

# 2015 Annual Report

## Bureau for Private Postsecondary Education

Annual Report data is institutional data that is combined for the main location and all branch locations.

### Section #1 – Annual Report Institutions

1. Report for Year 2015
2. Institution Name: INTERNATIONAL SCHOOL OF NURSING
3. Institution Code: 4800831
4. Street Address: 1330 Springs Road
5. City: Vallejo
6. State: California
7. Zip Code: 94591
8. Check all that apply to this institution:  
“For profit institution” \_\_\_\_\_ “Sole Proprietor” ✓ \_\_\_\_\_  
“Non-profit institution” \_\_\_\_\_ “Limited Liability Corporation (LLC)” \_\_\_\_\_  
“Publicly traded institution” \_\_\_\_\_ “Partnership” \_\_\_\_\_
9. **Number of Branch Locations?** Indicate the number of branch locations associated with the main location. (“1”)
10. **Number of Satellite Locations?** Indicate the number of satellite locations associated with the main location or any of the branch locations. (“0”).
11. (a) **Is this institution current with all assessments to the Student Tuition Recovery Fund?** Yes  
(b) **Is this institution current on Annual Fees?** Yes  
  
(a) Indicate “yes” if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate “no” if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund. Yes

(b) Indicate "yes" if the institution has paid its Annual Fees. Indicate "no" if the institution has not paid its Annual Fees. Yes

12. **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. **Enter the name of the accrediting agency.** Refer to the attached list of accrediting agencies recognized by the United States Department of Education. No

13. **If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation.** No

14. **Has any accreditation agency taken any final disciplinary action against this institution?** Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" no final action has been taken against the institution by an accreditation agency. If Yes, please submit a paper copy of the action refer to the Annual Report Completion Check Sheet. No

\*For questions 15-19 please disclose any funds received by the institution from the federal and/or state government to provide services to the general public.

15. **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 2015?** N/A

16. **Does your institution participate in veteran's financial aid education programs?**

- **What is the total amount of veteran's financial aid funds received by your institution in 2015?** No

17. **Does your institution participate in the Cal Grant program?** Yes

- **What is the total amount of Cal Grant funds received by your institution in 2015?** \$ 0.00

18. **Is your institution on the California's Eligible Training Provider List (ETPL)?** Yes

19. **Is your institution receiving funds from the Workforce Innovation and Opportunity Act (WIOA) Program?** Yes

- **What is the total amount of WIOA funds received by your institution in 2015?** \$ 82,097.00

20. **Does your Institution participate in, or offer any other government or non-governmental financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans)** YES

If yes, please provide the name of the financial aid program. Department of Rehabilitation.

- 21. The percentage of institutional income in 2015 that was derived from public funding.** (Add #15, #16, #17, and #19. Divide the sum by Institution's Total Revenue) All money that is generated by the government to provide services to the general public is "public funding".  
**34%**
- 22. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three-year cohort default rate reported to the U.S. Department of Education for this institution** The Cohort Default Rate (CDR) represents the percentage of this institution's students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.  
**NA**
- 23. The percentage of the students who attended this institution in 2015 who received federal student loans to help pay their cost of education at the school.** **NA**
- 24. Total number of students enrolled at this institution.** Indicate the number of students enrolled in all programs at your institution, beginning January 1 through December 31, minus the number of students who cancelled during the cancellation period. **NA**
- 25. Number of Doctorate Degrees Offered?** Indicate the number of Doctorate degrees the institution offered for the reporting year. **NA**
- 26. Number of Students enrolled in Doctorate level programs at this institution?** Indicate the number of students enrolled in all Doctorate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period. **NA**
- 27. Number of Master Degrees Offered?** Indicate the number of Master degrees the institution offered for the reporting year. **NA**
- 28. Number of Students enrolled in Master level programs at this institution?** Indicate the number of students enrolled in all Masters programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period. **NA**
- 29. Number of Bachelor Degrees Offered?** Indicate the number of Bachelor degrees the institution offered for the reporting year. **NA**
- 30. Number of Students enrolled in Bachelor programs at this institution?** Indicate the number of students enrolled in all Bachelor level programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period. **NA**
- 31. Number of Associate Degrees Offered?** Indicate the number of associate degrees offered for the reporting year. **NA**
- 32. Number of Students enrolled in associate programs at this institution?** Indicate the number of students enrolled in all associate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of

students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period. NA

**33. Number of Diploma or Certificate Programs Offered?** Indicate the number of diploma or certificate programs offered during the reporting year. 3

**34. Number of Students enrolled in diploma or certificate programs at this institution?** Indicate the number of students enrolled in all diploma or certificate programs at your institution; Number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period. 201

**35. Institutions maintaining an internet web page are required to post on their website the most recent Annual Report submitted to the Bureau, Catalog, and School Performance Fact Sheet (CEC §94913).\*\*** Please post the documents to your website prior to submitting the certification and provide the links to the institution's Annual Report, 2015 Catalog, and School Performance Fact Sheet below. If the institution does not maintain an internet website, leave this space blank.

\*\*The Bureau recommends a portion of the school's website dedicated to providing students with the required information below. This section should include the Annual Report, Catalog, and School Performance Fact Sheet.

#### Links

Institution's Website: [www.intlsch-nursing.org](http://www.intlsch-nursing.org) (link on website)

Annual Report: [www.intlsch-nursing.org](http://www.intlsch-nursing.org) (link on website)

2015 Catalog: [www.intlsch-nursing.org](http://www.intlsch-nursing.org) (link on website)

School Performance Fact Sheet: [www.intlsch-nursing.org](http://www.intlsch-nursing.org) (link on website)

Enrollment Agreement: [www.intlsch-nursing.org](http://www.intlsch-nursing.org) (link on website)

## Section #2 – Information for Each Educational Program Offered at the Institution

Complete one of these sections for **EACH** educational program offered at the institution. If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. **Report for Year 2015**
2. **Institution Code?** Enter institutional code (main location). 4800831
3. **Degree/Program Level?** Indicate the level of degree for the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, diploma) if the program is not a degree Indicate “diploma”.) Certificate/Diploma
4. **Degree/Program Title?** Indicate the title of the degree for the program you are entering e.g., Ph.D., Master of Science, Bachelor of Arts, Occupational Associate. If the program is not a degree, indicate the name of the certificate/diploma program. Certificate/Diploma
5. **Name of Program?** Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting. Sterile Processing Technician Program
6. **Number of Degrees or Diplomas Awarded?** Indicate the number of students receiving a degree or diploma for this program during the reporting year. 3
7. **Total Charges for this program?** Indicate the total charges for a student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program. It includes books, uniforms or other charges if those charges are for costs that are required for participation in the educational program. \$2,470.00
8. **Number of Students Who Began the Program?** Indicate the number of students who began the program who are scheduled to complete the program in the year being reported, excludes all students who cancelled during the cancellation period, 5 CCR §74112(d)(1). If the institution has a main campus with branches and/or satellites, add the number of students who began the program who are scheduled to complete the program in the year being reported for all locations offering this particular program and report the combined number. 3
9. **Students Available for Graduation?** Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#8 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g)). 2
10. **On-time Graduates?** Of the students available for graduation (#9 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(d)(2)). 2
11. **Completion Rate?** Indicate the number of graduates (from #10 above) divided by the number of students available for graduation (#9 above). **A “rate” is a percentage and should never be more than 100%** (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(h)). 67%

**12. 150% Completion Rate?** If the institution tracks 150% completion, indicate the number of students who completed the program after 100% of the published program length, but less than 151% of the published program length, divided by the number of students available for graduation ( #9 above) **A “rate” is a mathematical calculation and should never be more than 100%** (5 CCR §74112(h). N/A

**13. 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?** Indicate “yes” if the information was taken from the data that was reported to IPEDS; Indicate “no” if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS. No

**CEC § 94929.5 requires institution 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.**

**14. Graduates Available for Employment?** Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f), and 5 CCR §74112(l). 2

**15. Graduates Employed in the Field?** Number of graduates, (#14 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program. (CEC §94928(e), 5 CCR §74112(l). 2

**16. Placement Rate?** Indicate the number of graduates employed in the field (#15 above) divided by the number of graduates available for employment (#14 above.) **A “rate” is a mathematical calculation and should never be more than 100%** (5 CCR §74112(i)(4). 67%

**17. Graduates employed in the field 20 - 29 hours per week?** Indicate the number of graduates employed 20 - 29 hours per week. 0

**18. Graduates employed in the field at least 30 hours per week?**  
Indicate the number of graduates employed at least 30 or more hours per week. 2

**19. Indicate the number of graduates employed :**

- a. Single position in field 2
- b. Concurrent aggregated positions in field N/A
- c. (2 or more positions at the same time)
- d. Freelance/ self-employed N/A
- e. By the Institution or an employer owned by the institution, or an employer who shares ownership with the institution N/A

***The total of #17, #18, and #19c should equal the answer for #15.***

## Exam Passage Rate

CEC §94929.5(a)(2) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.

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.

20. Does this educational program lead to an occupation that requires licensing? Yes

If “yes” please enter the name of the licensing entity that licenses this field.

**Certification Board for Sterile Processing and Distribution (CBSPD) and International Association of Healthcare Central Service Materiel Management (IAHCSMM)**

If “no” you may skip to “Salary Data” below

## First Data Year

21. Year? Indicate the year for which you are reporting exam passage data. Two years data is required. 2014

22. Name of the licensing entity that licenses the field. Enter the name of the licensing entity

**Certification Board for Sterile Processing and Distribution (CBSPD) and International Association of Healthcare Central Service Materiel Management (IAHCSMM)**

Name of Exam? Provide the name of the exam being reported.

**Certification Board for Sterile Processing and Distribution (CBSPD) and International Association of Healthcare Central Service Materiel Management (IAHCSMM)**

23. Number of Graduates Taking Exam? Enter the number of graduates who took the exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)). 7

24. Number Who Passed the Exam? Enter the number of graduates who took the exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)). 4

25. Number Who Failed the Exam? Enter the number of graduates who took the exam and failed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)). 3

26. Passage Rate? Enter the passage rate for graduates who took the exam and passed it on the first attempt. 57.1%

27. Is This Data from the Licensing Agency that Administered the Exam? (5 CCR § 74112(j)). If yes, enter the name of the Agency No

28. If the response to #27 was “no” provide a description of the process used for Attempting to Contact Students. If the information for the exam passage data was collected directly from the students by the institution provide a description of the process

used for attempting to contact students (5 CCR §74112(j)). If more space is needed please attach an explanation and clearly mark it "Process for attempting to contact students."

**The students report to the school the result of their Certification Examination on the day they took their exam and the school makes copy of their paper issued by the Certification Board for Sterile Processing and Distribution, Inc. (CBSPD) and International Association of Healthcare Central Service Materiel Management (IAHCSMM) if they pass or the paper**

## Second Data Year

29. Year? Indicate the year for which you are reporting exam passage data. Two years data is required. **2015**

30. Name of the licensing entity that licenses the field. Enter the name of the licensing entity

**Certification Board for Sterile Processing and Distribution**

31. Name of Exam? Provide the name of the exam being reported.

**Certification Board for Sterile Processing and Distribution (CBSPD) and International Association of Healthcare Central Service Materiel Management (IAHCSMM)**

32. Number of Graduates Taking Exam? Enter the number of graduates who took the exam in the reported year (CEC §94929.5(a)(2) and 5 CCR §74112(j)). **3**

33. Number Who Passed the Exam? Enter the number of graduates who took the exam and passed it on the first attempt (CEC §94929.5(a)(2) and 5 CCR §74112(j)). **2**

34. Number Who Failed the Exam? Enter the number of graduates who took the exam for the first time and failed it (CEC §94929.5(a)(2) and 5 CCR §74112(j)). **1**

35. Passage Rate? Enter the passage rate for graduates who took the exam and passed it on the first attempt. **67%**

36. Is This Data from the Licensing Agency that Administered the Exam? (5 CCR §74112(j)) If yes, enter the name of the agency. **No**

37. If the response to #35 was "no" provide a description of the process used for Attempting to Contact Students: If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(j)). If more space is needed please attach an explanation and clearly mark it "Process for attempting to contact students."  
**The students report to the school the result of their Certification Examination on the day they took their exam and the school makes copy of their paper issued by the Certification Board for Sterile Processing and Distribution, Inc. (CBSPD) and International Association of Healthcare Central Service Materiel Management (IAHCSMM) if they pass or the paper**



**38. Do graduates have the option or requirement for more than one type of licensing exam?** If “Yes” provide the names of other licensing exam options or requirements:

Yes

**Certification Board for Sterile Processing and Distribution (CBSPD) and  
International Association of Healthcare Central Service Materiel Management  
(IAHCSMM)**

**Salary Data - CEC §94910(d) and 94929.5(a)(3) requires the reporting of salary and wage information for graduates employed in the field in increments of \$5,000.00.**

**39. Graduates Available for Employment?** Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d), (f), and 5 CCR §74112(l)). 2

**40. Graduates Employed in the Field?** Indicate the number of graduates who are gainfully employed within six months of graduation in a position for which the skills obtained through the education and training provided by the institution are required or provided a significant advantage to the graduate in obtaining the position (CEC §94928(e), and 5 CCR §74112(l)). 2

**41. Graduates Employed in the Field Reported receiving the following Salary or Wage:**  
Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If a student reports that they are receiving \$4,010 a year and a second student reports they are receiving \$2,999 a year, enter the number “2” in the space next to \$0 - \$5,000, because there are 2 students who are receiving between \$0-\$5,000 a year.

**A number must be entered in all spaces. If the institution has zero students reporting a certain wage enter the number “0”.**

Graduates Employed in the Field reported to be receiving the following Salary or Wage:

\$0 - \$5,000	_____	\$5001 – \$10,000	_____
\$10,001 - \$15,000	_____	\$15,001 - \$20,000	_____
\$20,001 - \$25,000	_____	\$25,001.00 - \$30,000	_____
\$30,001 - \$35,000	_____	\$35,001 - \$40,000	<u>  2  </u>
\$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	_____		

**Section #3 - Annual Report branch locations complete one form for each branch.**

**If the Institution has no branch locations indicate "0" and skip to the check sheet.**

- 1. Report for Year 2015**
- 2. Institution Code? 4800831**
- 3. Branch Location: Milpitas**
- 4. Total number of students at this location? 0**
- 5. Street Address? 238 S. Hillview Drive**
- 6. City? Milpitas**
- 7. State? CA**
- 8. Zip Code? 95035**

If you are ready begin the Annual Report process, please click the sections needed below:

**SECTION 1** [Institution data](#)

**SECTION 2** [Program data](#)

**SECTION 3** [Branch data](#)

After all sections have been completed and the Annual Report is submitted online, print and complete the [Annual Report Certification Form](#) and submit it with your institution's Financial Statement to:

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

OR

2535 Capitol Oaks Drive, Suite 400  
Sacramento, CA 95833

If you have any questions please contact the Annual Report Unit by email [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.