Report for Year: 2014
Institution Name: California Health Sciences University
Institution Code: 40231830
Branch Address: NA
Branch City: NA
Branch State: California
Branch Zip Code: 00000