The BPPE has reviewed the 2017 Annual Report workflow below and it is complete. This message does not signify that your institution's entire Annual Report submission is complete.

Please find attached the Institution Information Confirmation Document for the Institution workflow below. The attached document will be used when compiling and posting the 2017 Annual Report to your website, when the entire Annual Report submission is complete.

Request #: DCA-BPPE-001116  
Institution Name: California Health Sciences University  
Institution Code: 40231830

Request Status: Information Complete

To view the request and take an action online, visit the BPPE Annual Reports Portal at https://ar.bppe.ca.gov.

If you have any questions please contact the BPPE Annual Report Unit by email at bppe.annualreport@dca.ca.gov or by phone at (916) 431-6959, press "6" when prompted.
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Compile and merge all of the confirmation documents into one PDF file, in the following order:

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3. All 2017 Annual Report Program Data Confirmation Documents (sent when each of the Program Data workflow is complete.)
4. All 2017 Annual Report Branch Location Data Confirmation Documents (sent when each of the Branch Data workflow is complete.)
5. All 2017 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Institution Data submitted:

**Institution Data Tab:**

1. **Report Year:** 2017
2. **Institution Code:** 40231830
3. **Institution Name:** California Health Sciences University
4. **Street Address?** 120 N. Clovis Avenue  
5. **City?** Clovis  
6. **State?** CA  
7. **Zip Code?** 93612
8. **Check all that apply to this institution:** For profit institution
9. **Number of Branch Locations?** 0  
10. **Number of Satellite Locations?** 1

**Fees/Accreditation Tab:**

11. (a) Is this institution current with all assessments to the Student Tuition Recovery Fund? Yes
11. (b) Is this institution current on Annual Fees? Yes
12. **Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** No
   **Accrediting Agency(ies):**
13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation.
14. **Has any accreditation agency taken any final disciplinary action against this institution?** No

**Financial Tab:**

15. **Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?** No
16. **Does your institution participate in veterans’ financial aid education programs?** No

What is the total amount of veterans’ financial aid funds received by your institution in this Reporting Year?
17. Does your institution participate in the Cal Grant program? No
What is the total amount of Cal Grant funds received by your institution in this Reporting Year?

18. Is your institution on the California’s Eligible Training Provider List (ETPL)? No

19. Is your institution receiving funds from the Workforce Innovation and Opportunity Act (WIOA) Program? No
What is the total amount of WIOA funds received by your institution in this Reporting Year?

20. Does your Institution participate in, or offer any other government or non-governmental financial aid programs? No
If yes, please provide the name of the financial aid program.

21. The percentage of institutional income in 2017 that was derived from public funding. 0

22. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable. 0

23. The percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school. 0

Offerings Tab:

24. Total number of students enrolled at this institution? 259

25. Number of Doctorate Degree Programs Offered? 1

26. Number of Students enrolled in Doctorate programs at this institution? 259

27. Number of Master Degree Programs Offered? 0

28. Number of Students enrolled in Master programs at this institution? 0

29. Number of Bachelor Degree Programs Offered? 0

30. Number of Students enrolled in Bachelor programs at this institution? 0

31. Number of Associate Degree Programs Offered? 0

32. Number of Students enrolled in associate programs at this institution? 0

33. Number of Diploma or Certificate Programs Offered? 0

34. Number of Students enrolled in diploma or certificate programs at this institution? 0

Wesbite/Uploads Tab:

Institution Website: www.chsu.edu


Program Information Confirmation Document

Institution Code: 40231830
Institution Name: California Health Sciences University
Program: Doctorate in Pharmacy

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5. All 2017 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Program Data submitted:
Program Data Tab:
1. Report Year: 2017
2. Institution Code: 40231830
3. Institution Name: California Health Sciences University
Program Name Tab:
4. Program Name: Doctorate in Pharmacy
5. Degree/Program Level: Doctorate
6. Degree/Program Title: Other Doctorate
7. Number of Degrees or Diplomas Awarded? 0

Financial and Graduation Tab:
8. Total Charges for this Program? $194,893.00
9. The percentage of enrolled students in 2017 receiving federal student loans to pay for this program? 0
10. The percentage of graduates in 2017 who took out federal student loans to pay for this program? 0
11. Number of Students Who Began the Program? 0
12. Students Available for Graduation? 0
13. On-time Graduates? 0
14. Completion Rate? 0
15. 150% Completion Rate? 0
16. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? No

Placement Data Tab:
CEC § 94929.5 requires institutions to report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

Exam Passage Rate Tab:

- 5 CCR §74112(j) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.
- 22. Does this educational program lead to an occupation that requires State licensing? Yes
- 22a. Do graduates have the option or requirement for more than one type of State licensing exam? No
- Option/Requirement #1:
- Option/Requirement #2:
- Option/Requirement #3:
- Option/Requirement #4:

Exam Passage Rate - Year 1 Tab:
23. Name of the State licensing entity that licenses the field: California State Board of Pharmacy
24. Name of Exam? NAPLEX

- 25. Number of Graduates Taking State Exam? 0
- 26. Number Who Passed the State Exam? 0
- 27. Number Who Failed the State Exam? 0
- 28. Passage Rate? 0

Exam Passage Rate - Year 2 Tab:
29. Is This Data from the State Licensing Agency that Administered the Exam? No
29a. Name of Agency:
30. If the response to #29 is "No", provide a description of the process used for Attempting to Contact Students. No students have graduated from the CHSU PharmD program in 2017

Exam Passage Rate - Year 3 Tab:
31. Name of the State licensing entity that licenses the field: No California State Board of Pharmacy
32. Name of Exam? No California State Board of Pharmacy exam.

- 33. Number of Graduates Taking State Exam? 0
- 34. Number Who Passed the State Exam? 0
- 35. Number Who Failed the State Exam? 0
- 36. Passage Rate? 0

- 37. Is This Data from the State Licensing Agency that Administered the Exam? No
37a. Name of Agency:
38. If the response to #37 is "No", provide a description of the process used for Attempting to Contact Students. There is no California State Board of Pharmacy exam, and no students graduated from the CHSU PharmD program in 2017.
Salary Data Tab:

CEC §94910(d) and 94929.5(a)(3) require the reporting of salary and wage information in increments of $5,000.00 for graduates employed in the field of study.

39. Graduates Available for Employment? 0

40. Graduates Employed in the Field of Study? 0

41. Graduates Employed in the Field of Study reported receiving the following salary or wage:

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>0</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
<td>0</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
<td>0</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
<td>0</td>
</tr>
<tr>
<td>$25,001 - $30,000</td>
<td>0</td>
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<tr>
<td>$30,001 - $35,000</td>
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<tr>
<td>$35,001 - $40,000</td>
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<tr>
<td>$40,001 - $45,000</td>
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<td>$45,001 - $50,000</td>
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<td>$50,001 - $55,000</td>
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<td>$70,001 - $75,000</td>
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<td>$85,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $95,000</td>
<td>0</td>
</tr>
<tr>
<td>$95,001 - $100,000</td>
<td>0</td>
</tr>
<tr>
<td>Over $100,001</td>
<td>0</td>
</tr>
</tbody>
</table>
Institution Code: 40231830

Institution Name: California Health Sciences University

Satellite Location: 45 N. Clovis Avenue, CA  93612

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3. All 2017 Annual Report Satellite Location Data Confirmation Documents (sent when each of the Satellite Data workflow is complete.)

Institution Satellite Location Data submitted:

1. Report Year: 2017  
2. Institution Code: 40231830  
3. Institution Name: California Health Sciences University  
4. Street Address (physical location): 45 N. Clovis Avenue  
5. City: Clovis  
6. State: CA  
7. Zip Code: 93612