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

**Tracking Number:** 20171128100633

**Report for Year:** 2016

**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

**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:** 1

**Number of Satellite Locations:** 1

**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:**

**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 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?:**

**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?:**

**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?:**

**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:** iHelp and Sallie Mae

**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:** 0

**Total number of students enrolled at this institution:** 271

**Number of Doctorate Degrees programs Offered:** 1

**Number of Students enrolled in Doctorate level programs at this Institution:** 271

**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://chsu.org/>

**Performance Fact Sheet:** <https://chsu.org/performance-fact-sheet/>

**2016 Catalog:** <https://chsu.org/2017-2018-general-catalog/>

**Annual Report:** <https://chsu.org/chsu-annual-report/>



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

**Tracking Number:** 20171128105542

**Report for Year:** 2016

**Institution Name:** California Health Sciences University

**Institution Code:** 40231830

#### **INFORMATON 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:** Doctorate in Pharmacy

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

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

**Total Charges for this program (Report whole dollars only):** \$ 195393

**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:** 184

**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?:**

no

**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:** National Association of Boards of Pharmacy**Name of Exam:** NAPLEX**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?:****Name of Agency:** NA**If the response to #29 was no, provide a description of the process used for attempting to contact students:**

No students have completed the program yet.

**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:** McKenna Salazar

**Name of Option/Requirement:** McKenna Salazar

**Name of Option/Requirement:** McKenna Salazar

#### **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:**

**\$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 – Branch Locations**

**Tracking Number:** 20171128105853

**Report for Year:** 2016

**Institution Name:** California Health Sciences University

**Institution Code:** 40231830

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

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

**Branch Address:**

**Branch City:**

**Branch State:** California

**Branch Zip Code:**





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

**Tracking Number:** 20171128110041

**Report for Year:** 2016

**Institution Name:** California Health Sciences University

**Institution Code:** 40231830

**Satellite Address:** 45 N. Clovis Ave

**Satellite City:** Clovis

**Satellite State:** California

**Satellite Zip Code:** 93612